

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: DC BC Small Group Eff 201801 - ACA
Project Name/Number: DC BC SG ACA ON-EXCHANGE/2168

Filing at a Glance

Company: CareFirst BlueChoice, Inc.
Product Name: DC BC Small Group Eff 201801 - ACA
State: District of Columbia
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004E Small Group Only - Other
Filing Type: Rate
Date Submitted: 05/01/2017
SERFF Tr Num: CFAP-131010730
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 2168
Implementation: 01/01/2018
Date Requested:
Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Patrick Getts, Britney Tyler, Scott Cremens, Paul Fruth, Joshua Phelps
Reviewer(s): Efren Tanhehco (primary), John Morgan, Damon Siler, Dave Dillon
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: DC BC Small Group Eff 201801 - ACA
Project Name/Number: DC BC SG ACA ON-EXCHANGE/2168

Filing Company: CareFirst BlueChoice, Inc.

General Information

Project Name: DC BC SG ACA ON-EXCHANGE

Project Number: 2168

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 05/02/2017

State Status Changed:

Created By: Shane Kontir

Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact: 9.5%

Deemer Date:

Submitted By: Shane Kontir

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst BlueChoice, Inc. to Small Groups on the D.C. Exchange. We are submitting 48 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Dwayne Lucado, Assistant Actuary

10455 Mill Run Circle

Owings Mills, MD 21117

dwayne.lucado@carefirst.com

410-998-7519 [Phone]

410-998-7704 [FAX]

Filing Company Information

CareFirst BlueChoice, Inc.

840 First Street NE

Washington, DC 20065

(410) 581-3000 ext. [Phone]

CoCode: 96202

Group Code:

Group Name:

FEIN Number: 52-1358219

State of Domicile: District of
Columbia

Company Type: Health
Maintenance Organization

State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
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Correspondence Summary

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Notes on this Filing	Note To Filer	Damon Siler	05/04/2017	05/04/2017

State: District of Columbia
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- Other
Product Name: DC BC Small Group Eff 201801 - ACA
Project Name/Number: DC BC SG ACA ON-EXCHANGE/2168

Note To Filer

Created By:

Damon Siler on 05/04/2017 02:05 PM

Last Edited By:

Damon Siler

Submitted On:

05/04/2017 02:05 PM

Subject:

Notes on this Filing

Comments:

1) We have noticed that every page of the Actuarial Memorandum has been marked as "Confidential -Sensitive and Proprietary Financial Information." Please remove this restriction as the public might need some of the info prior to the final rates approval. Additionally, Federal Instructions for the Part III Memorandum indicate that you are to submit two versions of the memo, one with information redacted (ispecific trade secret and financial information, not the entire memo).

2) Please provide all the filing Exhibits in Excel format with working formulas.

3) The Actuarial Memorandum appears to be just a set of exhibits, with little or no explanation or description of the processes used to calculate assumptions. Several of the exhibits are logical and easy to follow, but others require additional detail for us to make an objective appraisal of the assumptions. While you have provided a Part III Actuarial Memorandum, it is only four pages and does not provide much detail in the form of explanations needed to understand the exhibits (example below).

For example, how was the projected 2018 AV estimated in Exhibit 5?

Exhibit 5 - Induced Utilization Adjustment Factor

YearActuarial ValueInduced Demand Factor

(1)2016 79.6%1.078

(2)Projected 201878.7%1.073

(3)Adjustment*0.996(2)/(1)

*Applied to all service categories except capitations

Please provide us with more detailed, descriptive explanations of the actuarial processes/methodologies used in those exhibits presented.

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Rate Information

Rate data applies to filing.

Filing Method: Electronic

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 2.500%

Effective Date of Last Rate Revision: 10/01/2017

Filing Method of Last Filing: Electronic

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	9.500%	9.500%	\$16,629,785	20,409	\$174,277,656	16.000%	3.200%

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 - Other
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Rate Review Detail

COMPANY:

Company Name: CareFirst BlueChoice, Inc.
 HHS Issuer Id: 86052

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice Advantage	86052DC044		13902
BlueChoice HMO	86052DC046		6610
BlueChoice HMO Referral	86052DC048		3565
HealthyBlue Plus	86052DC050		5325
HealthyBlue Plus Opt Out	86052DC058		3718

Trend Factors:

FORMS:

New Policy Forms:

DC CF SG BC ADV OON BF HSA SIL 1500 (1-18), DC CF SG POS OON BRZ 5750 (1-18), DC CF SG POS OON CDH BRZ 6000 (1-18), DC CF SG POS OON CDH GOLD 1500 (1-18), DC CF SG POS OON CDH SIL 1500 (1-18), DC CF SG POS OON CDH SIL 2000 (1-18), DC CF SG POS OON CDH SIL 2500 (1-18), DC CF SG POS OON CDH SIL 3000 (1-18), DC CF SG POS OON GOLD 1000 (1-18), DC CF SG POS OON GOLD 1500 (1-18), DC CF SG POS OON GOLD 500 (1-18), DC CF SG POS OON PLAT 0 (1-18), DC CF SG POS OON PLAT 1000 (1-18), DC CF SG POS OON PLAT 500 (1-18), DC CF SG POS OON SIL 4000 (1-18), DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-18), DC CFBC SG BC+ OO PLAT 0 (1-18), DC CFBC SG HB HMO CDH SIL 2000 (1-18), DC CFBC SG HB HMO GOLD 1500 (1-18), DC CFBC SG HB HMO PLAT 1000 (1-18), DC CFBC SG HB HMO PLAT 500 (1-18), DC CFBC SG HMO OA CDH BRZ 6000 (1-18), DC CFBC SG HMO OA CDH GOLD 1500 (1-18), DC CFBC SG HMO OA CDH SIL 1500 (1-18), DC CFBC SG HMO OA CDH SIL 2000 (1-18), DC CFBC SG HMO OA CDH SIL 3000 (1-18), DC CFBC SG HMO OA GOLD 1500 (1-18), DC CFBC SG HMO OA GOLD 500 (1-18), DC CFBC SG HMO OA PLAT 0 (1-18), DC CFBC SG HMO OA SIL 1000 (1-18), DC CFBC SG HMO REF BRZ 5750 (1-18), DC CFBC SG HMO REF GOLD 0 (1-18), DC CFBC SG HMO REF GOLD 500 (1-18), DC CFBC SG HMO REF GOLD 80 (1-18), DC CFBC SG HMO REF PLAT 0 (1-18), DC CFBC SG HMO REF PLAT 1000 (1-18), DC CFBC SG HMO REF SIL 4000 (1-18), DC CFBC SG HMO REF SIL 70 (1-18), DC CFBC SG POS IN BRZ 5750 (1-18), DC CFBC SG POS IN CDH BRZ 6000 (1-18), DC CFBC SG POS IN CDH GOLD 1500 (1-18), DC CFBC SG POS IN CDH SIL 1500 (1-18), DC CFBC SG POS IN CDH SIL 2000 (1-18), DC CFBC SG POS IN CDH SIL 2500 (1-18), DC CFBC SG POS IN CDH SIL 3000 (1-18), DC CFBC SG POS IN GOLD 1000 (1-18), DC CFBC SG POS IN GOLD 1500 (1-18), DC CFBC SG POS IN GOLD 500 (1-18), DC CFBC SG POS IN PLAT 0 (1-18), DC CFBC SG POS IN PLAT 1000 (1-18), DC CFBC SG POS IN PLAT 500 (1-18), DC CFBC SG POS IN SIL 4000 (1-18), DC/CFBC/SG/INCENT (R. 1/18), DC/CFBC/SHOP/2018 AMEND (1/18)

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Project Name/Number: DC BC SG ACA ON-EXCHANGE/2168

Affected Forms:

Other Affected Forms: DC CFBC SHOP ADV IN DOCS (1-17), DC CFBC SHOP BC+OOOA DOCS (1-17), DC CFBC SHOP ELIG AMEND (1/17), DC CFBC SHOP HMO DOCS (1-17), DC CFBC SHOP PLUS IN DOCS (1-17), DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 1/17), DC/CF/MEM/BLCRD (R. 1/17), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CFBC/ADV/BLCRD (1/17), DC/CFBC/ADV/MEM/BLCRD (1/17), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BLCRD (R. 1/17), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/FAM PLAN (8/12), DC/CFBC/MEM/BLCRD (R. 1/17), DC/CFBC/PARTNER (R. 7/09), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SHOP/ELIG (1/14), DC/CFBC/SHOP/HMO POS/EOC (1/17), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/FAM PLAN (8/12), DC/GHMSI-HEALTH GUARANTEE 1/15, DC-CFBC-SHOP-GC (R 1/17), DC-CF-SHOP-GC (R 1-17), DC-CF-SHOP-POS OON-DOCS (1-17), DC-CF-SHOP-POS-OON-EOC (1-17)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 409,111
Benefit Change: Increase
Percent Change Requested: Min: 3.2 Max: 16.0 Avg: 9.5

PRIOR RATE:

Total Earned Premium: 174,277,656.00
Total Incurred Claims: 128,562,373.00
Annual \$: Min: 225.33 Max: 520.38 Avg: 409.89

REQUESTED RATE:

Projected Earned Premium: 190,479,742.00
Projected Incurred Claims: 142,100,362.00
Annual \$: Min: 242.32 Max: 582.80 Avg: 448.00

SERFF Tracking #:	CFAP-131010730	State Tracking #:		Company Tracking #:	2168
State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other				
Product Name:	DC BC Small Group Eff 201801 - ACA				
Project Name/Number:	DC BC SG ACA ON-EXCHANGE/2168				

Rate/Rule Schedule

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201801 - ACA
Project Name/Number: DC BC SG ACA ON-EXCHANGE/2168

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2168 - DC Small Group BlueChoice - Exchange (2018) - Rate Filing	DC CFBC SHOP ADV IN DOCS (1-17), DC CFBC SHOP BC+OOOA DOCS (1-17), DC CFBC SHOP ELIG AMEND (1/17), DC CFBC SHOP HMO DOCS (1-17), DC CFBC SHOP PLUS IN DOCS (1-17), DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 1/17), DC/CF/MEM/BLCRD (R. 1/17), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CFBC/ADV/BLCRD (1/17), DC/CFBC/ADV/MEM/BLCRD (1/17), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BLCRD (R. 1/17), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/FAM PLAN (8/12), DC/CFBC/MEM/BLCRD (R. 1/17), DC/CFBC/PARTNER (R. 7/09), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SHOP/ELIG (1/14), DC/CFBC/SHOP/HMO POS/EOC (1/17), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/FAM PLAN (8/12), DC/GHMSI-HEALTH GUARANTEE 1/15, DC-CFBC-SHOP-GC (R 1/17), DC-CF-SHOP-GC (R 1-17), DC-CF-SHOP-POS OON-DOCS (1-17), DC-CF-SHOP-POS-OON-EOC (1-17), DC CF SG BC ADV OON BF HSA SIL 1500 (1-18), DC CF SG POS OON BRZ 5750 (1-18), DC CF SG POS OON CDH BRZ 6000 (1-18), DC CF SG POS OON CDH GOLD 1500 (1-18), DC	Revised	Previous State Filing Number: CFAP-130548311 Percent Rate Change Request: 9.5	2168 - DC Small Group BlueChoice - Exchange (2018) - Rate Filing.pdf,

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

DC BC Small Group Eff 201801 - ACA

Project Name/Number:

DC BC SG ACA ON-EXCHANGE/2168

CF SG POS OON CDH SIL
 1500 (1-18), DC CF SG POS
 OON CDH SIL 2000 (1-18),
 DC CF SG POS OON CDH
 SIL 2500 (1-18), DC CF SG
 POS OON CDH SIL 3000 (1-
 18), DC CF SG POS OON
 GOLD 1000 (1-18), DC CF SG
 POS OON GOLD 1500 (1-18),
 DC CF SG POS OON GOLD
 500 (1-18), DC CF SG POS
 OON PLAT 0 (1-18), DC CF
 SG POS OON PLAT 1000 (1-
 18), DC CF SG POS OON
 PLAT 500 (1-18), DC CF SG
 POS OON SIL 4000 (1-18), DC
 CFBC SG BC ADV IN BF HSA
 SIL 1500 (1-18), DC CFBC SG
 BC+ OO PLAT 0 (1-18), DC
 CFBC SG HB HMO CDH SIL
 2000 (1-18), DC CFBC SG HB
 HMO GOLD 1500 (1-18), DC
 CFBC SG HB HMO PLAT
 1000 (1-18), DC CFBC SG HB
 HMO PLAT 500 (1-18), DC
 CFBC SG HMO OA CDH BRZ
 6000 (1-18), DC CFBC SG
 HMO OA CDH GOLD 1500 (1-
 18), DC CFBC SG HMO OA
 CDH SIL 1500 (1-18), DC
 CFBC SG HMO OA CDH SIL
 2000 (1-18), DC CFBC SG
 HMO OA CDH SIL 3000 (1-
 18), DC CFBC SG HMO OA
 GOLD 1500 (1-18), DC CFBC
 SG HMO OA GOLD 500 (1-
 18), DC CFBC SG HMO OA
 PLAT 0 (1-18), DC CFBC SG
 HMO OA SIL 1000 (1-18), DC
 CFBC SG HMO REF BRZ
 5750 (1-18), DC CFBC SG
 HMO REF GOLD 0 (1-18), DC
 CFBC SG HMO REF GOLD
 500 (1-18), DC CFBC SG
 HMO REF GOLD 80 (1-18),
 DC CFBC SG HMO REF PLAT
 0 (1-18), DC CFBC SG HMO

SERFF Tracking #:

CFAP-131010730

State Tracking #:

Company Tracking #:

2168

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

DC BC Small Group Eff 201801 - ACA

Project Name/Number:

DC BC SG ACA ON-EXCHANGE/2168

			REF PLAT 1000 (1-18), DC CFBC SG HMO REF SIL 4000 (1-18), DC CFBC SG HMO REF SIL 70 (1-18), DC CFBC SG POS IN BRZ 5750 (1-18), DC CFBC SG POS IN CDH BRZ 6000 (1-18), DC CFBC SG POS IN CDH GOLD 1500 (1-18), DC CFBC SG POS IN CDH SIL 1500 (1-18), DC CFBC SG POS IN CDH SIL 2000 (1-18), DC CFBC SG POS IN CDH SIL 2500 (1-18), DC CFBC SG POS IN CDH SIL 3000 (1-18), DC CFBC SG POS IN GOLD 1000 (1-18), DC CFBC SG POS IN GOLD 1500 (1-18), DC CFBC SG POS IN GOLD 500 (1-18), DC CFBC SG POS IN PLAT 0 (1- 18), DC CFBC SG POS IN PLAT 1000 (1-18), DC CFBC SG POS IN PLAT 500 (1-18), DC CFBC SG POS IN SIL 4000 (1-18), DC/CFBC/SG/INCENT (R. 1/18), DC/CFBC/SHOP/2018 AMEND (1/18)			
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CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On Exchange Products Rate Filing Effective 1/1/2018
Premiums Effective 01/2018, 04/2018, 07/2018 and 10/2018

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit	Benefit	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
				Benefit**	Description*			01/2018	04/2018	07/2018	10/2018	04/2018	07/2018	10/2018
86052DC0460009	BlueChoice HMO	BlueChoice HMO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$1,500 Med / \$250 Rx	\$3,500	\$407.27	\$413.86	\$420.57	\$427.42	1.6%	1.6%	1.6%
86052DC0460010	BlueChoice HMO	BlueChoice HMO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$5,000	\$427.40	\$434.31	\$441.36	\$448.55	1.6%	1.6%	1.6%
86052DC0460014	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$6,000 (Integrated)	\$6,550	\$242.32	\$246.24	\$250.23	\$254.31	1.6%	1.6%	1.6%
86052DC0460012	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$1,500 (Integrated)	\$5,500	\$327.35	\$332.64	\$338.04	\$343.55	1.6%	1.6%	1.6%
86052DC0460019	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$3,000 (Integrated)	\$4,750	\$293.94	\$298.70	\$303.54	\$308.49	1.6%	1.6%	1.6%
86052DC0460011	BlueChoice HMO	BlueChoice HMO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,500	\$516.91	\$525.27	\$533.79	\$542.49	1.6%	1.6%	1.6%
86052DC0460020	BlueChoice HMO	BlueChoice HMO Silver 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$40 PCP/\$80 Spec/\$400 ER/\$500 IP	\$1,000 Med / \$100 Rx	\$7,150	\$354.88	\$360.62	\$366.47	\$372.44	1.6%	1.6%	1.6%
86052DC0460015	BlueChoice HMO	HealthyBlue HMO Gold 1500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$1,500 Med / \$0 Rx	\$7,150	\$428.47	\$435.40	\$442.47	\$449.68	1.6%	1.6%	1.6%
86052DC0460018	BlueChoice HMO	HealthyBlue HMO HSA/HRA Silver 2000	On	Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$2,000 (Integrated)	\$6,550	\$320.57	\$325.76	\$331.04	\$336.44	1.6%	1.6%	1.6%
86052DC0460017	BlueChoice HMO	HealthyBlue HMO Platinum 1000	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$1,000 Med / \$0 Rx	\$1,500	\$484.09	\$491.91	\$499.90	\$508.04	1.6%	1.6%	1.6%
86052DC0460016	BlueChoice HMO	HealthyBlue HMO Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$500 Med / \$0 Rx	\$1,500	\$491.65	\$499.60	\$507.71	\$515.98	1.6%	1.6%	1.6%
86052DC0460013	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$2,000 (Integrated)	\$5,500	\$312.53	\$317.59	\$322.74	\$328.00	1.6%	1.6%	1.6%
86052DC0460021	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$1,500 (Integrated)	\$3,000	\$366.98	\$372.91	\$378.96	\$385.14	1.6%	1.6%	1.6%

* Out-of-Network ER is paid as In-Network.

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On Exchange Products Rate Filing Effective 1/1/2018
Premiums Effective 01/2018, 04/2018, 07/2018 and 10/2018

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
								01/2018	04/2018	07/2018	10/2018	04/2018	07/2018	10/2018
86052DC0440010	BlueChoice Advantage	BlueChoice Advantage Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,000; OON: \$8,000	\$467.42	\$474.97	\$482.68	\$490.55	1.6%	1.6%	1.6%
86052DC0440011	BlueChoice Advantage	BlueChoice Advantage Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,000; OON: \$10,000	\$481.89	\$489.68	\$497.63	\$505.73	1.6%	1.6%	1.6%
86052DC0440018	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: \$6,550; OON: \$13,100	\$273.21	\$277.63	\$282.13	\$286.73	1.6%	1.6%	1.6%
86052DC0440013	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$5,500; OON: \$9,000	\$369.08	\$375.05	\$381.14	\$387.35	1.6%	1.6%	1.6%
86052DC0440019	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$331.42	\$336.77	\$342.24	\$347.82	1.6%	1.6%	1.6%
86052DC0440012	BlueChoice Advantage	BlueChoice Advantage Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,500; OON: \$3,000	\$582.80	\$592.23	\$601.84	\$611.65	1.6%	1.6%	1.6%
86052DC0440014	BlueChoice Advantage	HealthyBlue Advantage Gold 1500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$0 Rx; OON: \$3,000	IN: \$7,150; OON: \$14,300	\$483.10	\$490.91	\$498.88	\$507.00	1.6%	1.6%	1.6%
86052DC0440017	BlueChoice Advantage	HealthyBlue Advantage HSA/HRA Silver 2000	On	Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$45 Spec/\$200 ER/\$500 IP; OON: \$65 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$6,550; OON: \$9,000	\$361.44	\$367.28	\$373.25	\$379.33	1.6%	1.6%	1.6%
86052DC0440016	BlueChoice Advantage	HealthyBlue Advantage Platinum 1000	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,000 Med / \$0 Rx; OON: \$2,000	IN: \$1,500; OON: \$3,000	\$545.80	\$554.62	\$563.63	\$572.81	1.6%	1.6%	1.6%
86052DC0440015	BlueChoice Advantage	HealthyBlue Advantage Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$554.33	\$563.29	\$572.43	\$581.76	1.6%	1.6%	1.6%
86052DC0440020	BlueChoice Advantage	BlueChoice Advantage Bronze 5750	On	Non-Int: \$20/\$75/\$150/\$100/\$150	IN: \$40 PCP/\$80 Spec/\$500 ER/\$500 IP; OON: \$100 PCP/Spec/\$600 IP	IN: \$5,750 Med / \$100 Rx; OON: \$11,500	IN: \$7,350; OON: \$14,700	\$319.97	\$325.14	\$330.42	\$335.80	1.6%	1.6%	1.6%
86052DC0440021	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$3,000; OON: \$6,000	\$413.76	\$420.45	\$427.27	\$434.23	1.6%	1.6%	1.6%
86052DC0440022	BlueChoice Advantage	BlueChoice Advantage Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$4,000 Med / \$0 Rx; OON: \$8,000	IN: \$7,150; OON: \$14,300	\$396.32	\$402.72	\$409.26	\$415.93	1.6%	1.6%	1.6%
86052DC0440023	BlueChoice Advantage	BlueChoice Advantage Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$0 Rx; OON: \$3,000	IN: \$5,300; OON: \$9,000	\$369.43	\$375.41	\$381.50	\$387.72	1.6%	1.6%	1.6%
86052DC0500016	BlueChoice Plus	BlueChoice Plus Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,000; OON: \$10,000	\$440.35	\$447.47	\$454.74	\$462.14	1.6%	1.6%	1.6%
86052DC0500017	BlueChoice Plus	BlueChoice Plus HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: \$6,550; OON: \$13,100	\$249.66	\$253.70	\$257.82	\$262.02	1.6%	1.6%	1.6%
86052DC0500009	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$5,500; OON: \$9,000	\$337.27	\$342.72	\$348.29	\$353.96	1.6%	1.6%	1.6%
86052DC0500010	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$302.85	\$307.75	\$312.74	\$317.84	1.6%	1.6%	1.6%
86052DC0500011	BlueChoice Plus	HealthyBlue Plus Gold 1500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$0 Rx; OON: \$3,000	IN: \$7,150; OON: \$14,300	\$441.46	\$448.60	\$455.88	\$463.31	1.6%	1.6%	1.6%

* Out-of-Network ER is paid as In-Network.

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On Exchange Products Rate Filing Effective 1/1/2018
Premiums Effective 01/2018, 04/2018, 07/2018 and 10/2018

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
								01/2018	04/2018	07/2018	10/2018	04/2018	07/2018	10/2018
86052DC0500014	BlueChoice Plus	HealthyBlue Plus HSA/HRA Silver 2000	On	Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$45 Spec/\$200 ER/\$500 IP; OON: \$65 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$6,550; OON: \$9,000	\$330.29	\$335.63	\$341.08	\$346.63	1.6%	1.6%	1.6%
86052DC0500013	BlueChoice Plus	HealthyBlue Plus Platinum 1000	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,000 Med / \$0 Rx; OON: \$2,000	IN: \$1,500; OON: \$3,000	\$498.75	\$506.82	\$515.05	\$523.44	1.6%	1.6%	1.6%
86052DC0500012	BlueChoice Plus	HealthyBlue Plus Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$506.55	\$514.74	\$523.09	\$531.61	1.6%	1.6%	1.6%
86052DC0580001	BlueChoice Plus Opt-Out	BlueChoice Plus Opt-Out Platinum 0	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,500; OON: \$3,000	\$524.47	\$532.95	\$541.60	\$550.42	1.6%	1.6%	1.6%
86052DC0500015	BlueChoice Plus	BlueChoice Plus Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,000; OON: \$8,000	\$427.13	\$434.04	\$441.08	\$448.27	1.6%	1.6%	1.6%
86052DC0480014	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$4,000 Med / \$0 Rx	\$7,150	\$334.98	\$340.39	\$345.92	\$351.55	1.6%	1.6%	1.6%
86052DC0480009	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 5750	On	Non-Int: \$20/\$75/\$150/\$100/\$150	\$40 PCP/\$80 Spec/\$500 ER/\$500 IP	\$5,750 Med / \$100 Rx	\$7,350	\$270.45	\$274.82	\$279.28	\$283.83	1.6%	1.6%	1.6%
86052DC0480010	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$0 Med / \$0 Rx	\$5,000	\$436.25	\$443.31	\$450.50	\$457.84	1.6%	1.6%	1.6%
86052DC0480008	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$5,000	\$407.30	\$413.89	\$420.61	\$427.46	1.6%	1.6%	1.6%
86052DC0480011	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 80	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$20 PCP/\$40 Spec/20% ER/20% IP	\$1000 Med / \$0 Rx	\$5,000	\$391.68	\$398.02	\$404.48	\$411.07	1.6%	1.6%	1.6%
86052DC0480007	BlueChoice HMO Referral	BlueChoice HMO Referral Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,500	\$492.60	\$500.57	\$508.69	\$516.98	1.6%	1.6%	1.6%
86052DC0480012	BlueChoice HMO Referral	BlueChoice HMO Referral Platinum 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$5 PCP/\$15 Spec/\$100 ER/\$200 IP	\$1000 Med / \$0 Rx	\$1,500	\$457.79	\$465.20	\$472.75	\$480.45	1.6%	1.6%	1.6%
86052DC0480013	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 70	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$35 PCP/\$70 Spec/30% ER/30% IP	\$2000 Med / \$500 Rx	\$7,150	\$315.70	\$320.80	\$326.01	\$331.32	1.6%	1.6%	1.6%
86052DC0460022	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$20 PCP/\$40 Spec/\$150 ER/\$500 IP	\$2,500 (Integrated)	\$6,000	\$306.29	\$311.24	\$316.29	\$321.45	1.6%	1.6%	1.6%
86052DC0440024	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$150 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,500 (Integrated); OON: \$5,000	IN: \$6,000; OON: \$12,000	\$345.34	\$350.92	\$356.62	\$362.42	1.6%	1.6%	1.6%
86052DC0500018	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$150 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,500 (Integrated); OON: \$5,000	IN: \$6,000; OON: \$12,000	\$315.57	\$320.67	\$325.88	\$331.19	1.6%	1.6%	1.6%

* Out-of-Network ER is paid as In-Network.

**Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	DC BC Small Group Eff 201801 - ACA		
Project Name/Number:	DC BC SG ACA ON-EXCHANGE/2168		

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	Please see actuarial certification in Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2018 ACA_Actl Memo_SG_DC_BC.pdf 2168 - DC Small Group BlueChoice - Exchange (2018) - Actuarial Memorandum.pdf Small Group - DISB rate filing checklist.pdf 2168 - DC BlueChoice Small Group - Index & Plan Comparison.pdf AV Screenshots_DC SG BlueChoice.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2018 ACA_Actl Memo_SG_DC_BC.pdf 2168 - DC Small Group BlueChoice - Exchange (2018) - Actuarial Memorandum.pdf Small Group - DISB rate filing checklist.pdf AV Screenshots_DC SG BlueChoice.pdf 2168 - DC BlueChoice Small Group - Index & Plan Comparison.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This filing is being submitted by the insurer.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Bypassing at initial submission per instructions in description.
Attachment(s):	
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	DC BC Small Group Eff 201801 - ACA		
Project Name/Number:	DC BC SG ACA ON-EXCHANGE/2168		

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	2018 ACA_Cover Letter_SmallGroup_DC_BlueChoice - 5-1-2017.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	2168 - DC BC Small Group (2018) - Dataset_sent.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2168 - Small Group - BlueChoice URRT - SERFF 5-1.xlsm 2168 - Small Group - BlueChoice URRT.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2168 - DC Small Group - BlueChoice - PartII Rate Justification.pdf
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	DC BC Small Group Eff 201801 - ACA		
Project Name/Number:	DC BC SG ACA ON-EXCHANGE/2168		

Satisfied - Item:	RateE File
Comments:	
Attachment(s):	BC.DC.RATEE.2016Q4.20170309 - Small Group BlueChoice.xlsx
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	DC BC Small Group Eff 201801 - ACA		
Project Name/Number:	DC BC SG ACA ON-EXCHANGE/2168		

Attachment 2168 - DC BC Small Group (2018) - Dataset_sent.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2168 - Small Group - BlueChoice URRT - SERFF 5-1.xlsm is not a PDF document and cannot be reproduced here.

Attachment BC.DC.RATEE.2016Q4.20170309 - Small Group BlueChoice.xlsx is not a PDF document and cannot be reproduced here.

CAREFIRST BLUECROSS BLUESHIELD

PART III ACTUARIAL MEMORANDUM

Please note that the numbering below is consistent with the numbering in the 2018 Unified Rate Review Instructions.

4.1 REDACTED ACTUARIAL MEMORANDUM (AM): CareFirst (CF) is making no redactions so both AM submissions are the same.

4.2 GENERAL INFORMATION:

Company Legal Name: CareFirst BlueChoice, Inc. (NAIC # 96202) (CFBC).

State: District of Columbia.

HIOS Issuer ID: 86052.

Market: Small Groups (On & Off Exchange).

Effective Date: 1/1/18 and quarterly incremental "trend" increases effective 4/1/18, 7/1/18 and 10/1/18.

Company Filing Number: 2168

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.

Primary Contact Telephone Number: 410-998-7519.

Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

4.3 PROPOSED RATE INCREASE(S): Base rates are changing 9.5% on average for 1Q18. The range is 3.2% to 16.0%. The estimated average base rate changes for 2Q18, 3Q18, and 4Q18 will be 8.6%, 7.9% and 6.9%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaleed benefit plans. The number of policyholders affected by this rate change is 20,444.

Reason for Rate Increase(s): The main drivers supporting the rate increase are the assumed increases in allowed costs (8.1% assumed annual trend), and the reintroduction of the Health Insurer Fee in 2018, and the assumed projected risk adjustment factor. For a more complete discussion of the risk adjustment factor methodology, please see 4.4.7, subsection 'Projected Risk Adjustment PMPM' below.

4.4 MARKET EXPERIENCE:

4.4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/16 through 12/31/16, as required.

Paid Through Date: 2/28/17

Premiums (Net of MLR Rebate) in Experience Period: \$202,537,821 (Merged)

Estimated MLR rebates in Experience Period: \$0

Allowed and Incurred Claims From Experience Period: \$173,503,196 (Merged)

Paid and Incurred Claims From Experience Period: \$146,212,234 (Merged)

Estimates of Incurred but not Paid claims: These were estimated the same way for both paid and allowed claims. Estimates were derived using an internal "chain and ladder" model which is used in monthly reserving and is based on the most recent 36 months to derive the completion factor and IBNR for each incurred month.

4.4.2 - BENEFIT CATEGORIES:

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: In developing our 2018 rates, CareFirst has projected the expected change of the single risk pool from 2016 to 2018. Our starting point for this projection are allowed claims by member from the base period normalized for age, gender, induced demand and network as specified in the URRT instructions on page 56. The numbers described above produce the morbidity factor that is displayed in Exhibit 4.

Changes in Benefits: Exhibit 5 in the Memorandum details our support to this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost-sharing requirements between the experience and projection periods.

Changes in Demographics: Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods.

Other Adjustments: We are proposing additional other adjustments for changes to our capitation fees, drug rebates and a formulary change. See Exhibit 7 in the Memorandum for details supporting these adjustments.

Trend Factors (Cost/Utilization): Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. We used observed rolling 12 PMPM allowed claims for the pool in total to fit a linear regression curve. Unit cost and utilization trends were set by service category based on observed trends over the experience period and to produce the overall anticipated trend indicated by our regression analysis.

4.4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: This section is not needed since our base period experience is deemed fully credible.

4.4.5 - CREDIBILITY OF EXPERIENCE: Exhibit 2 of the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.6 - PAID TO ALLOWED RATIO: See Exhibit 10A in the Memorandum for the projected ratio of paid to allowed claims.

4.4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing, Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: Exhibit 9 in the Memorandum contains details behind the assumed transfer amount and anticipated PLRS for this pool in 2018.

4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The 2018 "desired incurred claims ratio" (DICR) is 74.1% (1Q 2018).

Administrative Expense Load: See Exhibit 10A in the Memorandum for the assumed PMPMs (including Broker Commissions & Fees).

Contribution to Reserve & Risk Margin: See Exhibit 10A in the Memorandum.

Taxes and Fees:

See Exhibit 10A in the Memorandum for the assumed values of the following additional items.

- 1) Federal Income Tax (FIT)
- 2) State Regulatory Trust Annual Assessment Fee
- 3) Health Insurer Fee
- 4) PCORI
- 5) Risk Adjustment User Fee

6) Exchange User Fee

4.5 PROJECTED LOSS RATIO: See exhibit 10B in the Memorandum for a demonstration of our compliance with meeting the 80.0% minimum of the “Public Health Service Act” (PHSA) 218.

4.6 APPLICATION OF MARKET REFORM RATING RULES:

4.6.1 - SINGLE RISK POOL (SRP): Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.6.2 - INDEX RATE:

The base period allowed PMPM, including the split between EHB & Non-EHBs can be found on Exhibit 1 in the Memorandum.

The projected index rate is also included in Exhibit 1 and projected Non-EHBs are included on Exhibit 3.

The non-EHBs in both the base and projection periods reflect coverage for abortion services and adult vision.

4.6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental “trend” increases. Quarterly trend amounts can be found in the Appendix – Quarterly Changes exhibit of the Memorandum.

4.6.3 - MARKET ADJUSTED INDEX RATE:

See Exhibit 1 of the Memorandum for the application of these factors. Exhibit 9 contains more detail behind the Risk Adjustment Program Market Level Adjustment.

4.6.4 - PLAN ADJUSTED INDEX RATES: There is a “cost-share” factor derived from our internal pricing AV model. An induced utilization factor is also applied and includes a CDH/Non-CDH factor and a metal level induced demand factor. There are 5 types of network factors: Lock In / Referral, Open Access, Open Access Opt-Out, Open Access Plus and Open Access Advantage. Network factors composite to 1.01, due to them being composed of the merged market. Cost-Share factors, induced utilization factors, network factors and Non-EHBs vary by plan. All other factors applying to the Market Adjusted Index Rate are the same across all plans.

4.6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor.

4.6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:

Small Group Plan Premium Rates – Our index rates for 2Q, 3Q & 4Q are developed identically to 1Q with the exception of applying additional trend months. The plan level index rates change on a quarterly basis due to this additional trend and changes in administrative load factors only.

4.7 PLAN PRODUCT INFORMATION:

4.7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2018 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with 2016 experience for our small group and Individual markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the “Actuarial Memorandum and Certifications” section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

4.7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on Exhibit 11 of the Memorandum.

4.7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/28/17. Total projected enrollment is consistent with our corporate plan.

4.7.4 - TERMINATED PLANS AND PRODUCTS: See the exhibit Appendix – HIOS ID Mappings in the Memorandum.

4.7.5 - PLAN TYPE: HMO & POS.

4.7.6 - WARNING ALERTS: Several warning alerts are triggered through Section III on Worksheet 2. This is because Worksheet 1 is based on the combined Individual/small group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a much larger difference than the 10% which triggers a warning alert.

There are also 3 alerts that have been triggered in Section IV. These are due to the new language of the Unified Rate Review Instructions, page 45 (excerpt below):

The Total Allowed Claims (TAC) across all benefit plans for the Experience Period should be consistent with the Allowed Claims entered in Section I of Worksheet 1, except it should be net of Risk Adjustment transfers. Claims should be increased for any Risk Adjustment receivables and decreased by the amount of payments made into the Risk Adjustment programs. Risk Adjustment user fees should not be included here.

The inclusion of Risk Adjustment into Total Allowed Claims is causing the warning alerts to be activated as that makes the cells inconsistent with Worksheet 1.

4.8 MISCELLANEOUS INSTRUCTIONS:

4.8.1 – Effective Rate Review Information: We have nothing additional to provide.

4.8.2 – Reliance: Not applicable.

4.8.3 – Actuarial Certification: Included in the Memorandum.

**BlueChoice Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)**

**Rate Filing # 2168
D.C. Small Group Products
Rate Filing Effective 1/1/2018**

Actuarial Memorandum

BlueChoice Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products
Rate Filing Effective 1/1/2018
Actuarial Certification

I, Dwayne Lucado, am an Actuary, Group Pricing with CareFirst BlueChoice, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
 - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - c. Neither excessive nor deficient.
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.
4. Consistent with 45 CFR § 156.135, the 2018 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2017.05.01 14:25:00 -04'00'

Dwayne Lucado, FSA, MAAA
Actuary, Group Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Exhibit 1 - Market Adjusted Index Rate Summary

		2018	Exhibit
(1)	Base Period Total Allowed	\$ 328.63	2
(2)	Base Period Non-EHB PMPM	\$ 2.01	2
(3)	Experience Period Index Rate	\$ 326.62	
(4)	Change in Morbidity	1.000	4
(5)	Additional Population Adjustment	1.000	
(6)	Induced Demand	0.996	5
(7)	Projection Period Utilization and Network Adjustment	1.000	
(8)	Demographic Adjustment	0.997	6
(9)	Area Adjustment	1.000	
(10)	Additional "Other" Adjustments	0.990	7
(11)	Annualized Trend	8.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.169	
(14)	Projection Period Index Rate	\$ 375.22	
(15)	Risk Adjustment Program	1.093	9
(16)	Federal Exchange User Fee	1.000	
(17)	Market Adjusted Index Rate	\$ 410.13	
	Without Risk Adjustment	\$ 375.22	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	29,832,163	\$	56.50	Admits	48.05	\$	14,111.71
Outpatient Hospital	\$	31,747,223	\$	60.13	Visits	521.52	\$	1,383.62
Professional	\$	58,855,593	\$	111.48	Visits	8,755.65	\$	152.78
Other Medical	\$	9,117,827	\$	17.27	Services	1,143.95	\$	181.16
Capitation	\$	641,951	\$	1.22	Benefit Period	1,000	\$	14.59
Prescription Drug	\$	43,308,438	\$	82.03	Prescriptions	7,594.74	\$	129.61
<hr/>								
Total (EHB & Non-EHB)	\$	173,503,196	\$	328.63				
<hr/>								
EHB Allowed	\$	172,442,628	\$	326.62				
Non-EHB Allowed	\$	1,060,568	\$	2.01				
Incurred Net	\$	146,212,234	\$	276.94				
Net/Allowed		84.27%						
Experience Period Member Months		527,961						

Exhibit 3 - Non-EHB Adjustment

		2018 On-Exchange	2018 Off-Exchange	
(1)	Blended Index Rate	\$ 386.00	\$ 386.00	
(2)	Non-EHB PMPM	\$ 2.15	\$ 2.15	
(3)	Total	\$ 388.15	\$ 388.15	
(4)	Plan Level Adjustment	1.006	1.006	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Cohort	Member Months	Normalized PMPM
(1) Total Experience Period	527,961	\$ 207.28
(2) Existing (enrolled prior to 2017)	37,329	\$ 210.89
(3) New in 2017	2,521	\$ 192.79
(4) Transferred in 2017 (Internal)	1,047	\$ 240.66
(5) Existing (enrolled prior to 2018)	367,484	\$ 208.57
(6) New in 2018	105,121	\$ 202.87
(7) Total Projection Period	472,605	\$ 207.30
(8) Adjustment for Change in Morbidity*		1.0001

***Applied to all service categories except capitations**

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2016	79.6%	1.078	
(2) Projected 2018	78.7%	1.073	
(3) Adjustment*		0.996	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Age Factor	Average Age
(1)	Base Period	1.646	34.1
(2)	Most Recent Month	1.640	33.9
(3)	Projection Period	1.640 = (2)	
(4)	Demographic Adjustment*	0.997 (3) / (1)	

***Applied to all service categories except capitations**

Average age is claims weighted using our internal age factor curve as a proxy

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment

(1)	EP Capitation PMPM	\$	1.01	
(2)	Projected Difference in Capitations PMPM	\$	(0.09)	
(3)	Adjustment to Capitation Category		0.906	$1 + (2)/(1)$

Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	95.01	
(5)	Experience Pharmacy Rebates PMPM	\$	(12.98)	
(6)	Projected Pharmacy Rebates PMPM	\$	(12.35)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	82.03	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	82.66	
(9)	Adjustment to Drug Category		1.008	$(8)/(7)$

Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	95.01	
(11)	Ingredient cost adjustment factor		0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	91.33	$(10)*(11)$
(13)	Projection Period Pharmacy Rebates PMPM	\$	(12.35)	
(14)	Adjustment to Drug Category		0.956	$[(12) + (13)]/[(10) + (13)]$

	PMPM	Adjustment
Inpatient Hospital	\$ 69.07	1.000
Outpatient Hospital	\$ 66.66	1.000
Professional	\$ 125.31	1.000
Other Medical	\$ 19.27	1.000
Capitation	\$ 1.01	0.906
Prescription Drug	\$ 97.62	0.963
Total	\$ 378.94	0.990

PMPM weights are set equal projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2016 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 56.50	17%	1.0000	1.1100	1.110
Outpatient Hospital	\$ 60.13	18%	1.0000	1.0600	1.060
Professional	\$ 111.48	34%	1.0200	1.0500	1.071
Other Medical	\$ 17.27	5%	1.0100	1.0500	1.061
Capitation	\$ 1.22	0%	1.0000	1.0000	1.000
Prescription Drug	\$ 82.03	25%	1.0000	1.0950	1.095
Total	\$ 328.63	100%			1.081
Proposed Trend					1.081

Exhibit 9 - Risk Adjustment

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	8,925	2%	0.737	1.079	-\$701,704	-\$78.62
Silver	90,509	21%	0.975	1.033	-\$3,624,443	-\$40.04
Gold	150,347	35%	1.080	1.018	-\$8,063,489	-\$53.63
Platinum	175,551	41%	1.415	1.029	\$891,047	\$5.08
Total	425,332	100%	1.189	1.027	-\$11,498,588	-\$27.03
Statewide Non-Catastrophic	976,511		1.307	1.041		
State Average Premium		\$ 469.57				

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	12,608	3%	0.752	1.045	-\$1,053,772	-\$83.58
Silver	109,287	28%	1.003	1.022	-\$4,700,988	-\$43.01
Gold	127,541	32%	1.076	0.956	-\$5,954,699	-\$46.69
Platinum	143,177	36%	1.392	0.988	\$217,991	\$1.52
Total	392,612	100%	1.161	0.989	-\$11,491,469	-\$29.27
Statewide Non-Catastrophic	846,919		1.267	0.992		
State Average Premium		\$ 516.53				

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor
\$ 386.00	-\$35.77	\$ 0.14	1.093

Adjustment Factor = (\$386 - \$-35.77+ \$0.14) / \$386

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2018		2Q 2018		3Q 2018		4Q 2018	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 377.37		\$ 384.78		\$ 392.35		\$ 400.07	
Paid/Allowed Ratio	81.69%		81.69%		81.69%		81.69%	
Paid Claims & Capitations	\$ 308.25		\$ 314.31		\$ 320.49		\$ 326.80	
Risk Adjustment Transfer (Paid Basis)	\$ (29.27)		\$ (29.27)		\$ (29.27)		\$ (29.27)	
Paid Claims & Capitations (Post-Risk Adj)	\$ 337.52	74.1%	\$ 343.58	74.4%	\$ 349.76	74.7%	\$ 356.07	74.9%
Administrative Expense	\$ 56.03	12.3%	\$ 56.03	12.1%	\$ 56.03	12.0%	\$ 56.03	11.8%
Broker Commissions & Fee	\$ 27.58	6.1%	\$ 27.58	6.0%	\$ 27.58	5.9%	\$ 27.58	5.8%
Contribution to Reserve (Post-Tax)	\$ 3.19	0.7%	\$ 3.23	0.7%	\$ 3.28	0.7%	\$ 3.33	0.7%
Investment Income Credit	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 9.10	2.0%	\$ 9.23	2.0%	\$ 9.37	2.0%	\$ 9.50	2.0%
State Assessment Fee	\$ 0.52	0.1%	\$ 0.53	0.1%	\$ 0.54	0.1%	\$ 0.55	0.1%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 1.37	0.3%	\$ 1.39	0.3%	\$ 1.41	0.3%	\$ 1.43	0.3%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ 14.57	3.2%	\$ 14.78	3.2%	\$ 14.99	3.2%	\$ 15.21	3.2%
Risk Adjustment User Fee	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%
Exchange Assessment Fee	\$ 4.55	1.0%	\$ 4.62	1.0%	\$ 4.68	1.0%	\$ 4.75	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%
BlueRewards/Incentive Program	\$ 0.42	0.1%	\$ 0.42	0.1%	\$ 0.42	0.1%	\$ 0.42	0.1%
Total Revenue	\$ 455.19	100.0%	\$ 461.72	100.0%	\$ 468.39	100.0%	\$ 475.20	100.0%
Plan Level Admin Load Adjustment	1.348		1.343		1.339		1.334	
Projected Member Months	121,264		53,633		57,112		177,102	
Average Members	10,105		4,469		4,759		14,759	
% Total 2018	29.6%		13.1%		14.0%		43.3%	

Exhibit 10B - Federal MLR

	Total 2018 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj)	\$ 341.58
Total Revenue	\$ 456.48
Traditional MLR (i.e. DICR)	74.8%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.42
Quality Improvement Expenses	\$ 0.40
Removal of non-care costs under MLR guidelines	\$ (0.57)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 10.83
ACA Taxes & Fees	\$ 19.52
Federal MLR Numerator	\$ 341.83
Federal MLR Denominator	\$ 426.14
Federal MLR	80.2%

The Federal MLR is based on a blended market

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor*	Induced Utilization**	Non-EHB***	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	Open Access Advantage	410.13	0.795	1.079	1.0180	1.006	1.000	1.348	485.78
86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	Open Access Advantage	410.13	0.820	1.079	1.0180	1.006	1.000	1.348	500.81
86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	Open Access Advantage	410.13	0.931	1.079	1.0841	1.006	1.000	1.348	605.70
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	Open Access Advantage	410.13	0.697	1.079	0.9178	1.006	1.000	1.348	383.58
86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	Open Access Advantage	410.13	0.822	1.079	1.0180	1.006	1.000	1.348	502.07
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	Open Access Advantage	410.13	0.886	1.079	1.0841	1.006	1.000	1.348	576.10
86052DC0440016	HealthyBlue Advantage Platinum 1000	POS	Platinum	On	Open Access Advantage	410.13	0.872	1.079	1.0841	1.006	1.000	1.348	567.24
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	Open Access Advantage	410.13	0.682	1.079	0.9178	1.006	1.000	1.348	375.64
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Advantage	410.13	0.531	1.079	0.8909	1.006	1.000	1.348	283.94
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On	Open Access Advantage	410.13	0.626	1.079	0.9178	1.006	1.000	1.348	344.43
86052DC0440020	BlueChoice Advantage Bronze 5750	POS	Bronze	On	Open Access Advantage	410.13	0.588	1.079	0.9428	1.006	1.000	1.348	332.54
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	Gold	On	Open Access Advantage	410.13	0.745	1.079	0.9619	1.006	1.000	1.348	430.01
86052DC0440022	BlueChoice Advantage Silver 4000	POS	Silver	On	Open Access Advantage	410.13	0.707	1.079	0.9713	1.006	1.000	1.348	411.88
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	Open Access Advantage	410.13	0.697	1.079	0.9178	1.006	1.000	1.348	383.94
86052DC0460009	BlueChoice HMO Gold 1500	HMO	Gold	On	Open Access	410.13	0.781	0.957	1.0180	1.006	1.000	1.348	423.27
86052DC0460010	BlueChoice HMO Gold 500	HMO	Gold	On	Open Access	410.13	0.820	0.957	1.0180	1.006	1.000	1.348	444.19
86052DC0460011	BlueChoice HMO Platinum 0	HMO	Platinum	On	Open Access	410.13	0.931	0.957	1.0841	1.006	1.000	1.348	537.21
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	Silver	On	Open Access	410.13	0.697	0.957	0.9178	1.006	1.000	1.348	340.21
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	410.13	0.665	0.957	0.9178	1.006	1.000	1.348	324.81
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	Open Access	410.13	0.531	0.957	0.8909	1.006	1.000	1.348	251.84
86052DC0460015	HealthyBlue HMO Gold 1500	HMO	Gold	On	Open Access	410.13	0.822	0.957	1.0180	1.006	1.000	1.348	445.30
86052DC0460016	HealthyBlue HMO Platinum 500	HMO	Platinum	On	Open Access	410.13	0.886	0.957	1.0841	1.006	1.000	1.348	510.96
86052DC0460017	HealthyBlue HMO Platinum 1000	HMO	Platinum	On	Open Access	410.13	0.872	0.957	1.0841	1.006	1.000	1.348	503.10
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	410.13	0.682	0.957	0.9178	1.006	1.000	1.348	333.16
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	Open Access	410.13	0.626	0.957	0.9178	1.006	1.000	1.348	305.49
86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	Open Access	410.13	0.714	0.957	0.9713	1.006	1.000	1.348	368.82
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	Open Access	410.13	0.745	0.957	0.9619	1.006	1.000	1.348	381.39
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	Platinum	On	Lock In / Referral	410.13	0.931	0.912	1.0841	1.006	1.000	1.348	511.95
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	Gold	On	Lock In / Referral	410.13	0.820	0.912	1.0180	1.006	1.000	1.348	423.30
86052DC0480009	BlueChoice HMO Referral Bronze 5750	HMO	Bronze	On	Lock In / Referral	410.13	0.588	0.912	0.9428	1.006	1.000	1.348	281.07
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	Gold	On	Lock In / Referral	410.13	0.878	0.912	1.0180	1.006	1.000	1.348	453.39
86052DC0480011	BlueChoice HMO Referral Gold 80	HMO	Gold	On	Lock In / Referral	410.13	0.789	0.912	1.0180	1.006	1.000	1.348	407.07
86052DC0480012	BlueChoice HMO Referral Platinum 1000	HMO	Platinum	On	Lock In / Referral	410.13	0.866	0.912	1.0841	1.006	1.000	1.348	475.77
86052DC0480013	BlueChoice HMO Referral Silver 70	HMO	Silver	On	Lock In / Referral	410.13	0.666	0.912	0.9713	1.006	1.000	1.348	328.10
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	Silver	On	Lock In / Referral	410.13	0.707	0.912	0.9713	1.006	1.000	1.348	348.13
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	Silver	On	Open Access Plus	410.13	0.697	0.986	0.9178	1.006	1.000	1.348	350.52
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	Silver	On	Open Access Plus	410.13	0.626	0.986	0.9178	1.006	1.000	1.348	314.75
86052DC0500011	HealthyBlue Plus Gold 1500	POS	Gold	On	Open Access Plus	410.13	0.822	0.986	1.0180	1.006	1.000	1.348	458.80
86052DC0500012	HealthyBlue Plus Platinum 500	POS	Platinum	On	Open Access Plus	410.13	0.886	0.986	1.0841	1.006	1.000	1.348	526.44
86052DC0500013	HealthyBlue Plus Platinum 1000	POS	Platinum	On	Open Access Plus	410.13	0.872	0.986	1.0841	1.006	1.000	1.348	518.34
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	POS	Silver	On	Open Access Plus	410.13	0.682	0.986	0.9178	1.006	1.000	1.348	343.26
86052DC0500015	BlueChoice Plus Gold 1000	POS	Gold	On	Open Access Plus	410.13	0.795	0.986	1.0180	1.006	1.000	1.348	443.91
86052DC0500016	BlueChoice Plus Gold 500	POS	Gold	On	Open Access Plus	410.13	0.820	0.986	1.0180	1.006	1.000	1.348	457.65
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Plus	410.13	0.531	0.986	0.8909	1.006	1.000	1.348	259.47
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	Platinum	On	Open Access Opt-Out	410.13	0.931	0.971	1.0841	1.006	1.000	1.348	545.07
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	Silver	On	Open Access	410.13	0.652	0.957	0.9178	1.006	1.000	1.348	318.32
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	Silver	On	Open Access Advantage	410.13	0.652	1.079	0.9178	1.006	1.000	1.348	358.90
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	Silver	On	Open Access Plus	410.13	0.652	0.986	0.9178	1.006	1.000	1.348	327.97

*Appendix - Network Factors, **Exhibit 15, ***Exhibit 3

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.806
86052DC0440011	BlueChoice Advantage Gold 500	0.804
86052DC0440012	BlueChoice Advantage Platinum 0	0.910
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.711
86052DC0440014	HealthyBlue Advantage Gold 1500	0.812
86052DC0440015	HealthyBlue Advantage Platinum 500	0.903
86052DC0440016	HealthyBlue Advantage Platinum 1000	0.898
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	0.699
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.606
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.687
86052DC0440020	BlueChoice Advantage Bronze 5750	0.650
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.782
86052DC0440022	BlueChoice Advantage Silver 4000	0.714
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.714
86052DC0460009	BlueChoice HMO Gold 1500	0.807
86052DC0460010	BlueChoice HMO Gold 500	0.804
86052DC0460011	BlueChoice HMO Platinum 0	0.910
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.711
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.696
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.606
86052DC0460015	HealthyBlue HMO Gold 1500	0.812
86052DC0460016	HealthyBlue HMO Platinum 500	0.903
86052DC0460017	HealthyBlue HMO Platinum 1000	0.898
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	0.699
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.687
86052DC0460020	BlueChoice HMO Silver 1000	0.720
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.782
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.910
86052DC0480008	BlueChoice HMO Referral Gold 500	0.804
86052DC0480009	BlueChoice HMO Referral Bronze 5750	0.650
86052DC0480010	BlueChoice HMO Referral Gold 0	0.801
86052DC0480011	BlueChoice HMO Referral Gold 80	0.811
86052DC0480012	BlueChoice HMO Referral Platinum 1000	0.895
86052DC0480013	BlueChoice HMO Referral Silver 70	0.718
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.714
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.711
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.687
86052DC0500011	HealthyBlue Plus Gold 1500	0.812
86052DC0500012	HealthyBlue Plus Platinum 500	0.903
86052DC0500013	HealthyBlue Plus Platinum 1000	0.898
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	0.699
86052DC0500015	BlueChoice Plus Gold 1000	0.806
86052DC0500016	BlueChoice Plus Gold 500	0.804
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.606
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.910
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.685
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.685
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.685

Exhibit 13 - Age Calibration

	Average Age	Factor	
(1) Projected	41.7	1.039	
(2) Nearest Rounded	42.0	1.053	
(3) Calibration		1.013	(2)/(1)

The nearest rounded age is determined as the age for the factor closest to the member weighted average factor. The projected average age is then interpolated using the nearest and average factors and the nearest age.

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	140,761	1.000	0.960
Non-CDH	348,342	1.058	1.016
	489,103	1.042	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average
Catastrophic	12,974	1.000	0.928
Bronze	39,847	1.000	0.928
Silver	154,245	1.030	0.956
Gold	128,755	1.080	1.002
Platinum	153,282	1.150	1.067
Total	489,103	1.078	

Factors are applied as plan level adjustments

Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Out-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	39,870	1.000	0.912
Open Access	166,074	1.050	0.957
Open Access Opt-Out	46,480	1.065	0.971
Open Access Plus	71,515	1.081	0.986
Open Access Advantage	165,164	1.183	1.079
Total	489,103	1.097	

Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

2015 Base HIOS Plan ID		2015 HIOS Plan Name	2016 Base HIOS Plan ID		2016 HIOS Plan Name	2017 Base HIOS Plan ID		2017 HIOS Plan Name	2018 Base HIOS Plan ID		2018 HIOS Plan Name
86052DC0440004		BlueChoice Advantage 90%/70%	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0
86052DC0440006		BlueChoice Advantage 80%/50%	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0
86052DC0440007		BlueChoice Advantage 100%/70%	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0
86052DC0440008		BlueChoice Advantage \$1000	86052DC0440010		BlueChoice Advantage Gold 1000	86052DC0440010		BlueChoice Advantage Gold 1000	86052DC0440010		BlueChoice Advantage Gold 1000
86052DC0440009		BlueChoice Advantage \$500 \$20/\$30	86052DC0440011		BlueChoice Advantage Gold 500	86052DC0440011		BlueChoice Advantage Gold 500	86052DC0440011		BlueChoice Advantage Gold 500
86052DC0450002		BlueChoice Advantage HSA/HRA \$1500	86052DC0440013		BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013		BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013		BlueChoice Advantage HSA/HRA Silver 1500
86052DC0460003		BlueChoice HMO \$1,000	86052DC0460009		BlueChoice HMO Gold 1500	86052DC0460009		BlueChoice HMO Gold 1500	86052DC0460009		BlueChoice HMO Gold 1500
86052DC0460006		BlueChoice HMO \$250	86052DC0460010		BlueChoice HMO Gold 500	86052DC0460010		BlueChoice HMO Gold 500	86052DC0460010		BlueChoice HMO Gold 500
86052DC0460007		BlueChoice HMO \$30/\$40	86052DC0460011		BlueChoice HMO Platinum 0	86052DC0460011		BlueChoice HMO Platinum 0	86052DC0460011		BlueChoice HMO Platinum 0
86052DC0460008		BlueChoice HMO \$1,800	86052DC0460009		BlueChoice HMO Gold 1500	86052DC0460009		BlueChoice HMO Gold 1500	86052DC0460009		BlueChoice HMO Gold 1500
86052DC0470002		BlueChoice HMO HSA/HRA \$2,000, 80%	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000
86052DC0470005		BlueChoice HMO HSA/HRA \$1,500	86052DC0460012		BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012		BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012		BlueChoice HMO HSA/HRA Silver 1500
86052DC0470006		BlueChoice HMO HSA/HRA \$2,000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000
86052DC0480004		BlueChoice HMO Referral \$10/\$20	86052DC0480007		BlueChoice HMO Referral Platinum 0	86052DC0480007		BlueChoice HMO Referral Platinum 0	86052DC0480007		BlueChoice HMO Referral Platinum 0
86052DC0480005		BlueChoice HMO Referral \$500	86052DC0480008		BlueChoice HMO Referral Gold 500	86052DC0480008		BlueChoice HMO Referral Gold 500	86052DC0480008		BlueChoice HMO Referral Gold 500
86052DC0480006		BlueChoice HMO Referral \$30/\$40	86052DC0480007		BlueChoice HMO Referral Platinum 0	86052DC0480007		BlueChoice HMO Referral Platinum 0	86052DC0480007		BlueChoice HMO Referral Platinum 0
86052DC0490001		BlueChoice HMO Referral HSA/HRA \$4,000	86052DC0460014		BlueChoice HMO HSA/HRA Bronze 5000	86052DC0460014		BlueChoice HMO HSA/HRA Bronze 6500	86052DC0460014		BlueChoice HMO HSA/HRA Bronze 6000
86052DC0500005		BlueChoice Plus \$2000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000
86052DC0500006		BlueChoice Plus 100%/80%, \$20/\$30	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0
86052DC0500007		BlueChoice Plus 100%/60%, \$20/\$30	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0
86052DC0500008		BlueChoice Plus 100%/80%, \$10/\$20	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0
86052DC0510004		BlueChoice Plus HSA/HRA \$1500	86052DC0500009		BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009		BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009		BlueChoice Plus HSA/HRA Silver 1500
86052DC0510005		BlueChoice Plus HSA/HRA \$2000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000
86052DC0510006		BlueChoice Plus HSA/HRA \$3500	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000
86052DC0520004		HealthyBlue Advantage \$1,500	86052DC0440014		HealthyBlue Advantage Gold 1500	86052DC0440014		HealthyBlue Advantage Gold 1500	86052DC0440014		HealthyBlue Advantage Gold 1500
86052DC0520005		HealthyBlue Advantage \$300	86052DC0440015		HealthyBlue Advantage Platinum 500	86052DC0440015		HealthyBlue Advantage Platinum 500	86052DC0440015		HealthyBlue Advantage Platinum 500
86052DC0520006		HealthyBlue Advantage \$600	86052DC0440016		HealthyBlue Advantage Platinum 1000	86052DC0440016		HealthyBlue Advantage Platinum 1000	86052DC0440016		HealthyBlue Advantage Platinum 1000
86052DC0530002		HealthyBlue Advantage HSA/HRA \$2,000	86052DC0440017		HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017		HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017		HealthyBlue Advantage HSA/HRA Silver 2000
86052DC0540004		HealthyBlue HMO \$1,500	86052DC0460015		HealthyBlue HMO Gold 1500	86052DC0460015		HealthyBlue HMO Gold 1500	86052DC0460015		HealthyBlue HMO Gold 1500
86052DC0540005		HealthyBlue HMO \$300	86052DC0460016		HealthyBlue HMO Platinum 500	86052DC0460016		HealthyBlue HMO Platinum 500	86052DC0460016		HealthyBlue HMO Platinum 500
86052DC0540006		HealthyBlue HMO \$600	86052DC0460017		HealthyBlue HMO Platinum 1000	86052DC0460017		HealthyBlue HMO Platinum 1000	86052DC0460017		HealthyBlue HMO Platinum 1000
86052DC0550002		HealthyBlue HMO HSA/HRA \$2,000	86052DC0460018		HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018		HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018		HealthyBlue HMO HSA/HRA Silver 2000
86052DC0560004		HealthyBlue Plus \$1,500	86052DC0500011		HealthyBlue Plus Gold 1500	86052DC0500011		HealthyBlue Plus Gold 1500	86052DC0500011		HealthyBlue Plus Gold 1500
86052DC0560005		HealthyBlue Plus \$300	86052DC0500012		HealthyBlue Plus Platinum 500	86052DC0500012		HealthyBlue Plus Platinum 500	86052DC0500012		HealthyBlue Plus Platinum 500
86052DC0560006		HealthyBlue Plus \$600	86052DC0500013		HealthyBlue Plus Platinum 1000	86052DC0500013		HealthyBlue Plus Platinum 1000	86052DC0500013		HealthyBlue Plus Platinum 1000
86052DC0570002		HealthyBlue Plus HSA/HRA \$2,000	86052DC0500014		HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500014		HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500014		HealthyBlue Plus HSA/HRA Silver 2000
			86052DC0440018		BlueChoice Advantage HSA/HRA Bronze 5000	86052DC0440018		BlueChoice Advantage HSA/HRA Bronze 6500	86052DC0440018		BlueChoice Advantage HSA/HRA Bronze 6000
			86052DC0440019		BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019		BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019		BlueChoice Advantage HSA/HRA Silver 3000
			86052DC0460019		BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019		BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019		BlueChoice HMO HSA/HRA Silver 3000
			86052DC0460020		BlueChoice HMO Silver 1000	86052DC0460020		BlueChoice HMO Silver 1000	86052DC0460020		BlueChoice HMO Silver 1000
			86052DC0480009		BlueChoice HMO Referral Bronze 5500	86052DC0480009		BlueChoice HMO Referral Bronze 5500	86052DC0480009		BlueChoice HMO Referral Bronze 5750
			86052DC0480010		BlueChoice HMO Referral Gold 0	86052DC0480010		BlueChoice HMO Referral Gold 0	86052DC0480010		BlueChoice HMO Referral Gold 0
			86052DC0480011		BlueChoice HMO Referral Gold 80	86052DC0480011		BlueChoice HMO Referral Gold 80	86052DC0480011		BlueChoice HMO Referral Gold 80
			86052DC0480012		BlueChoice HMO Referral Platinum 1000	86052DC0480012		BlueChoice HMO Referral Platinum 1000	86052DC0480012		BlueChoice HMO Referral Platinum 1000
			86052DC0480013		BlueChoice HMO Referral Silver 70	86052DC0480013		BlueChoice HMO Referral Silver 70	86052DC0480013		BlueChoice HMO Referral Silver 70
			86052DC0500015		BlueChoice Plus Gold 1000	86052DC0500015		BlueChoice Plus Gold 1000	86052DC0500015		BlueChoice Plus Gold 1000
			86052DC0500016		BlueChoice Plus Gold 500	86052DC0500016		BlueChoice Plus Gold 500	86052DC0500016		BlueChoice Plus Gold 500
			86052DC0500017		BlueChoice Plus HSA/HRA Bronze 5000	86052DC0500017		BlueChoice Plus HSA/HRA Bronze 6500	86052DC0500017		BlueChoice Plus HSA/HRA Bronze 6000
					BlueChoice Advantage Bronze 5500	86052DC0440020		BlueChoice Advantage Bronze 5500	86052DC0440020		BlueChoice Advantage Bronze 5750
			86052DC0440021		BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021		BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021		BlueChoice Advantage HSA/HRA Gold 1500
			86052DC0440022		BlueChoice Advantage Silver 4000	86052DC0440022		BlueChoice Advantage Silver 4000	86052DC0440022		BlueChoice Advantage Silver 4000
			86052DC0440023		BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023		BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023		BlueChoice Advantage Silver 1500 BlueFund HSA
			86052DC0460021		BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021		BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021		BlueChoice HMO HSA/HRA Gold 1500
			86052DC0480014		BlueChoice HMO Referral Silver 4000	86052DC0480014		BlueChoice HMO Referral Silver 4000	86052DC0480014		BlueChoice HMO Referral Silver 4000
						86052DC0460022		BlueChoice HMO HSA/HRA Silver 2500	86052DC0460022		BlueChoice HMO HSA/HRA Silver 2500
						86052DC0440024		BlueChoice Advantage HSA/HRA Silver 2500	86052DC0440024		BlueChoice Advantage HSA/HRA Silver 2500
						86052DC0500018		BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018		BlueChoice Plus HSA/HRA Silver 2500

Appendix - Annual Rate Change Based on Mapping

Bronze Members/Avg Renewal	1,024	8.8%
Silver Members/Avg Renewal	7,825	12.2%
Gold Members/Avg Renewal	12,531	10.2%
Platinum Members/Avg Renewal	11,740	7.1%
All Members/Avg Renewal	33,120	9.5%
Minimum Renewal		3.2%
Maximum Renewal		16.0%

2017 HIOS Plan ID	2017 HIOS Plan Name	2017 Metal Level	2017 Marketplace Indicator	2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	Projected 2017 EOY Members	1Q2017 Base Rate	1Q2018 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	1,509	\$415.01	\$467.42	12.6%
86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	1,750	\$425.32	\$481.89	13.3%
86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	1,754	\$520.38	\$582.80	12.0%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	2,347	\$318.12	\$369.08	16.0%
86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	3,613	\$433.06	\$483.10	11.6%
86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	846	\$510.54	\$554.33	8.6%
86052DC0440016	HealthyBlue Advantage Platinum 1000	Platinum	On	86052DC0440016	HealthyBlue Advantage Platinum 1000	Platinum	On	291	\$490.16	\$545.80	11.4%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	993	\$316.42	\$361.44	14.2%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6500	Bronze	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	239	\$241.37	\$273.21	13.2%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	221	\$292.28	\$331.42	13.4%
86052DC0440020	BlueChoice Advantage Bronze 5500	Bronze	On	86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	13	\$286.38	\$319.97	11.7%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	251	\$362.43	\$413.76	14.2%
86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	6	\$349.57	\$396.32	13.4%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	67	\$318.59	\$369.43	16.0%
86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	425	\$381.80	\$407.27	6.7%
86052DC0460010	BlueChoice HMO Gold 500	Gold	On	86052DC0460010	BlueChoice HMO Gold 500	Gold	On	1,082	\$397.07	\$427.40	7.6%
86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	1,459	\$485.81	\$516.91	6.4%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	658	\$296.99	\$327.35	10.2%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	591	\$286.61	\$312.53	9.0%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	Bronze	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	442	\$225.33	\$242.32	7.5%
86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	684	\$404.29	\$428.47	6.0%
86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	238	\$476.63	\$491.65	3.2%
86052DC0460017	HealthyBlue HMO Platinum 1000	Platinum	On	86052DC0460017	HealthyBlue HMO Platinum 1000	Platinum	On	46	\$457.59	\$484.09	5.8%
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	552	\$295.40	\$320.57	8.5%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	90	\$272.86	\$293.94	7.7%
86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	284	\$324.14	\$354.88	9.5%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	60	\$338.36	\$366.98	8.5%
86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	1,811	\$462.68	\$492.60	6.5%
86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	780	\$378.16	\$407.30	7.7%
86052DC0480009	BlueChoice HMO Referral Bronze 5500	Bronze	On	86052DC0480009	BlueChoice HMO Referral Bronze 5750	Bronze	On	111	\$254.63	\$270.45	6.2%
86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	569	\$397.82	\$436.25	9.7%
86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	184	\$362.36	\$391.68	8.1%
86052DC0480012	BlueChoice HMO Referral Platinum 1000	Platinum	On	86052DC0480012	BlueChoice HMO Referral Platinum 1000	Platinum	On	17	\$431.97	\$457.79	6.0%
86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	83	\$294.57	\$315.70	7.2%
86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	9	\$310.81	\$334.98	7.8%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	1,041	\$305.04	\$337.27	10.6%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	249	\$280.26	\$302.85	8.1%
86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	824	\$415.25	\$441.46	6.3%
86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	1,361	\$489.54	\$506.55	3.5%
86052DC0500013	HealthyBlue Plus Platinum 1000	Platinum	On	86052DC0500013	HealthyBlue Plus Platinum 1000	Platinum	On	198	\$469.99	\$498.75	6.1%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	633	\$303.40	\$330.29	8.9%
86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	244	\$397.94	\$427.13	7.3%
86052DC0500016	BlueChoice Plus Gold 500	Gold	On	86052DC0500016	BlueChoice Plus Gold 500	Gold	On	557	\$407.83	\$440.35	8.0%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6500	Bronze	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	217	\$231.44	\$249.66	7.9%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	3,718	\$492.40	\$524.47	6.5%

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1)) * (1 + (2)) - 1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q18	2.0%	-0.4%	1.6%
3Q18	2.0%	-0.3%	1.6%
4Q18	2.0%	-0.3%	1.6%

The changes above are relative to the preceding quarter
and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2017	2018	% Change
Base Rate	\$318.12	\$369.08	16.0%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$208.05	\$268.32	29.0%

	BlueChoice Advantage	
	HSA/HRA Silver	BlueChoice Advantage
Base Rate/Product(s)	1500	HSA/HRA Silver 1500
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers Small Group

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

ON-Exchange	
<p>Forms Used for ALL ON-Exchange BlueChoice Group Products</p> <p>DC/CFBC/SHOP-GC (R. 1/17) DC/CFBC/DOL APPEAL (R. 1/17) DC/CFBC/SHOP/ELIG (R. 1/14) DC/CFBC/FAM PLAN (R.12) DC/CFBC/PARTNER (R. 7/09) DC/CFBC/PT PROTECT (R.10) DC/CFBC/SG/IDENT (R. 1/18) DC/CFBC/SHOP/ELIG AMEND (1/17) DC/CFBC/SHOP/2018 AMEND (1/18)</p>	<p>Forms Used for ALL ON-Exchange BlueChoice Group Products—Out-of-Network Forms for Point of Service Plans (GHMS)</p> <p>DC-CF-SHOP-GC (R. 1-17) DC-CF-SHOP-POS-DON-EOC (1-17) DC/GHMS/DOL APPEAL (R. 1/17) DC-CF-SHOP-POS-DON-DOCS (1-17) DC/GHMS/FAM PLAN (R.12) DC/CF/PARTNER (R. 7/09) DC/CF/BLCRD (R. 1/17) DC/CF/MEM/BLCRD (R. 1/17) DC/CF/ANCILLARY AMEND (10/12) DC/CFBC/SHOP/2018 AMEND (1/18) DC/CF/PT PROTECT (R.10) DC/GHMS-HEALTH GUARANTEE 1/15</p>
<p>Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP HMO DOCS (1-17) DC/CFBC/BLCRD (R. 1/17) DC/CFBC/MEM/BLCRD (R. 1/17) DC/CFBC SG HMO OA CDH BRZ 6000 (1-18) DC/CFBC SG HMO OA CDH GOLD 1500 (1-18) DC/CFBC SG HMO OA CDH SIL 1500 (1-18) DC/CFBC SG HMO OA CDH SIL 2000 (1-18) DC/CFBC SG HMO OA CDH SIL 3000 (1-18) DC/CFBC SG HMO OA GOLD 500 (1-18) DC/CFBC SG HMO OA GOLD 1500 (1-18) DC/CFBC SG HMO OA PLAT 0 (1-18) DC/CFBC SG HMO OA SIL 1000 (1-18) DC/CFBC SG HMO REF BRZ 5750 (1-18) DC/CFBC SG HMO REF GOLD 0 (1-18) DC/CFBC SG HMO REF GOLD 80 (1-18) DC/CFBC SG HMO REF GOLD 500 (1-18) DC/CFBC SG HMO REF PLAT 0 (1-18) DC/CFBC SG HMO REF PLAT 1000 (1-18) DC/CFBC SG HMO REF SIL 70 (1-18) DC/CFBC SG HMO REF SIL 4000 (1-18)</p>	<p>Product: HealthyBlue HMO Network: Open Access</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP HMO DOCS (1-17) DC/CFBC/BLCRD (R. 1/17) DC/CFBC/MEM/BLCRD (R. 1/17) DC/CFBC SG HB HMO CDH SIL 2000 (1-18) DC/CFBC SG HB HMO GOLD 1500 (1-18) DC/CFBC SG HB HMO PLAT 500 (1-18) DC/CFBC SG HB HMO PLAT 1000 (1-18)</p>
	<p>Product: BlueChoice Plus Network: Open Access</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP BC-ODOA DOCS (1-17) DC/CFBC/BLCRD (R. 1/17) DC/CFBC/MEM/BLCRD (R. 1/17) DC/CFBC SG BC+ OOA PLAT 0 (1-18)</p>
<p>Product: BlueChoice Advantage In-Network</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP ADV IN DOCS (1-17) DC/CFBC/ADV IN BCRD (1/17) DC/CFBC/ADV/MEM/BLCRD (1/17) DC/CFBC/ANCILLARY AMEND (10/12) DC/CFBC SG BC ADV IN BF HSA SIL 1500 (1-18) DC/CFBC SG POS IN BRZ 5750 (1-18) DC/CFBC SG POS IN CDH BRZ 6000 (1-18) DC/CFBC SG POS IN CDH GOLD 1500 (1-18) DC/CFBC SG POS IN CDH SIL 1500 (1-18) DC/CFBC SG POS IN CDH SIL 2500 (1-18) DC/CFBC SG POS IN CDH SIL 3000 (1-18) DC/CFBC SG POS IN GOLD 500 (1-18) DC/CFBC SG POS IN GOLD 1000 (1-18) DC/CFBC SG POS IN PLAT 0 (1-18) DC/CFBC SG POS IN SIL 4000 (1-18)</p>	<p>Product: BlueChoice Advantage Out-of-Network (GHMS)</p> <p>DC/CF SG BC ADV CDH BF HSA SIL 1500 (1-18) DC/CF SG POS DON BRZ 5750 (1-18) DC/CF SG POS DON CDH BRZ 6000 (1-18) DC/CF SG POS DON CDH GOLD 1500 (1-18) DC/CF SG POS DON CDH SIL 1500 (1-18) DC/CF SG POS DON CDH SIL 2500 (1-18) DC/CF SG POS DON CDH SIL 3000 (1-18) DC/CF SG POS DON GOLD 500 (1-18) DC/CF SG POS DON GOLD 1000 (1-18) DC/CF SG POS DON PLAT 0 (1-18) DC/CF SG POS DON SIL 4000 (1-18)</p>
<p>Product: BlueChoice Plus (All Other Plans) In-Network</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP PLUS IN DOCS (1-17) DC/CFBC/BLCRD (R. 1/17) DC/CFBC/MEM/BLCRD (R. 1/17) DC/CFBC SG POS IN CDH BRZ 6000 (1-18) DC/CFBC SG POS IN CDH SIL 1500 (1-18) DC/CFBC SG POS IN CDH SIL 3000 (1-18) DC/CFBC SG POS IN GOLD 500 (1-18) DC/CFBC SG POS IN GOLD 1000 (1-18)</p>	<p>Product: BlueChoice Plus (All Other Plans) Out-of-Network (GHMS)</p> <p>DC/CF SG POS DON CDH BRZ 6000 (1-18) DC/CF SG POS DON CDH SIL 1500 (1-18) DC/CF SG POS DON CDH SIL 3000 (1-18) DC/CF SG POS DON GOLD 500 (1-18) DC/CF SG POS DON GOLD 1000 (1-18)</p>
<p>Product: HealthyBlue Plus In-Network</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP PLUS IN DOCS (1-17) DC/CFBC/BLCRD (R. 1/17) DC/CFBC/MEM/BLCRD (R. 1/17) DC/CFBC SG POS IN CDH SIL 1500 (1-18) DC/CFBC SG POS IN GOLD 1500 (1-18) DC/CFBC SG POS IN PLAT 500 (1-18) DC/CFBC SG POS IN PLAT 1000 (1-18)</p>	<p>Product: HealthyBlue Plus Out-of-Network (GHMS)</p> <p>DC/CF SG POS DON CDH SIL 2000 (1-18) DC/CF SG POS DON GOLD 1500 (1-18) DC/CF SG POS DON PLAT 500 (1-18) DC/CF SG POS DON PLAT 1000 (1-18)</p>
<p>Product: HealthyBlue Advantage In-Network</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP ADV IN DOCS (1-17) DC/CFBC/ADV IN BCRD (1/17) DC/CFBC/ADV/MEM/BLCRD (1/17) DC/CFBC/ANCILLARY AMEND (10/12) DC/CFBC SG POS IN CDH SIL 2000 (1-18) DC/CFBC SG POS IN GOLD 1500 (1-18) DC/CFBC SG POS IN PLAT 500 (1-18) DC/CFBC SG POS IN PLAT 1000 (1-18)</p>	<p>Product: HealthyBlue Advantage Out-of-Network (GHMS)</p> <p>DC/CF SG POS DON CDH SIL 2000 (1-18) DC/CF SG POS DON GOLD 1500 (1-18) DC/CF SG POS DON PLAT 500 (1-18) DC/CF SG POS DON PLAT 1000 (1-18)</p>

Appendix - Experience by Service Category

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	IP	\$146,653	Admit	15.00
201402	7,244	IP	\$296,432	Admit	30.00
201403	8,875	IP	\$452,531	Admit	41.00
201404	10,571	IP	\$518,178	Admit	35.00
201405	13,249	IP	\$831,216	Admit	69.00
201406	14,861	IP	\$630,852	Admit	68.00
201407	17,985	IP	\$813,840	Admit	82.00
201408	20,744	IP	\$678,185	Admit	75.00
201409	23,135	IP	\$1,763,263	Admit	93.00
201410	25,412	IP	\$1,155,593	Admit	126.00
201411	28,448	IP	\$2,106,731	Admit	135.00
201412	41,952	IP	\$2,116,536	Admit	179.00
201501	42,745	IP	\$2,513,961	Admit	196.00
201502	42,643	IP	\$2,218,036	Admit	171.00
201503	43,554	IP	\$2,503,635	Admit	189.00
201504	43,584	IP	\$2,208,461	Admit	171.00
201505	43,448	IP	\$2,145,378	Admit	155.00
201506	43,358	IP	\$1,942,632	Admit	158.00
201507	43,067	IP	\$2,424,123	Admit	186.00
201508	42,904	IP	\$2,675,610	Admit	215.00
201509	42,870	IP	\$2,149,303	Admit	198.00
201510	42,801	IP	\$2,592,562	Admit	171.00
201511	42,898	IP	\$2,826,602	Admit	161.00
201512	43,377	IP	\$2,843,757	Admit	185.00
201601	44,297	IP	\$2,335,061	Admit	162.00
201602	44,642	IP	\$2,573,567	Admit	176.00
201603	44,852	IP	\$2,648,650	Admit	213.00
201604	44,745	IP	\$2,663,358	Admit	169.00
201605	44,584	IP	\$2,229,024	Admit	165.00
201606	44,519	IP	\$2,327,824	Admit	175.00
201607	44,235	IP	\$2,308,938	Admit	168.00
201608	43,933	IP	\$2,319,965	Admit	186.00
201609	43,584	IP	\$2,452,481	Admit	193.00
201610	43,338	IP	\$2,567,781	Admit	185.00
201611	43,046	IP	\$2,804,409	Admit	157.00
201612	42,186	IP	\$2,601,105	Admit	165.00
201701	41,362	IP	\$2,504,290	Admit	166.00
201702	40,960	IP	\$1,130,250	Admit	95.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	OP	\$409,236	Visit	209.00
201402	7,244	OP	\$392,851	Visit	299.00
201403	8,875	OP	\$409,763	Visit	381.00
201404	10,571	OP	\$567,071	Visit	465.00
201405	13,249	OP	\$815,545	Visit	628.00
201406	14,861	OP	\$638,604	Visit	670.00
201407	17,985	OP	\$1,056,328	Visit	817.00
201408	20,744	OP	\$1,128,138	Visit	853.00
201409	23,135	OP	\$1,137,108	Visit	1,043.00
201410	25,412	OP	\$1,584,694	Visit	1,164.00
201411	28,448	OP	\$1,460,176	Visit	1,166.00
201412	41,952	OP	\$2,337,548	Visit	1,808.00
201501	42,745	OP	\$2,375,951	Visit	1,822.00
201502	42,643	OP	\$2,441,207	Visit	1,715.00
201503	43,554	OP	\$2,714,252	Visit	1,990.00
201504	43,584	OP	\$2,540,348	Visit	1,957.00
201505	43,448	OP	\$2,609,239	Visit	1,997.00
201506	43,358	OP	\$2,687,727	Visit	1,974.00
201507	43,067	OP	\$2,454,262	Visit	1,902.00
201508	42,904	OP	\$2,680,033	Visit	1,932.00
201509	42,870	OP	\$2,476,505	Visit	1,994.00
201510	42,801	OP	\$2,515,599	Visit	2,070.00
201511	42,898	OP	\$2,439,409	Visit	1,960.00
201512	43,377	OP	\$2,678,215	Visit	1,984.00
201601	44,297	OP	\$2,303,535	Visit	1,777.00
201602	44,642	OP	\$2,695,356	Visit	1,869.00
201603	44,852	OP	\$2,557,861	Visit	2,077.00
201604	44,745	OP	\$2,546,560	Visit	1,992.00
201605	44,584	OP	\$2,887,988	Visit	2,015.00
201606	44,519	OP	\$2,866,403	Visit	2,018.00
201607	44,235	OP	\$2,629,241	Visit	1,835.00
201608	43,933	OP	\$2,885,243	Visit	2,024.00
201609	43,584	OP	\$2,377,299	Visit	1,837.00
201610	43,338	OP	\$2,655,125	Visit	1,920.00
201611	43,046	OP	\$2,759,043	Visit	1,828.00
201612	42,186	OP	\$2,583,571	Visit	1,753.00
201701	41,362	OP	\$2,413,388	Visit	1,644.00
201702	40,960	OP	\$2,361,620	Visit	1,899.00

RPT_YR_MTH	MEMB_CNT	SERV_CTTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	PROF	\$517,966	Visit	3,026.00
201402	7,244	PROF	\$656,367	Visit	4,264.00
201403	8,875	PROF	\$838,454	Visit	5,670.00
201404	10,571	PROF	\$1,211,061	Visit	7,342.00
201405	13,249	PROF	\$1,277,613	Visit	8,698.00
201406	14,861	PROF	\$1,449,205	Visit	9,988.00
201407	17,985	PROF	\$1,787,703	Visit	12,416.00
201408	20,744	PROF	\$1,963,061	Visit	13,720.00
201409	23,135	PROF	\$2,389,099	Visit	16,197.00
201410	25,412	PROF	\$2,919,876	Visit	20,470.00
201411	28,448	PROF	\$2,698,457	Visit	18,766.00
201412	41,952	PROF	\$4,293,383	Visit	29,955.00
201501	42,745	PROF	\$4,556,539	Visit	30,482.00
201502	42,643	PROF	\$4,100,602	Visit	27,924.00
201503	43,554	PROF	\$4,746,275	Visit	31,709.00
201504	43,584	PROF	\$4,721,736	Visit	32,613.00
201505	43,448	PROF	\$4,514,685	Visit	30,853.00
201506	43,358	PROF	\$4,856,058	Visit	32,994.00
201507	43,067	PROF	\$4,642,856	Visit	31,521.00
201508	42,904	PROF	\$4,579,254	Visit	30,359.00
201509	42,870	PROF	\$4,721,898	Visit	31,815.00
201510	42,801	PROF	\$5,085,739	Visit	35,103.00
201511	42,898	PROF	\$4,896,430	Visit	31,526.00
201512	43,377	PROF	\$5,046,883	Visit	33,468.00
201601	44,297	PROF	\$4,422,403	Visit	28,885.00
201602	44,642	PROF	\$4,718,533	Visit	31,907.00
201603	44,852	PROF	\$5,310,996	Visit	35,779.00
201604	44,745	PROF	\$4,949,069	Visit	33,322.00
201605	44,584	PROF	\$5,005,307	Visit	32,606.00
201606	44,519	PROF	\$5,235,093	Visit	33,411.00
201607	44,235	PROF	\$4,504,282	Visit	29,991.00
201608	43,933	PROF	\$5,254,310	Visit	33,678.00
201609	43,584	PROF	\$4,887,361	Visit	31,796.00
201610	43,338	PROF	\$4,915,656	Visit	32,888.00
201611	43,046	PROF	\$4,851,512	Visit	31,484.00
201612	42,186	PROF	\$4,801,071	Visit	29,473.00
201701	41,362	PROF	\$4,777,497	Visit	28,438.00
201702	40,960	PROF	\$6,119,818	Visit	42,315.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	OTHR	\$33,333	Service	399.00
201402	7,244	OTHR	\$52,260	Service	523.00
201403	8,875	OTHR	\$99,872	Service	831.00
201404	10,571	OTHR	\$114,930	Service	1,013.00
201405	13,249	OTHR	\$186,466	Service	1,031.00
201406	14,861	OTHR	\$204,813	Service	1,182.00
201407	17,985	OTHR	\$273,058	Service	1,786.00
201408	20,744	OTHR	\$267,201	Service	1,827.00
201409	23,135	OTHR	\$314,150	Service	1,795.00
201410	25,412	OTHR	\$371,023	Service	2,399.00
201411	28,448	OTHR	\$365,852	Service	2,287.00
201412	41,952	OTHR	\$587,991	Service	4,207.00
201501	42,745	OTHR	\$613,375	Service	3,560.00
201502	42,643	OTHR	\$557,855	Service	3,429.00
201503	43,554	OTHR	\$603,247	Service	4,018.00
201504	43,584	OTHR	\$677,901	Service	4,310.00
201505	43,448	OTHR	\$586,177	Service	3,724.00
201506	43,358	OTHR	\$737,140	Service	4,420.00
201507	43,067	OTHR	\$737,601	Service	4,175.00
201508	42,904	OTHR	\$712,478	Service	4,642.00
201509	42,870	OTHR	\$742,109	Service	3,750.00
201510	42,801	OTHR	\$813,242	Service	4,220.00
201511	42,898	OTHR	\$744,556	Service	4,028.00
201512	43,377	OTHR	\$950,943	Service	4,593.00
201601	44,297	OTHR	\$615,920	Service	3,859.00
201602	44,642	OTHR	\$716,742	Service	4,205.00
201603	44,852	OTHR	\$857,816	Service	5,018.00
201604	44,745	OTHR	\$719,400	Service	4,396.00
201605	44,584	OTHR	\$809,869	Service	4,276.00
201606	44,519	OTHR	\$846,173	Service	4,811.00
201607	44,235	OTHR	\$728,592	Service	4,313.00
201608	43,933	OTHR	\$752,851	Service	5,066.00
201609	43,584	OTHR	\$757,485	Service	3,631.00
201610	43,338	OTHR	\$699,284	Service	3,841.00
201611	43,046	OTHR	\$723,696	Service	3,471.00
201612	42,186	OTHR	\$889,999	Service	3,443.00
201701	41,362	OTHR	\$604,008	Service	2,703.00
201702	40,960	OTHR	\$747,636	Service	3,901.00

RPT_YR_MTH	MEMB_CNT	SERV_CTTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	RX	\$212,195	Script	2,261.00
201402	7,244	RX	\$388,252	Script	3,938.00
201403	8,875	RX	\$635,489	Script	5,954.00
201404	10,571	RX	\$730,162	Script	6,993.00
201405	13,249	RX	\$853,821	Script	8,555.00
201406	14,861	RX	\$928,130	Script	9,503.00
201407	17,985	RX	\$1,406,143	Script	11,964.00
201408	20,744	RX	\$1,500,652	Script	13,314.00
201409	23,135	RX	\$1,671,440	Script	14,925.00
201410	25,412	RX	\$2,129,026	Script	17,262.00
201411	28,448	RX	\$1,890,420	Script	17,850.00
201412	41,952	RX	\$3,418,382	Script	29,411.00
201501	42,745	RX	\$3,573,385	Script	29,038.00
201502	42,643	RX	\$3,295,058	Script	26,358.00
201503	43,554	RX	\$3,764,288	Script	29,455.00
201504	43,584	RX	\$3,776,392	Script	28,684.00
201505	43,448	RX	\$3,714,837	Script	28,489.00
201506	43,358	RX	\$3,934,939	Script	28,803.00
201507	43,067	RX	\$4,089,970	Script	28,900.00
201508	42,904	RX	\$3,993,745	Script	27,835.00
201509	42,870	RX	\$3,774,103	Script	27,987.00
201510	42,801	RX	\$3,869,850	Script	29,047.00
201511	42,898	RX	\$3,979,318	Script	27,690.00
201512	43,377	RX	\$4,562,823	Script	30,578.00
201601	44,297	RX	\$3,568,140	Script	27,203.00
201602	44,642	RX	\$4,095,666	Script	27,690.00
201603	44,852	RX	\$4,677,490	Script	30,178.00
201604	44,745	RX	\$4,488,293	Script	28,461.00
201605	44,584	RX	\$4,243,405	Script	28,477.00
201606	44,519	RX	\$4,596,703	Script	28,674.00
201607	44,235	RX	\$4,110,092	Script	26,860.00
201608	43,933	RX	\$4,271,274	Script	28,376.00
201609	43,584	RX	\$4,028,150	Script	26,324.00
201610	43,338	RX	\$4,053,808	Script	26,994.00
201611	43,046	RX	\$4,047,874	Script	27,281.00
201612	42,186	RX	\$3,979,166	Script	27,626.00
201701	41,362	RX	\$3,881,301	Script	26,479.00
201702	40,960	RX	\$3,966,749	Script	25,390.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization	Premium	Incurred Claims
201401	5,286	All	\$1,319,383	n/a	n/a	1,907,334	\$1,057,728
201402	7,244	All	\$1,786,162	n/a	n/a	2,390,601	\$1,389,662
201403	8,875	All	\$2,436,110	n/a	n/a	2,905,275	\$1,913,216
201404	10,571	All	\$3,141,401	n/a	n/a	3,515,078	\$2,561,403
201405	13,249	All	\$3,964,661	n/a	n/a	4,340,643	\$3,163,183
201406	14,861	All	\$3,851,606	n/a	n/a	4,933,109	\$3,066,804
201407	17,985	All	\$5,337,072	n/a	n/a	6,105,495	\$4,305,231
201408	20,744	All	\$5,537,238	n/a	n/a	7,165,424	\$4,483,937
201409	23,135	All	\$7,275,060	n/a	n/a	8,084,795	\$6,110,455
201410	25,412	All	\$8,160,210	n/a	n/a	8,884,600	\$6,791,545
201411	28,448	All	\$8,521,636	n/a	n/a	10,125,468	\$7,251,984
201412	41,952	All	\$12,753,840	n/a	n/a	15,322,056	\$10,626,597
201501	42,745	All	\$13,633,210	n/a	n/a	15,863,224	\$10,949,342
201502	42,643	All	\$12,612,758	n/a	n/a	16,008,304	\$10,383,642
201503	43,554	All	\$14,331,697	n/a	n/a	14,782,460	\$11,974,586
201504	43,584	All	\$13,924,837	n/a	n/a	16,280,442	\$11,654,866
201505	43,448	All	\$13,570,317	n/a	n/a	16,268,094	\$11,439,914
201506	43,358	All	\$14,158,497	n/a	n/a	16,291,723	\$12,007,476
201507	43,067	All	\$14,348,812	n/a	n/a	16,244,830	\$12,269,575
201508	42,904	All	\$14,641,120	n/a	n/a	16,240,937	\$12,623,251
201509	42,870	All	\$13,863,918	n/a	n/a	16,334,319	\$11,878,298
201510	42,801	All	\$14,876,992	n/a	n/a	16,367,570	\$12,792,993
201511	42,898	All	\$14,886,316	n/a	n/a	16,464,554	\$12,875,786
201512	43,377	All	\$16,082,621	n/a	n/a	16,902,965	\$13,669,571
201601	44,297	All	\$13,245,059	n/a	n/a	17,341,236	\$10,161,087
201602	44,642	All	\$14,799,864	n/a	n/a	17,242,140	\$11,633,690
201603	44,852	All	\$16,052,814	n/a	n/a	17,231,532	\$13,010,591
201604	44,745	All	\$15,366,681	n/a	n/a	17,134,805	\$12,455,163
201605	44,584	All	\$15,175,594	n/a	n/a	17,052,204	\$12,429,696
201606	44,519	All	\$15,872,196	n/a	n/a	17,015,603	\$13,032,547
201607	44,235	All	\$14,281,144	n/a	n/a	16,906,348	\$11,821,087
201608	43,933	All	\$15,483,642	n/a	n/a	16,725,092	\$12,733,552
201609	43,584	All	\$14,502,776	n/a	n/a	16,609,838	\$11,939,160
201610	43,338	All	\$14,891,653	n/a	n/a	16,537,169	\$12,173,294
201611	43,046	All	\$15,186,534	n/a	n/a	16,486,454	\$12,900,601
201612	42,186	All	\$14,854,912	n/a	n/a	16,255,402	\$11,921,767
201701	41,362	All	\$14,180,485	n/a	n/a	16,766,363	\$11,082,068
201702	40,960	All	\$14,326,074	n/a	n/a	16,622,654	\$10,964,676

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum	Yes	Exhibit 11 - Plan Adj SG_RA
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adj SG_RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over	Yes	Appendix - Rate Change_SG RA
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG RA
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG RA
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_SG RA
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_SG RA
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_SG RA
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary SG
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Experience by Service Category
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element

22	Plan Relativities	<p>For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.</p> <p>For initial filings, provide the derivation of any new plan factors.</p>	Yes	Appendix - Rate Change_SG RA
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_SG RA
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Experience by Service Category
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities 	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Plain Language Summary included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	No	Not applicable

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Dwayne Lucado

(Print Name)

Dwayne Lucado

Digitally signed by Dwayne
Lucado
Date: 2017.05.01 14:35:47 -04'00'

(Signature)

DC BlueChoice Small Group & Individual Combined (Small Group)

Exhibit 1 - Market Adjusted Index Rate Summary

		2018	2017	% Change
(1)	Base Period Total Allowed	\$ 328.63	\$ 320.29	2.6%
(2)	Base Period Non-EHB PMPM	\$ 2.01	\$ 1.63	23.5%
(3)	Experience Period Index Rate	\$ 326.62	\$ 319.00	2.4%
(4)	Change in Morbidity	1.000	0.968	3.3%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	0.996	0.996	-0.1%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.997	1.005	-0.9%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	0.990	0.986	0.4%
(11)	Annualized Trend	8.1%	8.1%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.169	1.168	0.1%
(14)	Projection Period Index Rate	\$ 375.22	\$ 356.64	5.2%
(15)	Risk Adjustment Program	1.093	1.097	-0.3%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 410.13	\$391.19	4.8%
	Without Risk Adjustment	\$ 375.22	\$ 356.64	5.2%

2018 DC Small Group BlueChoice
Plan Adjusted Index Rate Changes

Index		HIOS Plan ID	Plan Name	Type	Metallic	Tier	On/Off	12/2017 Members	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			Non-EHB			Admin			Age Calibration			Total Change		
									2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change
1	86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	1,509	\$410.13	\$391.19	4.84%	0.795	0.781	1.85%	1.079	1.050	2.76%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$467.42	\$415.01	12.63%		
2	86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	1,750	\$410.13	\$391.19	4.84%	0.820	0.800	2.46%	1.079	1.050	2.76%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$481.89	\$425.32	13.30%		
3	86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	1,754	\$410.13	\$391.19	4.84%	0.931	0.920	1.27%	1.079	1.050	2.76%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$582.80	\$520.38	12.00%		
4	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	2,347	\$410.13	\$391.19	4.84%	0.697	0.661	5.39%	1.079	1.050	2.76%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$369.08	\$318.12	16.02%		
5	86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	3,613	\$410.13	\$391.19	4.84%	0.822	0.815	0.88%	1.079	1.050	2.76%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$483.10	\$433.06	11.55%		
6	86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	846	\$410.13	\$391.19	4.84%	0.886	0.902	-1.82%	1.079	1.050	2.76%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$554.33	\$510.54	8.58%		
7	86052DC0440016	HealthyBlue Advantage Platinum 1000	POS	Platinum	On	291	\$410.13	\$391.19	4.84%	0.872	0.866	0.69%	1.079	1.050	2.76%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$545.80	\$490.16	11.35%		
8	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	993	\$410.13	\$391.19	4.84%	0.682	0.658	3.77%	1.079	1.050	2.76%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$361.44	\$316.42	14.23%		
9	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	239	\$410.13	\$391.19	4.84%	0.531	0.517	2.84%	1.079	1.050	2.76%	0.891	0.884	0.73%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$273.21	\$241.37	13.19%		
10	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On	221	\$410.13	\$391.19	4.84%	0.626	0.607	3.01%	1.079	1.050	2.76%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$331.42	\$292.28	13.39%		
11	86052DC0440020	BlueChoice Advantage Bronze 5750	POS	Bronze	On	13	\$410.13	\$391.19	4.84%	0.588	0.582	1.01%	1.079	1.050	2.76%	0.943	0.931	1.23%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$319.97	\$286.38	11.73%		
12	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	Gold	On	251	\$410.13	\$391.19	4.84%	0.745	0.718	3.75%	1.079	1.050	2.76%	0.962	0.955	0.71%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$413.76	\$362.43	14.16%		
13	86052DC0440022	BlueChoice Advantage Silver 4000	POS	Silver	On	6	\$410.13	\$391.19	4.84%	0.707	0.690	2.48%	1.079	1.050	2.76%	0.971	0.959	1.25%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$396.32	\$349.57	13.37%		
14	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	67	\$410.13	\$391.19	4.84%	0.697	0.662	5.34%	1.079	1.050	2.76%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$369.43	\$318.59	15.96%		
15	86052DC0460009	BlueChoice HMO Gold 1500	HMO	Gold	On	425	\$410.13	\$391.19	4.84%	0.781	0.770	1.54%	0.957	0.980	-2.37%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$407.27	\$381.80	6.67%		
16	86052DC0460010	BlueChoice HMO Gold 500	HMO	Gold	On	1,082	\$410.13	\$391.19	4.84%	0.820	0.800	2.46%	0.957	0.980	-2.37%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$427.40	\$397.07	7.64%		
17	86052DC0460011	BlueChoice HMO Platinum 0	HMO	Platinum	On	1,459	\$410.13	\$391.19	4.84%	0.931	0.920	1.27%	0.957	0.980	-2.37%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$516.91	\$485.81	6.40%		
18	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	Silver	On	658	\$410.13	\$391.19	4.84%	0.697	0.661	5.39%	0.957	0.980	-2.37%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$327.35	\$296.99	10.22%		
19	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	Silver	On	591	\$410.13	\$391.19	4.84%	0.665	0.638	4.27%	0.957	0.980	-2.37%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$312.53	\$286.61	9.04%		
20	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	442	\$410.13	\$391.19	4.84%	0.531	0.517	2.84%	0.957	0.980	-2.37%	0.891	0.884	0.73%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$242.32	\$225.33	7.54%		
21	86052DC0460015	HealthyBlue HMO Gold 1500	HMO	Gold	On	684	\$410.13	\$391.19	4.84%	0.822	0.815	0.88%	0.957	0.980	-2.37%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$428.47	\$404.29	5.98%		
22	86052DC0460016	HealthyBlue HMO Platinum 500	HMO	Platinum	On	238	\$410.13	\$391.19	4.84%	0.886	0.902	-1.82%	0.957	0.980	-2.37%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$491.65	\$476.63	3.15%		
23	86052DC0460017	HealthyBlue HMO Platinum 1000	HMO	Platinum	On	46	\$410.13	\$391.19	4.84%	0.872	0.866	0.69%	0.957	0.980	-2.37%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$484.09	\$457.59	5.79%		
24	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	552	\$410.13	\$391.19	4.84%	0.682	0.658	3.77%	0.957	0.980	-2.37%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$320.57	\$295.40	8.52%		
25	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	90	\$410.13	\$391.19	4.84%	0.626	0.607	3.01%	0.957	0.980	-2.37%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$293.94	\$272.86	7.73%		
26	86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	284	\$410.13	\$391.19	4.84%	0.714	0.685	4.17%	0.957	0.980	-2.37%	0.971	0.959	1.25%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$354.88	\$324.14	9.48%		
27	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	60	\$410.13	\$391.19	4.84%	0.745	0.718	3.75%	0.957	0.980	-2.37%	0.962	0.955	0.71%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$366.98	\$338.36	8.46%		
28	86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	Platinum	On	1,811	\$410.13	\$391.19	4.84%	0.931	0.920	1.27%	0.912	0.934	-2.31%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$492.60	\$462.68	6.47%		
29	86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	Gold	On	780	\$410.13	\$391.19	4.84%	0.820	0.800	2.46%	0.912	0.934	-2.31%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$407.30	\$378.16	7.71%		
30	86052DC0480009	BlueChoice HMO Referral Bronze 5750	HMO	Bronze	On	111	\$410.13	\$391.19	4.84%	0.588	0.582	1.01%	0.912	0.934	-2.31%	0.943	0.931	1.23%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$270.45	\$254.63	6.21%		
31	86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	Gold	On	569	\$410.13	\$391.19	4.84%	0.878	0.842	4.32%	0.912	0.934	-2.31%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$436.25	\$397.82	9.66%		
32	86052DC0480011	BlueChoice HMO Referral Gold 80	HMO	Gold	On	184	\$410.13	\$391.19	4.84%	0.789	0.767	2.82%	0.912	0.934	-2.31%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$391.68	\$362.36	8.09%		
33	86052DC0480012	BlueChoice HMO Referral Platinum 1000	HMO	Platinum	On	17	\$410.13	\$391.19	4.84%	0.866	0.859	0.81%	0.912	0.934	-2.31%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$457.79	\$431.97	5.98%		
34	86052DC0480013	BlueChoice HMO Referral Silver 70	HMO	Silver																												

Key Drivers:

- 1.) Increases in allowed cost, assumed annual trend of 8.1%.
- 2.) Reintroduction of the Health Insurer Fee in 2018.
- 3.) Assumed projection in the risk adjustment factor.

**CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)**

**Rate Filing # 2168
D.C. Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2018**

Actuarial Value Calculations

**CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group**

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13	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Freestanding
14	Gold - \$1000/\$0 Ded, \$5000 OOP, \$20/\$40 - Hospital
15	Gold - \$1000/\$0 Ded, \$5000 OOP, \$20/\$40 - Freestanding
16	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Hospital
17	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Freestanding
18	Gold - \$1500 Ded, \$3000 OOP, \$10/\$20 - Hospital
19	Gold - \$1500 Ded, \$3000 OOP, \$10/\$20 - Freestanding
20	Silver - \$1000/\$100 Ded, \$7150 OOP, \$40/\$80 - Hospital
21	Silver - \$1000/\$100 Ded, \$7150 OOP, \$40/\$80 - Freestanding
22	Silver - \$1500 Ded, \$5500 OOP, \$25/\$50 - Hospital
23	Silver - \$1500 Ded, \$5500 OOP, \$25/\$50 - Freestanding
24	Silver - \$2000/\$500 Ded, \$7150 OOP, \$35/\$70 - Hospital
25	Silver - \$2000/\$500 Ded, \$7150 OOP, \$35/\$70 - Freestanding
26	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Hospital
27	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Freestanding
28	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Hospital
29	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Freestanding
30	Silver - \$3000 Ded, \$4750 OOP, \$25/\$50 - Hospital
31	Silver - \$3000 Ded, \$4750 OOP, \$25/\$50 - Freestanding
32	Silver - \$4000/\$0 Ded, \$7150 OOP, \$25/\$50 - Hospital
33	Silver - \$4000/\$0 Ded, \$7150 OOP, \$25/\$50 - Freestanding
34	Bronze - \$5750/\$100 Ded, \$7350 OOP, \$40/\$80 - Hospital
35	Bronze - \$5750/\$100 Ded, \$7350 OOP, \$40/\$80 - Freestanding
36	Bronze - \$6000 Ded, \$6550 OOP, \$50/\$100 - Hospital
37	Bronze - \$6000 Ded, \$6550 OOP, \$50/\$100 - Freestanding
38	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
39	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
40	Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
41	Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
42	Gold - HealthyBlue - \$1500/\$0 Ded, \$7150 OOP, \$0/\$30 - Hospital
43	Gold - HealthyBlue - \$1500/\$0 Ded, \$7150 OOP, \$0/\$30 - Freestanding
44	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Hospital
45	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Freestanding
46	Silver - BlueFund - \$1500 Ded, \$6350 OOP, \$25/\$50 - Hospital
47	Silver - BlueFund - \$1500 Ded, \$6350 OOP, \$25/\$50 - Freestanding

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group

<u>Plan Name*</u>	<u>Metal Level</u>	<u>Actuarial Value</u>	<u>Page #'s of AV Screenshot*</u>	<u>Unique Plan</u>
BlueChoice HMO Platinum 0	Platinum	91.01%	4, 5	Yes
BlueChoice HMO Gold 500	Gold	80.43%	10, 11	Yes
BlueChoice HMO Silver 1000	Silver	71.93%	20, 21	Yes
BlueChoice HMO Gold 1500	Gold	80.84%	16, 17	Yes
BlueChoice HMO HSA/HRA Silver 1500	Silver	71.10%	22, 23	Yes
BlueChoice HMO HSA/HRA Gold 1500	Gold	78.21%	18, 19	Yes
BlueChoice HMO HSA/HRA Silver 2000	Silver	69.54%	26, 27	Yes
BlueChoice HMO HSA/HRA Silver 2500	Silver	68.46%	28, 29	Yes
BlueChoice HMO HSA/HRA Silver 3000	Silver	68.73%	30, 31	Yes
BlueChoice HMO HSA/HRA Bronze 6000	Bronze	60.61%	36, 37	Yes
BlueChoice HMO Referral Platinum 0	Platinum	91.01%	4, 5	Yes
BlueChoice HMO Referral Gold 0	Gold	80.12%	8, 9	Yes
BlueChoice HMO Referral Gold 500	Gold	80.43%	10, 11	Yes
BlueChoice HMO Referral Platinum 1000	Platinum	89.51%	6, 7	Yes
BlueChoice HMO Referral Gold 80	Gold	81.36%	14, 15	Yes
BlueChoice HMO Referral Silver 70	Silver	71.84%	24, 25	Yes
BlueChoice HMO Referral Silver 4000	Silver	71.35%	32, 33	Yes
BlueChoice HMO Referral Bronze 5750	Bronze	64.97%	34, 35	Yes
BlueChoice Plus Opt-Out Platinum 0	Platinum	91.01%	4, 5	Yes
BlueChoice Plus Gold 500	Gold	80.43%	10, 11	Yes
BlueChoice Plus Gold 1000	Gold	80.59%	12, 13	Yes
BlueChoice Plus HSA/HRA Silver 1500	Silver	71.10%	22, 23	Yes
BlueChoice Plus HSA/HRA Silver 2500	Silver	68.46%	28, 29	Yes
BlueChoice Plus HSA/HRA Silver 3000	Silver	68.73%	30, 31	Yes
BlueChoice Plus HSA/HRA Bronze 6000	Bronze	60.61%	36, 37	Yes
BlueChoice Advantage Platinum 0	Platinum	91.01%	4, 5	Yes
BlueChoice Advantage Gold 500	Gold	80.43%	10, 11	Yes
BlueChoice Advantage Gold 1000	Gold	80.59%	12, 13	Yes
BlueChoice Advantage Silver 4000	Silver	71.35%	32, 33	Yes
BlueChoice Advantage Bronze 5750	Bronze	64.97%	34, 35	Yes
BlueChoice Advantage HSA/HRA Gold 1500	Gold	78.21%	18, 19	Yes
BlueChoice Advantage HSA/HRA Silver 1500	Silver	71.10%	22, 23	Yes
BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	71.42%	46-47	Yes
BlueChoice Advantage HSA/HRA Silver 2500	Silver	68.46%	28, 29	Yes
BlueChoice Advantage HSA/HRA Silver 3000	Silver	68.73%	30, 31	Yes
BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	60.61%	36, 37	Yes
HealthyBlue HMO Platinum 500	Platinum	90.28%	38, 39	Yes
HealthyBlue HMO Platinum 1000	Platinum	89.76%	40, 41	Yes
HealthyBlue HMO Gold 1500	Gold	81.18%	42, 43	Yes
HealthyBlue HMO HSA/HRA Silver 2000	Silver	69.88%	44, 45	Yes
HealthyBlue Plus Platinum 500	Platinum	90.28%	38, 39	Yes
HealthyBlue Plus Platinum 1000	Platinum	89.76%	40, 41	Yes
HealthyBlue Plus Gold 1500	Gold	81.18%	42, 43	Yes
HealthyBlue Plus HSA/HRA Silver 2000	Silver	69.88%	44, 45	Yes
HealthyBlue Advantage Platinum 500	Platinum	90.28%	38, 39	Yes
HealthyBlue Advantage Platinum 1000	Platinum	89.76%	40, 41	Yes
HealthyBlue Advantage Gold 1500	Gold	81.18%	42, 43	Yes
HealthyBlue Advantage HSA/HRA Silver 2000	Silver	69.88%	44, 45	Yes

*For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 150	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 70.63	

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

90.95%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1367 seconds

Revised 2018 AV Calculator

Hospital SoS AV	90.95%
Freestanding SoS AV	91.26%
Final Blended AV*	91.01%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Platinum

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum: \$110.85

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

91.26%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0977 seconds

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier Platinum

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 150	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 70.63	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

89.01%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

Hospital SoS AV 89.01%

Freestanding SoS AV 91.62%

Final Blended AV* 89.51%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.62%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

79.90%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

Hospital SoS AV	79.90%
Freestanding SoS AV	81.04%
Final Blended AV*	80.12%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Gold

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	
100.00%	100.00%	
\$5,000.00		

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

81.04%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0469 seconds

User Inputs for Plan Parameters

Inputs for Hospital Site-of-Service

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,000.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.07%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0898 seconds

Revised 2018 AV Calculator

Hospital SoS AV	80.07%
Freestanding SoS AV	81.97%
Final Blended AV*	80.43%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.97%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.082 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

Inputs for Hospital Site-of-Service

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$4,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Copays	Weights
OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

80.08%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

Hospital SoS AV	80.08%
Freestanding SoS AV	82.75%
Final Blended AV*	80.59%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Gold

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$1,000.00	\$250.00	
100.00%	100.00%	
\$4,000.00		

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.

82.75%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0977 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery		21%
OP Facility Non-Surgery		79%
	\$ -	

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.27%
 Metal Tier: Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	81.27%
Freestanding SoS AV	81.73%
Final Blended AV*	81.36%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinurance (% , Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☒ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: \$110.85
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10):
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):
☐ Begin Primary Care Deductible/Coinurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.73%
 Metal Tier: Gold

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0898 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$3,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copoly applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

80.24%
 Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	80.24%
Freestanding SoS AV	83.36%
Final Blended AV*	80.84%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Gold

Deductible (\$

\$1,500.00

Coinurance (% , Insurer's Cost Share)

100.00%

MOOP (\$

\$3,500.00

MOOP if Separate (\$

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum:

\$110.85

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 83.36%

Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0938 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$3,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copoly applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copsys Weights

OP Facility Surgery	\$ 100	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 60.31	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

78.11%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

Hospital SoS AV	78.11%
Freestanding SoS AV	78.62%
Final Blended AV*	78.21%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$3,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum: \$110.85	
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copsys Weights

OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

78.62%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1094 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$142.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 500	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 142.82	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.68%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	71.68%
Freestanding SoS AV	72.97%
Final Blended AV*	71.93%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Inputs for Freestanding Site-of-Service

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☒

Apply Skilled Nursing Facility Copay per Day?☒

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00	
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum: \$110.85

Set a Maximum Number of Days for Charging an IP Copay?☒

Days (1-10): 5

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 72.97%

Metal Tier:

Additional Notes: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.1094 seconds

Revised 2018 AV Calculator

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copoly applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$142.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery \$ 500	21%
OP Facility Non-Surgery \$ 50	79%
\$ 142.82	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.94%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0625 seconds

Revised 2018 AV Calculator

Hospital SoS AV	70.94%
Freestanding SoS AV	71.78%
Final Blended AV*	71.10%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.78%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$7,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery		21%
OP Facility Non-Surgery		79%
	\$ -	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

71.70%
 Silver

Additional Notes:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

Hospital SoS AV	71.70%
Freestanding SoS AV	72.45%
Final Blended AV*	71.84%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$7,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
 72.45%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$122.19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 400	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 122.19	

Output

Calculate

Status/Error Messages:

Actuarial Value: 69.44%
 Metal Tier: Silver

Calculation Successful.

69.44%
 Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	69.44%
Freestanding SoS AV	69.98%
Final Blended AV*	69.54%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.98%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		Coinsurance (% , Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copoly applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$91.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: \$110.85

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 250	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 91.25	

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

67.78%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	67.78%
Freestanding SoS AV	71.30%
Final Blended AV*	68.46%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Silver

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		100.00%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum: \$110.85	
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery 100%
 OP Facility Non-Surgery 0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.30%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☒ Apply Inpatient Copay per Day?
☒ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		100.00%
		\$4,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copoly applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$122.19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 400	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 122.19	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.69%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0625 seconds

Revised 2018 AV Calculator

Hospital SoS AV	68.69%
Freestanding SoS AV	68.89%
Final Blended AV*	68.73%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		100.00%
		\$4,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☒

Days (1-10): 5

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.89%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
Medical	Drug	Combined	
Deductible (\$)	\$4,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$122.19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 400	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 122.19	

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.57%
 Metal Tier: Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0938 seconds

Revised 2018 AV Calculator

Hospital SoS AV	70.57%
Freestanding SoS AV	74.63%
Final Blended AV*	71.35%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☒ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$0.00	
Coinurance (% ,Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

☒ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: \$110.85
☒ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): 5
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):
☐ Begin Primary Care Deductible/Coinurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 74.63%

Metal Tier: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1055 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
- Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,750.00	\$100.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,350.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$132.51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Copay	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 450	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 132.51	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.92%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

Hospital SoS AV	64.92%
Freestanding SoS AV	65.17%
Final Blended AV*	64.97%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Bronze

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,750.00	\$100.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,350.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Copay	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of de minimis variation for Expanded Bronze.
 65.17%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1094 seconds

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Bronze

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,000.00
		100.00%
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$132.51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 450	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 132.51	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

60.61%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV 60.61%

Freestanding SoS AV 60.62%

Final Blended AV* 60.61%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,000.00
		100.00%
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

60.62%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Platinum

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

89.79%

Platinum

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

Hospital SoS AV	89.79%
Freestanding SoS AV	92.37%
Final Blended AV*	90.28%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,500.00		
MOOP if Separate (\$)			

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
 92.37%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

89.12%
 Platinum

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	89.12%
Freestanding SoS AV	92.44%
Final Blended AV*	89.76%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Platinum

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
 92.44%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1055 seconds

User Inputs for Plan Parameters

Inputs for Hospital Site-of-Service

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒
 Specialty Rx Coinsurance Maximum: \$110.85
 Set a Maximum Number of Days for Charging an IP Copay? ☐
 # Days (1-10):
 Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
 # Visits (1-10):
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
 # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

79.91%
 Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	79.91%
Freestanding SoS AV	86.52%
Final Blended AV*	81.18%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Calculation resolved without matching metal tiers.
 Actuarial Value: 86.52%
 Metal Tier: Platinum
 NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$6,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.50%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV 69.50%

Freestanding SoS AV 71.49%

Final Blended AV* 69.88%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.49%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,300.00
MOOP if Separate (\$)			

	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$142.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 500	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 142.82	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.26%

Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	71.26%
Freestanding SoS AV	72.11%
Final Blended AV*	71.42%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$5,300.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

☒ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: \$110.85
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10):
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 72.11%

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0938 seconds

Revised 2018 AV Calculator

CAREFIRST BLUECROSS BLUESHIELD

PART III ACTUARIAL MEMORANDUM

Please note that the numbering below is consistent with the numbering in the 2018 Unified Rate Review Instructions.

4.1 REDACTED ACTUARIAL MEMORANDUM (AM): CareFirst (CF) is making no redactions so both AM submissions are the same.

4.2 GENERAL INFORMATION:

Company Legal Name: CareFirst BlueChoice, Inc. (NAIC # 96202) (CFBC).

State: District of Columbia.

HIOS Issuer ID: 86052.

Market: Small Groups (On & Off Exchange).

Effective Date: 1/1/18 and quarterly incremental "trend" increases effective 4/1/18, 7/1/18 and 10/1/18.

Company Filing Number: 2168

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.

Primary Contact Telephone Number: 410-998-7519.

Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

4.3 PROPOSED RATE INCREASE(S): Base rates are changing 9.5% on average for 1Q18. The range is 3.2% to 16.0%. The estimated average base rate changes for 2Q18, 3Q18, and 4Q18 will be 8.6%, 7.9% and 6.9%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 20,444.

Reason for Rate Increase(s): The main drivers supporting the rate increase are the assumed increases in allowed costs (8.1% assumed annual trend), and the reintroduction of the Health Insurer Fee in 2018, and the assumed projected risk adjustment factor. For a more complete discussion of the risk adjustment factor methodology, please see 4.4.7, subsection 'Projected Risk Adjustment PMPM' below.

4.4 MARKET EXPERIENCE:

4.4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/16 through 12/31/16, as required.

Paid Through Date: 2/28/17

Premiums (Net of MLR Rebate) in Experience Period: \$202,537,821 (Merged)

Estimated MLR rebates in Experience Period: \$0

Allowed and Incurred Claims From Experience Period: \$173,503,196 (Merged)

Paid and Incurred Claims From Experience Period: \$146,212,234 (Merged)

Estimates of Incurred but not Paid claims: These were estimated the same way for both paid and allowed claims. Estimates were derived using an internal "chain and ladder" model which is used in monthly reserving and is based on the most recent 36 months to derive the completion factor and IBNR for each incurred month.

4.4.2 - BENEFIT CATEGORIES:

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: In developing our 2018 rates, CareFirst has projected the expected change of the single risk pool from 2016 to 2018. Our starting point for this projection are allowed claims by member from the base period normalized for age, gender, induced demand and network as specified in the URRT instructions on page 56. The numbers described above produce the morbidity factor that is displayed in Exhibit 4.

Changes in Benefits: Exhibit 5 in the Memorandum details our support to this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost-sharing requirements between the experience and projection periods.

Changes in Demographics: Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods.

Other Adjustments: We are proposing additional other adjustments for changes to our capitation fees, drug rebates and a formulary change. See Exhibit 7 in the Memorandum for details supporting these adjustments.

Trend Factors (Cost/Utilization): Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. We used observed rolling 12 PMPM allowed claims for the pool in total to fit a linear regression curve. Unit cost and utilization trends were set by service category based on observed trends over the experience period and to produce the overall anticipated trend indicated by our regression analysis.

4.4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: This section is not needed since our base period experience is deemed fully credible.

4.4.5 - CREDIBILITY OF EXPERIENCE: Exhibit 2 of the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.6 - PAID TO ALLOWED RATIO: See Exhibit 10A in the Memorandum for the projected ratio of paid to allowed claims.

4.4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing, Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: Exhibit 9 in the Memorandum contains details behind the assumed transfer amount and anticipated PLRS for this pool in 2018.

4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The 2018 "desired incurred claims ratio" (DICR) is 74.1% (1Q 2018).

Administrative Expense Load: See Exhibit 10A in the Memorandum for the assumed PMPMs (including Broker Commissions & Fees).

Contribution to Reserve & Risk Margin: See Exhibit 10A in the Memorandum.

Taxes and Fees:

See Exhibit 10A in the Memorandum for the assumed values of the following additional items.

- 1) Federal Income Tax (FIT)
- 2) State Regulatory Trust Annual Assessment Fee
- 3) Health Insurer Fee
- 4) PCORI
- 5) Risk Adjustment User Fee

6) Exchange User Fee

4.5 PROJECTED LOSS RATIO: See exhibit 10B in the Memorandum for a demonstration of our compliance with meeting the 80.0% minimum of the “Public Health Service Act” (PHSA) 218.

4.6 APPLICATION OF MARKET REFORM RATING RULES:

4.6.1 - SINGLE RISK POOL (SRP): Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.6.2 - INDEX RATE:

The base period allowed PMPM, including the split between EHB & Non-EHBs can be found on Exhibit 1 in the Memorandum.

The projected index rate is also included in Exhibit 1 and projected Non-EHBs are included on Exhibit 3.

The non-EHBs in both the base and projection periods reflect coverage for abortion services and adult vision.

4.6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental “trend” increases. Quarterly trend amounts can be found in the Appendix – Quarterly Changes exhibit of the Memorandum.

4.6.3 - MARKET ADJUSTED INDEX RATE:

See Exhibit 1 of the Memorandum for the application of these factors. Exhibit 9 contains more detail behind the Risk Adjustment Program Market Level Adjustment.

4.6.4 - PLAN ADJUSTED INDEX RATES: There is a “cost-share” factor derived from our internal pricing AV model. An induced utilization factor is also applied and includes a CDH/Non-CDH factor and a metal level induced demand factor. There are 5 types of network factors: Lock In / Referral, Open Access, Open Access Opt-Out, Open Access Plus and Open Access Advantage. Network factors composite to 1.01, due to them being composed of the merged market. Cost-Share factors, induced utilization factors, network factors and Non-EHBs vary by plan. All other factors applying to the Market Adjusted Index Rate are the same across all plans.

4.6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor.

4.6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:

Small Group Plan Premium Rates – Our index rates for 2Q, 3Q & 4Q are developed identically to 1Q with the exception of applying additional trend months. The plan level index rates change on a quarterly basis due to this additional trend and changes in administrative load factors only.

4.7 PLAN PRODUCT INFORMATION:

4.7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2018 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with 2016 experience for our small group and Individual markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the “Actuarial Memorandum and Certifications” section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

4.7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on Exhibit 11 of the Memorandum.

4.7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/28/17. Total projected enrollment is consistent with our corporate plan.

4.7.4 - TERMINATED PLANS AND PRODUCTS: See the exhibit Appendix – HIOS ID Mappings in the Memorandum.

4.7.5 - PLAN TYPE: HMO & POS.

4.7.6 - WARNING ALERTS: Several warning alerts are triggered through Section III on Worksheet 2. This is because Worksheet 1 is based on the combined Individual/small group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a much larger difference than the 10% which triggers a warning alert.

There are also 3 alerts that have been triggered in Section IV. These are due to the new language of the Unified Rate Review Instructions, page 45 (excerpt below):

The Total Allowed Claims (TAC) across all benefit plans for the Experience Period should be consistent with the Allowed Claims entered in Section I of Worksheet 1, except it should be net of Risk Adjustment transfers. Claims should be increased for any Risk Adjustment receivables and decreased by the amount of payments made into the Risk Adjustment programs. Risk Adjustment user fees should not be included here.

The inclusion of Risk Adjustment into Total Allowed Claims is causing the warning alerts to be activated as that makes the cells inconsistent with Worksheet 1.

4.8 MISCELLANEOUS INSTRUCTIONS:

4.8.1 – Effective Rate Review Information: We have nothing additional to provide.

4.8.2 – Reliance: Not applicable.

4.8.3 – Actuarial Certification: Included in the Memorandum.

**BlueChoice Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)**

**Rate Filing # 2168
D.C. Small Group Products
Rate Filing Effective 1/1/2018**

Actuarial Memorandum

BlueChoice Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products
Rate Filing Effective 1/1/2018
Actuarial Certification

I, Dwayne Lucado, am an Actuary, Group Pricing with CareFirst BlueChoice, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
 - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - c. Neither excessive nor deficient.
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.
4. Consistent with 45 CFR § 156.135, the 2018 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2017.05.01 14:25:00 -04'00'

Dwayne Lucado, FSA, MAAA
Actuary, Group Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Exhibit 1 - Market Adjusted Index Rate Summary

		2018	Exhibit
(1)	Base Period Total Allowed	\$ 328.63	2
(2)	Base Period Non-EHB PMPM	\$ 2.01	2
(3)	Experience Period Index Rate	\$ 326.62	
(4)	Change in Morbidity	1.000	4
(5)	Additional Population Adjustment	1.000	
(6)	Induced Demand	0.996	5
(7)	Projection Period Utilization and Network Adjustment	1.000	
(8)	Demographic Adjustment	0.997	6
(9)	Area Adjustment	1.000	
(10)	Additional "Other" Adjustments	0.990	7
(11)	Annualized Trend	8.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.169	
(14)	Projection Period Index Rate	\$ 375.22	
(15)	Risk Adjustment Program	1.093	9
(16)	Federal Exchange User Fee	1.000	
(17)	Market Adjusted Index Rate	\$ 410.13	
	Without Risk Adjustment	\$ 375.22	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	29,832,163	\$	56.50	Admits	48.05	\$	14,111.71
Outpatient Hospital	\$	31,747,223	\$	60.13	Visits	521.52	\$	1,383.62
Professional	\$	58,855,593	\$	111.48	Visits	8,755.65	\$	152.78
Other Medical	\$	9,117,827	\$	17.27	Services	1,143.95	\$	181.16
Capitation	\$	641,951	\$	1.22	Benefit Period	1,000	\$	14.59
Prescription Drug	\$	43,308,438	\$	82.03	Prescriptions	7,594.74	\$	129.61
<hr/>								
Total (EHB & Non-EHB)	\$	173,503,196	\$	328.63				
<hr/>								
EHB Allowed	\$	172,442,628	\$	326.62				
Non-EHB Allowed	\$	1,060,568	\$	2.01				
Incurred Net	\$	146,212,234	\$	276.94				
Net/Allowed		84.27%						
Experience Period Member Months		527,961						

Exhibit 3 - Non-EHB Adjustment

		2018 On-Exchange	2018 Off-Exchange	
(1)	Blended Index Rate	\$ 386.00	\$ 386.00	
(2)	Non-EHB PMPM	\$ 2.15	\$ 2.15	
(3)	Total	\$ 388.15	\$ 388.15	
(4)	Plan Level Adjustment	1.006	1.006	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Cohort	Member Months	Normalized PMPM
(1) Total Experience Period	527,961	\$ 207.28
(2) Existing (enrolled prior to 2017)	37,329	\$ 210.89
(3) New in 2017	2,521	\$ 192.79
(4) Transferred in 2017 (Internal)	1,047	\$ 240.66
(5) Existing (enrolled prior to 2018)	367,484	\$ 208.57
(6) New in 2018	105,121	\$ 202.87
(7) Total Projection Period	472,605	\$ 207.30
(8) Adjustment for Change in Morbidity*		1.0001

***Applied to all service categories except capitations**

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2016	79.6%	1.078	
(2) Projected 2018	78.7%	1.073	
(3) Adjustment*		0.996	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Age Factor	Average Age
(1)	Base Period	1.646	34.1
(2)	Most Recent Month	1.640	33.9
(3)	Projection Period	1.640 = (2)	
(4)	Demographic Adjustment*	0.997 (3) / (1)	

***Applied to all service categories except capitations**

Average age is claims weighted using our internal age factor curve as a proxy

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment

(1)	EP Capitation PMPM	\$	1.01	
(2)	Projected Difference in Capitations PMPM	\$	(0.09)	
(3)	Adjustment to Capitation Category		0.906	$1 + (2)/(1)$

Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	95.01	
(5)	Experience Pharmacy Rebates PMPM	\$	(12.98)	
(6)	Projected Pharmacy Rebates PMPM	\$	(12.35)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	82.03	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	82.66	
(9)	Adjustment to Drug Category		1.008	$(8)/(7)$

Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	95.01	
(11)	Ingredient cost adjustment factor		0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	91.33	$(10)*(11)$
(13)	Projection Period Pharmacy Rebates PMPM	\$	(12.35)	
(14)	Adjustment to Drug Category		0.956	$[(12) + (13)]/[(10) + (13)]$

	PMPM	Adjustment
Inpatient Hospital	\$ 69.07	1.000
Outpatient Hospital	\$ 66.66	1.000
Professional	\$ 125.31	1.000
Other Medical	\$ 19.27	1.000
Capitation	\$ 1.01	0.906
Prescription Drug	\$ 97.62	0.963
Total	\$ 378.94	0.990

PMPM weights are set equal projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2016 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 56.50	17%	1.0000	1.1100	1.110
Outpatient Hospital	\$ 60.13	18%	1.0000	1.0600	1.060
Professional	\$ 111.48	34%	1.0200	1.0500	1.071
Other Medical	\$ 17.27	5%	1.0100	1.0500	1.061
Capitation	\$ 1.22	0%	1.0000	1.0000	1.000
Prescription Drug	\$ 82.03	25%	1.0000	1.0950	1.095
Total	\$ 328.63	100%			1.081
Proposed Trend					1.081

Exhibit 9 - Risk Adjustment

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	8,925	2%	0.737	1.079	-\$701,704	-\$78.62
Silver	90,509	21%	0.975	1.033	-\$3,624,443	-\$40.04
Gold	150,347	35%	1.080	1.018	-\$8,063,489	-\$53.63
Platinum	175,551	41%	1.415	1.029	\$891,047	\$5.08
Total	425,332	100%	1.189	1.027	-\$11,498,588	-\$27.03
Statewide Non-Catastrophic	976,511		1.307	1.041		
State Average Premium		\$ 469.57				

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	12,608	3%	0.752	1.045	-\$1,053,772	-\$83.58
Silver	109,287	28%	1.003	1.022	-\$4,700,988	-\$43.01
Gold	127,541	32%	1.076	0.956	-\$5,954,699	-\$46.69
Platinum	143,177	36%	1.392	0.988	\$217,991	\$1.52
Total	392,612	100%	1.161	0.989	-\$11,491,469	-\$29.27
Statewide Non-Catastrophic	846,919		1.267	0.992		
State Average Premium		\$ 516.53				

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor
\$ 386.00	-\$35.77	\$ 0.14	1.093

Adjustment Factor = (\$386 - \$-35.77+ \$0.14) / \$386

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2018		2Q 2018		3Q 2018		4Q 2018	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 377.37		\$ 384.78		\$ 392.35		\$ 400.07	
Paid/Allowed Ratio	81.69%		81.69%		81.69%		81.69%	
Paid Claims & Capitations	\$ 308.25		\$ 314.31		\$ 320.49		\$ 326.80	
Risk Adjustment Transfer (Paid Basis)	\$ (29.27)		\$ (29.27)		\$ (29.27)		\$ (29.27)	
Paid Claims & Capitations (Post-Risk Adj)	\$ 337.52	74.1%	\$ 343.58	74.4%	\$ 349.76	74.7%	\$ 356.07	74.9%
Administrative Expense	\$ 56.03	12.3%	\$ 56.03	12.1%	\$ 56.03	12.0%	\$ 56.03	11.8%
Broker Commissions & Fee	\$ 27.58	6.1%	\$ 27.58	6.0%	\$ 27.58	5.9%	\$ 27.58	5.8%
Contribution to Reserve (Post-Tax)	\$ 3.19	0.7%	\$ 3.23	0.7%	\$ 3.28	0.7%	\$ 3.33	0.7%
Investment Income Credit	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 9.10	2.0%	\$ 9.23	2.0%	\$ 9.37	2.0%	\$ 9.50	2.0%
State Assessment Fee	\$ 0.52	0.1%	\$ 0.53	0.1%	\$ 0.54	0.1%	\$ 0.55	0.1%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 1.37	0.3%	\$ 1.39	0.3%	\$ 1.41	0.3%	\$ 1.43	0.3%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ 14.57	3.2%	\$ 14.78	3.2%	\$ 14.99	3.2%	\$ 15.21	3.2%
Risk Adjustment User Fee	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%
Exchange Assessment Fee	\$ 4.55	1.0%	\$ 4.62	1.0%	\$ 4.68	1.0%	\$ 4.75	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%
BlueRewards/Incentive Program	\$ 0.42	0.1%	\$ 0.42	0.1%	\$ 0.42	0.1%	\$ 0.42	0.1%
Total Revenue	\$ 455.19	100.0%	\$ 461.72	100.0%	\$ 468.39	100.0%	\$ 475.20	100.0%
Plan Level Admin Load Adjustment	1.348		1.343		1.339		1.334	
Projected Member Months	121,264		53,633		57,112		177,102	
Average Members	10,105		4,469		4,759		14,759	
% Total 2018	29.6%		13.1%		14.0%		43.3%	

Exhibit 10B - Federal MLR

	Total 2018 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj)	\$ 341.58
Total Revenue	\$ 456.48
Traditional MLR (i.e. DICR)	74.8%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.42
Quality Improvement Expenses	\$ 0.40
Removal of non-care costs under MLR guidelines	\$ (0.57)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 10.83
ACA Taxes & Fees	\$ 19.52
Federal MLR Numerator	\$ 341.83
Federal MLR Denominator	\$ 426.14
Federal MLR	80.2%

The Federal MLR is based on a blended market

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor*	Induced Utilization**	Non-EHB***	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	Open Access Advantage	410.13	0.795	1.079	1.0180	1.006	1.000	1.348	485.78
86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	Open Access Advantage	410.13	0.820	1.079	1.0180	1.006	1.000	1.348	500.81
86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	Open Access Advantage	410.13	0.931	1.079	1.0841	1.006	1.000	1.348	605.70
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	Open Access Advantage	410.13	0.697	1.079	0.9178	1.006	1.000	1.348	383.58
86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	Open Access Advantage	410.13	0.822	1.079	1.0180	1.006	1.000	1.348	502.07
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	Open Access Advantage	410.13	0.886	1.079	1.0841	1.006	1.000	1.348	576.10
86052DC0440016	HealthyBlue Advantage Platinum 1000	POS	Platinum	On	Open Access Advantage	410.13	0.872	1.079	1.0841	1.006	1.000	1.348	567.24
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	Open Access Advantage	410.13	0.682	1.079	0.9178	1.006	1.000	1.348	375.64
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Advantage	410.13	0.531	1.079	0.8909	1.006	1.000	1.348	283.94
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On	Open Access Advantage	410.13	0.626	1.079	0.9178	1.006	1.000	1.348	344.43
86052DC0440020	BlueChoice Advantage Bronze 5750	POS	Bronze	On	Open Access Advantage	410.13	0.588	1.079	0.9428	1.006	1.000	1.348	332.54
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	Gold	On	Open Access Advantage	410.13	0.745	1.079	0.9619	1.006	1.000	1.348	430.01
86052DC0440022	BlueChoice Advantage Silver 4000	POS	Silver	On	Open Access Advantage	410.13	0.707	1.079	0.9713	1.006	1.000	1.348	411.88
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	Open Access Advantage	410.13	0.697	1.079	0.9178	1.006	1.000	1.348	383.94
86052DC0460009	BlueChoice HMO Gold 1500	HMO	Gold	On	Open Access	410.13	0.781	0.957	1.0180	1.006	1.000	1.348	423.27
86052DC0460010	BlueChoice HMO Gold 500	HMO	Gold	On	Open Access	410.13	0.820	0.957	1.0180	1.006	1.000	1.348	444.19
86052DC0460011	BlueChoice HMO Platinum 0	HMO	Platinum	On	Open Access	410.13	0.931	0.957	1.0841	1.006	1.000	1.348	537.21
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	Silver	On	Open Access	410.13	0.697	0.957	0.9178	1.006	1.000	1.348	340.21
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	410.13	0.665	0.957	0.9178	1.006	1.000	1.348	324.81
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	Open Access	410.13	0.531	0.957	0.8909	1.006	1.000	1.348	251.84
86052DC0460015	HealthyBlue HMO Gold 1500	HMO	Gold	On	Open Access	410.13	0.822	0.957	1.0180	1.006	1.000	1.348	445.30
86052DC0460016	HealthyBlue HMO Platinum 500	HMO	Platinum	On	Open Access	410.13	0.886	0.957	1.0841	1.006	1.000	1.348	510.96
86052DC0460017	HealthyBlue HMO Platinum 1000	HMO	Platinum	On	Open Access	410.13	0.872	0.957	1.0841	1.006	1.000	1.348	503.10
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	410.13	0.682	0.957	0.9178	1.006	1.000	1.348	333.16
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	Open Access	410.13	0.626	0.957	0.9178	1.006	1.000	1.348	305.49
86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	Open Access	410.13	0.714	0.957	0.9713	1.006	1.000	1.348	368.82
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	Open Access	410.13	0.745	0.957	0.9619	1.006	1.000	1.348	381.39
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	Platinum	On	Lock In / Referral	410.13	0.931	0.912	1.0841	1.006	1.000	1.348	511.95
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	Gold	On	Lock In / Referral	410.13	0.820	0.912	1.0180	1.006	1.000	1.348	423.30
86052DC0480009	BlueChoice HMO Referral Bronze 5750	HMO	Bronze	On	Lock In / Referral	410.13	0.588	0.912	0.9428	1.006	1.000	1.348	281.07
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	Gold	On	Lock In / Referral	410.13	0.878	0.912	1.0180	1.006	1.000	1.348	453.39
86052DC0480011	BlueChoice HMO Referral Gold 80	HMO	Gold	On	Lock In / Referral	410.13	0.789	0.912	1.0180	1.006	1.000	1.348	407.07
86052DC0480012	BlueChoice HMO Referral Platinum 1000	HMO	Platinum	On	Lock In / Referral	410.13	0.866	0.912	1.0841	1.006	1.000	1.348	475.77
86052DC0480013	BlueChoice HMO Referral Silver 70	HMO	Silver	On	Lock In / Referral	410.13	0.666	0.912	0.9713	1.006	1.000	1.348	328.10
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	Silver	On	Lock In / Referral	410.13	0.707	0.912	0.9713	1.006	1.000	1.348	348.13
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	Silver	On	Open Access Plus	410.13	0.697	0.986	0.9178	1.006	1.000	1.348	350.52
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	Silver	On	Open Access Plus	410.13	0.626	0.986	0.9178	1.006	1.000	1.348	314.75
86052DC0500011	HealthyBlue Plus Gold 1500	POS	Gold	On	Open Access Plus	410.13	0.822	0.986	1.0180	1.006	1.000	1.348	458.80
86052DC0500012	HealthyBlue Plus Platinum 500	POS	Platinum	On	Open Access Plus	410.13	0.886	0.986	1.0841	1.006	1.000	1.348	526.44
86052DC0500013	HealthyBlue Plus Platinum 1000	POS	Platinum	On	Open Access Plus	410.13	0.872	0.986	1.0841	1.006	1.000	1.348	518.34
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	POS	Silver	On	Open Access Plus	410.13	0.682	0.986	0.9178	1.006	1.000	1.348	343.26
86052DC0500015	BlueChoice Plus Gold 1000	POS	Gold	On	Open Access Plus	410.13	0.795	0.986	1.0180	1.006	1.000	1.348	443.91
86052DC0500016	BlueChoice Plus Gold 500	POS	Gold	On	Open Access Plus	410.13	0.820	0.986	1.0180	1.006	1.000	1.348	457.65
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Plus	410.13	0.531	0.986	0.8909	1.006	1.000	1.348	259.47
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	Platinum	On	Open Access Opt-Out	410.13	0.931	0.971	1.0841	1.006	1.000	1.348	545.07
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	Silver	On	Open Access	410.13	0.652	0.957	0.9178	1.006	1.000	1.348	318.32
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	Silver	On	Open Access Advantage	410.13	0.652	1.079	0.9178	1.006	1.000	1.348	358.90
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	Silver	On	Open Access Plus	410.13	0.652	0.986	0.9178	1.006	1.000	1.348	327.97

*Appendix - Network Factors, **Exhibit 15, ***Exhibit 3

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.806
86052DC0440011	BlueChoice Advantage Gold 500	0.804
86052DC0440012	BlueChoice Advantage Platinum 0	0.910
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.711
86052DC0440014	HealthyBlue Advantage Gold 1500	0.812
86052DC0440015	HealthyBlue Advantage Platinum 500	0.903
86052DC0440016	HealthyBlue Advantage Platinum 1000	0.898
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	0.699
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.606
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.687
86052DC0440020	BlueChoice Advantage Bronze 5750	0.650
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.782
86052DC0440022	BlueChoice Advantage Silver 4000	0.714
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.714
86052DC0460009	BlueChoice HMO Gold 1500	0.807
86052DC0460010	BlueChoice HMO Gold 500	0.804
86052DC0460011	BlueChoice HMO Platinum 0	0.910
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.711
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.696
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.606
86052DC0460015	HealthyBlue HMO Gold 1500	0.812
86052DC0460016	HealthyBlue HMO Platinum 500	0.903
86052DC0460017	HealthyBlue HMO Platinum 1000	0.898
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	0.699
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.687
86052DC0460020	BlueChoice HMO Silver 1000	0.720
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.782
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.910
86052DC0480008	BlueChoice HMO Referral Gold 500	0.804
86052DC0480009	BlueChoice HMO Referral Bronze 5750	0.650
86052DC0480010	BlueChoice HMO Referral Gold 0	0.801
86052DC0480011	BlueChoice HMO Referral Gold 80	0.811
86052DC0480012	BlueChoice HMO Referral Platinum 1000	0.895
86052DC0480013	BlueChoice HMO Referral Silver 70	0.718
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.714
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.711
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.687
86052DC0500011	HealthyBlue Plus Gold 1500	0.812
86052DC0500012	HealthyBlue Plus Platinum 500	0.903
86052DC0500013	HealthyBlue Plus Platinum 1000	0.898
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	0.699
86052DC0500015	BlueChoice Plus Gold 1000	0.806
86052DC0500016	BlueChoice Plus Gold 500	0.804
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.606
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.910
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.685
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.685
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.685

Exhibit 13 - Age Calibration

	Average Age	Factor	
(1) Projected	41.7	1.039	
(2) Nearest Rounded	42.0	1.053	
(3) Calibration		1.013	(2)/(1)

The nearest rounded age is determined as the age for the factor closest to the member weighted average factor. The projected average age is then interpolated using the nearest and average factors and the nearest age.

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	140,761	1.000	0.960
Non-CDH	348,342	1.058	1.016
	489,103	1.042	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average
Catastrophic	12,974	1.000	0.928
Bronze	39,847	1.000	0.928
Silver	154,245	1.030	0.956
Gold	128,755	1.080	1.002
Platinum	153,282	1.150	1.067
Total	489,103	1.078	

Factors are applied as plan level adjustments

Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Out-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	39,870	1.000	0.912
Open Access	166,074	1.050	0.957
Open Access Opt-Out	46,480	1.065	0.971
Open Access Plus	71,515	1.081	0.986
Open Access Advantage	165,164	1.183	1.079
Total	489,103	1.097	

Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

2015 Base HIOS Plan ID		2015 HIOS Plan Name	2016 Base HIOS Plan ID		2016 HIOS Plan Name	2017 Base HIOS Plan ID		2017 HIOS Plan Name	2018 Base HIOS Plan ID		2018 HIOS Plan Name
86052DC0440004		BlueChoice Advantage 90%/70%	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0
86052DC0440006		BlueChoice Advantage 80%/50%	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0
86052DC0440007		BlueChoice Advantage 100%/70%	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0	86052DC0440012		BlueChoice Advantage Platinum 0
86052DC0440008		BlueChoice Advantage \$1000	86052DC0440010		BlueChoice Advantage Gold 1000	86052DC0440010		BlueChoice Advantage Gold 1000	86052DC0440010		BlueChoice Advantage Gold 1000
86052DC0440009		BlueChoice Advantage \$500 \$20/\$30	86052DC0440011		BlueChoice Advantage Gold 500	86052DC0440011		BlueChoice Advantage Gold 500	86052DC0440011		BlueChoice Advantage Gold 500
86052DC0450002		BlueChoice Advantage HSA/HRA \$1500	86052DC0440013		BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013		BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013		BlueChoice Advantage HSA/HRA Silver 1500
86052DC0460003		BlueChoice HMO \$1,000	86052DC0460009		BlueChoice HMO Gold 1500	86052DC0460009		BlueChoice HMO Gold 1500	86052DC0460009		BlueChoice HMO Gold 1500
86052DC0460006		BlueChoice HMO \$250	86052DC0460010		BlueChoice HMO Gold 500	86052DC0460010		BlueChoice HMO Gold 500	86052DC0460010		BlueChoice HMO Gold 500
86052DC0460007		BlueChoice HMO \$30/\$40	86052DC0460011		BlueChoice HMO Platinum 0	86052DC0460011		BlueChoice HMO Platinum 0	86052DC0460011		BlueChoice HMO Platinum 0
86052DC0460008		BlueChoice HMO \$1,800	86052DC0460009		BlueChoice HMO Gold 1500	86052DC0460009		BlueChoice HMO Gold 1500	86052DC0460009		BlueChoice HMO Gold 1500
86052DC0470002		BlueChoice HMO HSA/HRA \$2,000, 80%	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000
86052DC0470005		BlueChoice HMO HSA/HRA \$1,500	86052DC0460012		BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012		BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012		BlueChoice HMO HSA/HRA Silver 1500
86052DC0470006		BlueChoice HMO HSA/HRA \$2,000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013		BlueChoice HMO HSA/HRA Silver 2000
86052DC0480004		BlueChoice HMO Referral \$10/\$20	86052DC0480007		BlueChoice HMO Referral Platinum 0	86052DC0480007		BlueChoice HMO Referral Platinum 0	86052DC0480007		BlueChoice HMO Referral Platinum 0
86052DC0480005		BlueChoice HMO Referral \$500	86052DC0480008		BlueChoice HMO Referral Gold 500	86052DC0480008		BlueChoice HMO Referral Gold 500	86052DC0480008		BlueChoice HMO Referral Gold 500
86052DC0480006		BlueChoice HMO Referral \$30/\$40	86052DC0480007		BlueChoice HMO Referral Platinum 0	86052DC0480007		BlueChoice HMO Referral Platinum 0	86052DC0480007		BlueChoice HMO Referral Platinum 0
86052DC0490001		BlueChoice HMO Referral HSA/HRA \$4,000	86052DC0460014		BlueChoice HMO HSA/HRA Bronze 5000	86052DC0460014		BlueChoice HMO HSA/HRA Bronze 5000	86052DC0460014		BlueChoice HMO HSA/HRA Bronze 5000
86052DC0500005		BlueChoice Plus \$2000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000
86052DC0500006		BlueChoice Plus 100%/80%, \$20/\$30	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0
86052DC0500007		BlueChoice Plus 100%/60%, \$20/\$30	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0
86052DC0500008		BlueChoice Plus 100%/80%, \$10/\$20	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0	86052DC0580001		BlueChoice Plus Opt-Out Platinum 0
86052DC0510004		BlueChoice Plus HSA/HRA \$1500	86052DC0500009		BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009		BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009		BlueChoice Plus HSA/HRA Silver 1500
86052DC0510005		BlueChoice Plus HSA/HRA \$2000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000
86052DC0510006		BlueChoice Plus HSA/HRA \$3500	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010		BlueChoice Plus HSA/HRA Silver 3000
86052DC0520004		HealthyBlue Advantage \$1,500	86052DC0440014		HealthyBlue Advantage Gold 1500	86052DC0440014		HealthyBlue Advantage Gold 1500	86052DC0440014		HealthyBlue Advantage Gold 1500
86052DC0520005		HealthyBlue Advantage \$300	86052DC0440015		HealthyBlue Advantage Platinum 500	86052DC0440015		HealthyBlue Advantage Platinum 500	86052DC0440015		HealthyBlue Advantage Platinum 500
86052DC0520006		HealthyBlue Advantage \$600	86052DC0440016		HealthyBlue Advantage Platinum 1000	86052DC0440016		HealthyBlue Advantage Platinum 1000	86052DC0440016		HealthyBlue Advantage Platinum 1000
86052DC0530002		HealthyBlue Advantage HSA/HRA \$2,000	86052DC0440017		HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017		HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017		HealthyBlue Advantage HSA/HRA Silver 2000
86052DC0540004		HealthyBlue HMO \$1,500	86052DC0460015		HealthyBlue HMO Gold 1500	86052DC0460015		HealthyBlue HMO Gold 1500	86052DC0460015		HealthyBlue HMO Gold 1500
86052DC0540005		HealthyBlue HMO \$300	86052DC0460016		HealthyBlue HMO Platinum 500	86052DC0460016		HealthyBlue HMO Platinum 500	86052DC0460016		HealthyBlue HMO Platinum 500
86052DC0540006		HealthyBlue HMO \$600	86052DC0460017		HealthyBlue HMO Platinum 1000	86052DC0460017		HealthyBlue HMO Platinum 1000	86052DC0460017		HealthyBlue HMO Platinum 1000
86052DC0550002		HealthyBlue HMO HSA/HRA \$2,000	86052DC0460018		HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018		HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018		HealthyBlue HMO HSA/HRA Silver 2000
86052DC0560004		HealthyBlue Plus \$1,500	86052DC0500011		HealthyBlue Plus Gold 1500	86052DC0500011		HealthyBlue Plus Gold 1500	86052DC0500011		HealthyBlue Plus Gold 1500
86052DC0560005		HealthyBlue Plus \$300	86052DC0500012		HealthyBlue Plus Platinum 500	86052DC0500012		HealthyBlue Plus Platinum 500	86052DC0500012		HealthyBlue Plus Platinum 500
86052DC0560006		HealthyBlue Plus \$600	86052DC0500013		HealthyBlue Plus Platinum 1000	86052DC0500013		HealthyBlue Plus Platinum 1000	86052DC0500013		HealthyBlue Plus Platinum 1000
86052DC0570002		HealthyBlue Plus HSA/HRA \$2,000	86052DC0500014		HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500014		HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500014		HealthyBlue Plus HSA/HRA Silver 2000
			86052DC0440018		BlueChoice Advantage HSA/HRA Bronze 5000	86052DC0440018		BlueChoice Advantage HSA/HRA Bronze 5000	86052DC0440018		BlueChoice Advantage HSA/HRA Bronze 5000
			86052DC0440019		BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019		BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019		BlueChoice Advantage HSA/HRA Silver 3000
			86052DC0460019		BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019		BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019		BlueChoice HMO HSA/HRA Silver 3000
			86052DC0460020		BlueChoice HMO Silver 1000	86052DC0460020		BlueChoice HMO Silver 1000	86052DC0460020		BlueChoice HMO Silver 1000
			86052DC0480009		BlueChoice HMO Referral Bronze 5500	86052DC0480009		BlueChoice HMO Referral Bronze 5500	86052DC0480009		BlueChoice HMO Referral Bronze 5500
			86052DC0480010		BlueChoice HMO Referral Gold 0	86052DC0480010		BlueChoice HMO Referral Gold 0	86052DC0480010		BlueChoice HMO Referral Gold 0
			86052DC0480011		BlueChoice HMO Referral Gold 80	86052DC0480011		BlueChoice HMO Referral Gold 80	86052DC0480011		BlueChoice HMO Referral Gold 80
			86052DC0480012		BlueChoice HMO Referral Platinum 1000	86052DC0480012		BlueChoice HMO Referral Platinum 1000	86052DC0480012		BlueChoice HMO Referral Platinum 1000
			86052DC0480013		BlueChoice HMO Referral Silver 70	86052DC0480013		BlueChoice HMO Referral Silver 70	86052DC0480013		BlueChoice HMO Referral Silver 70
			86052DC0500015		BlueChoice Plus Gold 1000	86052DC0500015		BlueChoice Plus Gold 1000	86052DC0500015		BlueChoice Plus Gold 1000
			86052DC0500016		BlueChoice Plus Gold 500	86052DC0500016		BlueChoice Plus Gold 500	86052DC0500016		BlueChoice Plus Gold 500
			86052DC0500017		BlueChoice Plus HSA/HRA Bronze 5000	86052DC0500017		BlueChoice Plus HSA/HRA Bronze 5000	86052DC0500017		BlueChoice Plus HSA/HRA Bronze 5000
						86052DC0440020		BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440020		BlueChoice Advantage HSA/HRA Gold 1500
						86052DC0440021		BlueChoice Advantage Silver 4000	86052DC0440021		BlueChoice Advantage Silver 4000
						86052DC0440022		BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440022		BlueChoice Advantage Silver 1500 BlueFund HSA
						86052DC0460021		BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021		BlueChoice HMO HSA/HRA Gold 1500
						86052DC0480014		BlueChoice HMO Referral Silver 4000	86052DC0480014		BlueChoice HMO Referral Silver 4000
									86052DC0460022		BlueChoice HMO HSA/HRA Silver 2500
									86052DC0440024		BlueChoice Advantage HSA/HRA Silver 2500
									86052DC0500018		BlueChoice Plus HSA/HRA Silver 2500

Appendix - Annual Rate Change Based on Mapping

Bronze Members/Avg Renewal	1,024	8.8%
Silver Members/Avg Renewal	7,825	12.2%
Gold Members/Avg Renewal	12,531	10.2%
Platinum Members/Avg Renewal	11,740	7.1%
All Members/Avg Renewal	33,120	9.5%
Minimum Renewal		3.2%
Maximum Renewal		16.0%

2017 HIOS Plan ID	2017 HIOS Plan Name	2017 Metal Level	2017 Marketplace Indicator	2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	Projected 2017 EOY Members	1Q2017 Base Rate	1Q2018 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	1,509	\$415.01	\$467.42	12.6%
86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	1,750	\$425.32	\$481.89	13.3%
86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	1,754	\$520.38	\$582.80	12.0%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	2,347	\$318.12	\$369.08	16.0%
86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	3,613	\$433.06	\$483.10	11.6%
86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	846	\$510.54	\$554.33	8.6%
86052DC0440016	HealthyBlue Advantage Platinum 1000	Platinum	On	86052DC0440016	HealthyBlue Advantage Platinum 1000	Platinum	On	291	\$490.16	\$545.80	11.4%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	993	\$316.42	\$361.44	14.2%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6500	Bronze	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	239	\$241.37	\$273.21	13.2%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	221	\$292.28	\$331.42	13.4%
86052DC0440020	BlueChoice Advantage Bronze 5500	Bronze	On	86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	13	\$286.38	\$319.97	11.7%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	251	\$362.43	\$413.76	14.2%
86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	6	\$349.57	\$396.32	13.4%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	67	\$318.59	\$369.43	16.0%
86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	425	\$381.80	\$407.27	6.7%
86052DC0460010	BlueChoice HMO Gold 500	Gold	On	86052DC0460010	BlueChoice HMO Gold 500	Gold	On	1,082	\$397.07	\$427.40	7.6%
86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	1,459	\$485.81	\$516.91	6.4%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	658	\$296.99	\$327.35	10.2%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	591	\$286.61	\$312.53	9.0%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	Bronze	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	442	\$225.33	\$242.32	7.5%
86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	684	\$404.29	\$428.47	6.0%
86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	238	\$476.63	\$491.65	3.2%
86052DC0460017	HealthyBlue HMO Platinum 1000	Platinum	On	86052DC0460017	HealthyBlue HMO Platinum 1000	Platinum	On	46	\$457.59	\$484.09	5.8%
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	552	\$295.40	\$320.57	8.5%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	90	\$272.86	\$293.94	7.7%
86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	284	\$324.14	\$354.88	9.5%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	60	\$338.36	\$366.98	8.5%
86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	1,811	\$462.68	\$492.60	6.5%
86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	780	\$378.16	\$407.30	7.7%
86052DC0480009	BlueChoice HMO Referral Bronze 5500	Bronze	On	86052DC0480009	BlueChoice HMO Referral Bronze 5750	Bronze	On	111	\$254.63	\$270.45	6.2%
86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	569	\$397.82	\$436.25	9.7%
86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	184	\$362.36	\$391.68	8.1%
86052DC0480012	BlueChoice HMO Referral Platinum 1000	Platinum	On	86052DC0480012	BlueChoice HMO Referral Platinum 1000	Platinum	On	17	\$431.97	\$457.79	6.0%
86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	83	\$294.57	\$315.70	7.2%
86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	9	\$310.81	\$334.98	7.8%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	1,041	\$305.04	\$337.27	10.6%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	249	\$280.26	\$302.85	8.1%
86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	824	\$415.25	\$441.46	6.3%
86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	1,361	\$489.54	\$506.55	3.5%
86052DC0500013	HealthyBlue Plus Platinum 1000	Platinum	On	86052DC0500013	HealthyBlue Plus Platinum 1000	Platinum	On	198	\$469.99	\$498.75	6.1%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	633	\$303.40	\$330.29	8.9%
86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	244	\$397.94	\$427.13	7.3%
86052DC0500016	BlueChoice Plus Gold 500	Gold	On	86052DC0500016	BlueChoice Plus Gold 500	Gold	On	557	\$407.83	\$440.35	8.0%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6500	Bronze	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	217	\$231.44	\$249.66	7.9%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	3,718	\$492.40	\$524.47	6.5%

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1)) * (1 + (2)) - 1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q18	2.0%	-0.4%	1.6%
3Q18	2.0%	-0.3%	1.6%
4Q18	2.0%	-0.3%	1.6%

The changes above are relative to the preceding quarter
and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2017	2018	% Change
Base Rate	\$318.12	\$369.08	16.0%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$208.05	\$268.32	29.0%

	BlueChoice Advantage	
	HSA/HRA Silver	BlueChoice Advantage
Base Rate/Product(s)	1500	HSA/HRA Silver 1500
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers Small Group

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

ON-Exchange	
<p>Forms Used for ALL ON-Exchange BlueChoice Group Products</p> <p>DC/CFBC/SHOP-GC (R. 1/17) DC/CFBC/DOL APPEAL (R. 1/17) DC/CFBC/SHOP/ELIG (R. 1/14) DC/CFBC/FAM PLAN (R.12) DC/CFBC/PARTNER (R. 7/09) DC/CFBC/PT PROTECT (R.10) DC/CFBC/SG/IDENT (R. 1/18) DC/CFBC/SHOP ELIG AMEND (1/17) DC/CFBC/SHOP/2018 AMEND (1/18)</p>	<p>Forms Used for ALL ON-Exchange BlueChoice Group Products—Out-of-Network Forms for Point of Service Plans (GHMSI)</p> <p>DC-CF-SHOP-GC (R. 1-17) DC-CF-SHOP-POS-DON-EOC (1-17) DC/GHMSI/DOL APPEAL (R. 1/17) DC-CF-SHOP-POS-DON-DOCS (1-17) DC/GHMSI/FAM PLAN (R.12) DC/CF/PARTNER (R. 7/09) DC/CF/BLCRD (R. 1/17) DC/CF/MEM/BLCRD (R. 1/17) DC/CF/ANCILLARY AMEND (10/12) DC/CFBC/SHOP/2018 AMEND (1/18) DC/CF/PT PROTECT (R.10) DC/GHMSI-HEALTH GUARANTEE 1/15</p>
<p>Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP HMO DOCS (1-17) DC/CFBC/BLCRD (R. 1/17) DC/CFBC/MEM/BLCRD (R. 1/17) DC/CFBC SG HMO OA CDH BRZ 6000 (1-18) DC/CFBC SG HMO OA CDH GOLD 1500 (1-18) DC/CFBC SG HMO OA CDH SIL 1500 (1-18) DC/CFBC SG HMO OA CDH SIL 2000 (1-18) DC/CFBC SG HMO OA CDH SIL 3000 (1-18) DC/CFBC SG HMO OA GOLD 500 (1-18) DC/CFBC SG HMO OA GOLD 1500 (1-18) DC/CFBC SG HMO OA PLAT 0 (1-18) DC/CFBC SG HMO OA SIL 1000 (1-18) DC/CFBC SG HMO REF BRZ 5750 (1-18) DC/CFBC SG HMO REF GOLD 0 (1-18) DC/CFBC SG HMO REF GOLD 80 (1-18) DC/CFBC SG HMO REF GOLD 500 (1-18) DC/CFBC SG HMO REF PLAT 0 (1-18) DC/CFBC SG HMO REF PLAT 1000 (1-18) DC/CFBC SG HMO REF SIL 70 (1-18) DC/CFBC SG HMO REF SIL 4000 (1-18)</p>	<p>Product: HealthyBlue HMO Network: Open Access</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP HMO DOCS (1-17) DC/CFBC/BLCRD (R. 1/17) DC/CFBC/MEM/BLCRD (R. 1/17) DC/CFBC SG HB HMO CDH SIL 2000 (1-18) DC/CFBC SG HB HMO GOLD 1500 (1-18) DC/CFBC SG HB HMO PLAT 500 (1-18) DC/CFBC SG HB HMO PLAT 1000 (1-18)</p>
<p>Product: BlueChoice Advantage In-Network</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP ADV IN DOCS (1-17) DC/CFBC/ADV IN DOCS (1-17) DC/CFBC/ADV/MEM/BLCRD (1/17) DC/CFBC/ANCILLARY AMEND (10/12) DC/CFBC SG BC ADV IN BF HSA SIL 1500 (1-18) DC/CFBC SG POS IN BRZ 5750 (1-18) DC/CFBC SG POS IN CDH BRZ 6000 (1-18) DC/CFBC SG POS IN CDH GOLD 1500 (1-18) DC/CFBC SG POS IN CDH SIL 1500 (1-18) DC/CFBC SG POS IN CDH SIL 2500 (1-18) DC/CFBC SG POS IN CDH SIL 3000 (1-18) DC/CFBC SG POS IN GOLD 500 (1-18) DC/CFBC SG POS IN GOLD 1000 (1-18) DC/CFBC SG POS IN PLAT 0 (1-18) DC/CFBC SG POS IN SIL 4000 (1-18)</p>	<p>Product: BlueChoice Advantage Out-of-Network (GHMSI)</p> <p>DC/CF SG BC ADV CDH BF HSA SIL 1500 (1-18) DC/CF SG POS DON BRZ 5750 (1-18) DC/CF SG POS DON CDH BRZ 6000 (1-18) DC/CF SG POS DON CDH GOLD 1500 (1-18) DC/CF SG POS DON CDH SIL 1500 (1-18) DC/CF SG POS DON CDH SIL 2500 (1-18) DC/CF SG POS DON CDH SIL 3000 (1-18) DC/CF SG POS DON GOLD 500 (1-18) DC/CF SG POS DON GOLD 1000 (1-18) DC/CF SG POS DON PLAT 0 (1-18) DC/CF SG POS DON SIL 4000 (1-18)</p>
<p>Product: BlueChoice Plus (All Other Plans) In-Network</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP PLUS IN DOCS (1-17) DC/CFBC/BLCRD (R. 1/17) DC/CFBC/MEM/BLCRD (R. 1/17) DC/CFBC SG POS IN CDH BRZ 6000 (1-18) DC/CFBC SG POS IN CDH SIL 1500 (1-18) DC/CFBC SG POS IN CDH SIL 3000 (1-18) DC/CFBC SG POS IN GOLD 500 (1-18) DC/CFBC SG POS IN GOLD 1000 (1-18)</p>	<p>Product: BlueChoice Plus (All Other Plans) Out-of-Network (GHMSI)</p> <p>DC/CF SG POS DON CDH BRZ 6000 (1-18) DC/CF SG POS DON CDH SIL 1500 (1-18) DC/CF SG POS DON CDH SIL 3000 (1-18) DC/CF SG POS DON GOLD 500 (1-18) DC/CF SG POS DON GOLD 1000 (1-18)</p>
<p>Product: HealthyBlue Plus In-Network</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP PLUS IN DOCS (1-17) DC/CFBC/BLCRD (R. 1/17) DC/CFBC/MEM/BLCRD (R. 1/17) DC/CFBC SG POS IN CDH SIL 1500 (1-18) DC/CFBC SG POS IN GOLD 1500 (1-18) DC/CFBC SG POS IN PLAT 500 (1-18) DC/CFBC SG POS IN PLAT 1000 (1-18)</p>	<p>Product: HealthyBlue Plus Out-of-Network (GHMSI)</p> <p>DC/CF SG POS DON CDH SIL 2000 (1-18) DC/CF SG POS DON GOLD 1500 (1-18) DC/CF SG POS DON PLAT 500 (1-18) DC/CF SG POS DON PLAT 1000 (1-18)</p>
<p>Product: HealthyBlue Advantage In-Network</p> <p>DC/CFBC/SHOP/HMO POS/EOC (1/17) DC/CFBC/SHOP ADV IN DOCS (1-17) DC/CFBC/ADV/MEM/BLCRD (1/17) DC/CFBC/ANCILLARY AMEND (10/12) DC/CFBC SG POS IN CDH SIL 2000 (1-18) DC/CFBC SG POS IN GOLD 1500 (1-18) DC/CFBC SG POS IN PLAT 500 (1-18) DC/CFBC SG POS IN PLAT 1000 (1-18)</p>	<p>Product: HealthyBlue Advantage Out-of-Network (GHMSI)</p> <p>DC/CF SG POS DON CDH SIL 2000 (1-18) DC/CF SG POS DON GOLD 1500 (1-18) DC/CF SG POS DON PLAT 500 (1-18) DC/CF SG POS DON PLAT 1000 (1-18)</p>

Appendix - Experience by Service Category

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	IP	\$146,653	Admit	15.00
201402	7,244	IP	\$296,432	Admit	30.00
201403	8,875	IP	\$452,531	Admit	41.00
201404	10,571	IP	\$518,178	Admit	35.00
201405	13,249	IP	\$831,216	Admit	69.00
201406	14,861	IP	\$630,852	Admit	68.00
201407	17,985	IP	\$813,840	Admit	82.00
201408	20,744	IP	\$678,185	Admit	75.00
201409	23,135	IP	\$1,763,263	Admit	93.00
201410	25,412	IP	\$1,155,593	Admit	126.00
201411	28,448	IP	\$2,106,731	Admit	135.00
201412	41,952	IP	\$2,116,536	Admit	179.00
201501	42,745	IP	\$2,513,961	Admit	196.00
201502	42,643	IP	\$2,218,036	Admit	171.00
201503	43,554	IP	\$2,503,635	Admit	189.00
201504	43,584	IP	\$2,208,461	Admit	171.00
201505	43,448	IP	\$2,145,378	Admit	155.00
201506	43,358	IP	\$1,942,632	Admit	158.00
201507	43,067	IP	\$2,424,123	Admit	186.00
201508	42,904	IP	\$2,675,610	Admit	215.00
201509	42,870	IP	\$2,149,303	Admit	198.00
201510	42,801	IP	\$2,592,562	Admit	171.00
201511	42,898	IP	\$2,826,602	Admit	161.00
201512	43,377	IP	\$2,843,757	Admit	185.00
201601	44,297	IP	\$2,335,061	Admit	162.00
201602	44,642	IP	\$2,573,567	Admit	176.00
201603	44,852	IP	\$2,648,650	Admit	213.00
201604	44,745	IP	\$2,663,358	Admit	169.00
201605	44,584	IP	\$2,229,024	Admit	165.00
201606	44,519	IP	\$2,327,824	Admit	175.00
201607	44,235	IP	\$2,308,938	Admit	168.00
201608	43,933	IP	\$2,319,965	Admit	186.00
201609	43,584	IP	\$2,452,481	Admit	193.00
201610	43,338	IP	\$2,567,781	Admit	185.00
201611	43,046	IP	\$2,804,409	Admit	157.00
201612	42,186	IP	\$2,601,105	Admit	165.00
201701	41,362	IP	\$2,504,290	Admit	166.00
201702	40,960	IP	\$1,130,250	Admit	95.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	OP	\$409,236	Visit	209.00
201402	7,244	OP	\$392,851	Visit	299.00
201403	8,875	OP	\$409,763	Visit	381.00
201404	10,571	OP	\$567,071	Visit	465.00
201405	13,249	OP	\$815,545	Visit	628.00
201406	14,861	OP	\$638,604	Visit	670.00
201407	17,985	OP	\$1,056,328	Visit	817.00
201408	20,744	OP	\$1,128,138	Visit	853.00
201409	23,135	OP	\$1,137,108	Visit	1,043.00
201410	25,412	OP	\$1,584,694	Visit	1,164.00
201411	28,448	OP	\$1,460,176	Visit	1,166.00
201412	41,952	OP	\$2,337,548	Visit	1,808.00
201501	42,745	OP	\$2,375,951	Visit	1,822.00
201502	42,643	OP	\$2,441,207	Visit	1,715.00
201503	43,554	OP	\$2,714,252	Visit	1,990.00
201504	43,584	OP	\$2,540,348	Visit	1,957.00
201505	43,448	OP	\$2,609,239	Visit	1,997.00
201506	43,358	OP	\$2,687,727	Visit	1,974.00
201507	43,067	OP	\$2,454,262	Visit	1,902.00
201508	42,904	OP	\$2,680,033	Visit	1,932.00
201509	42,870	OP	\$2,476,505	Visit	1,994.00
201510	42,801	OP	\$2,515,599	Visit	2,070.00
201511	42,898	OP	\$2,439,409	Visit	1,960.00
201512	43,377	OP	\$2,678,215	Visit	1,984.00
201601	44,297	OP	\$2,303,535	Visit	1,777.00
201602	44,642	OP	\$2,695,356	Visit	1,869.00
201603	44,852	OP	\$2,557,861	Visit	2,077.00
201604	44,745	OP	\$2,546,560	Visit	1,992.00
201605	44,584	OP	\$2,887,988	Visit	2,015.00
201606	44,519	OP	\$2,866,403	Visit	2,018.00
201607	44,235	OP	\$2,629,241	Visit	1,835.00
201608	43,933	OP	\$2,885,243	Visit	2,024.00
201609	43,584	OP	\$2,377,299	Visit	1,837.00
201610	43,338	OP	\$2,655,125	Visit	1,920.00
201611	43,046	OP	\$2,759,043	Visit	1,828.00
201612	42,186	OP	\$2,583,571	Visit	1,753.00
201701	41,362	OP	\$2,413,388	Visit	1,644.00
201702	40,960	OP	\$2,361,620	Visit	1,899.00

RPT_YR_MTH	MEMB_CNT	SERV_CTTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	PROF	\$517,966	Visit	3,026.00
201402	7,244	PROF	\$656,367	Visit	4,264.00
201403	8,875	PROF	\$838,454	Visit	5,670.00
201404	10,571	PROF	\$1,211,061	Visit	7,342.00
201405	13,249	PROF	\$1,277,613	Visit	8,698.00
201406	14,861	PROF	\$1,449,205	Visit	9,988.00
201407	17,985	PROF	\$1,787,703	Visit	12,416.00
201408	20,744	PROF	\$1,963,061	Visit	13,720.00
201409	23,135	PROF	\$2,389,099	Visit	16,197.00
201410	25,412	PROF	\$2,919,876	Visit	20,470.00
201411	28,448	PROF	\$2,698,457	Visit	18,766.00
201412	41,952	PROF	\$4,293,383	Visit	29,955.00
201501	42,745	PROF	\$4,556,539	Visit	30,482.00
201502	42,643	PROF	\$4,100,602	Visit	27,924.00
201503	43,554	PROF	\$4,746,275	Visit	31,709.00
201504	43,584	PROF	\$4,721,736	Visit	32,613.00
201505	43,448	PROF	\$4,514,685	Visit	30,853.00
201506	43,358	PROF	\$4,856,058	Visit	32,994.00
201507	43,067	PROF	\$4,642,856	Visit	31,521.00
201508	42,904	PROF	\$4,579,254	Visit	30,359.00
201509	42,870	PROF	\$4,721,898	Visit	31,815.00
201510	42,801	PROF	\$5,085,739	Visit	35,103.00
201511	42,898	PROF	\$4,896,430	Visit	31,526.00
201512	43,377	PROF	\$5,046,883	Visit	33,468.00
201601	44,297	PROF	\$4,422,403	Visit	28,885.00
201602	44,642	PROF	\$4,718,533	Visit	31,907.00
201603	44,852	PROF	\$5,310,996	Visit	35,779.00
201604	44,745	PROF	\$4,949,069	Visit	33,322.00
201605	44,584	PROF	\$5,005,307	Visit	32,606.00
201606	44,519	PROF	\$5,235,093	Visit	33,411.00
201607	44,235	PROF	\$4,504,282	Visit	29,991.00
201608	43,933	PROF	\$5,254,310	Visit	33,678.00
201609	43,584	PROF	\$4,887,361	Visit	31,796.00
201610	43,338	PROF	\$4,915,656	Visit	32,888.00
201611	43,046	PROF	\$4,851,512	Visit	31,484.00
201612	42,186	PROF	\$4,801,071	Visit	29,473.00
201701	41,362	PROF	\$4,777,497	Visit	28,438.00
201702	40,960	PROF	\$6,119,818	Visit	42,315.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	OTHR	\$33,333	Service	399.00
201402	7,244	OTHR	\$52,260	Service	523.00
201403	8,875	OTHR	\$99,872	Service	831.00
201404	10,571	OTHR	\$114,930	Service	1,013.00
201405	13,249	OTHR	\$186,466	Service	1,031.00
201406	14,861	OTHR	\$204,813	Service	1,182.00
201407	17,985	OTHR	\$273,058	Service	1,786.00
201408	20,744	OTHR	\$267,201	Service	1,827.00
201409	23,135	OTHR	\$314,150	Service	1,795.00
201410	25,412	OTHR	\$371,023	Service	2,399.00
201411	28,448	OTHR	\$365,852	Service	2,287.00
201412	41,952	OTHR	\$587,991	Service	4,207.00
201501	42,745	OTHR	\$613,375	Service	3,560.00
201502	42,643	OTHR	\$557,855	Service	3,429.00
201503	43,554	OTHR	\$603,247	Service	4,018.00
201504	43,584	OTHR	\$677,901	Service	4,310.00
201505	43,448	OTHR	\$586,177	Service	3,724.00
201506	43,358	OTHR	\$737,140	Service	4,420.00
201507	43,067	OTHR	\$737,601	Service	4,175.00
201508	42,904	OTHR	\$712,478	Service	4,642.00
201509	42,870	OTHR	\$742,109	Service	3,750.00
201510	42,801	OTHR	\$813,242	Service	4,220.00
201511	42,898	OTHR	\$744,556	Service	4,028.00
201512	43,377	OTHR	\$950,943	Service	4,593.00
201601	44,297	OTHR	\$615,920	Service	3,859.00
201602	44,642	OTHR	\$716,742	Service	4,205.00
201603	44,852	OTHR	\$857,816	Service	5,018.00
201604	44,745	OTHR	\$719,400	Service	4,396.00
201605	44,584	OTHR	\$809,869	Service	4,276.00
201606	44,519	OTHR	\$846,173	Service	4,811.00
201607	44,235	OTHR	\$728,592	Service	4,313.00
201608	43,933	OTHR	\$752,851	Service	5,066.00
201609	43,584	OTHR	\$757,485	Service	3,631.00
201610	43,338	OTHR	\$699,284	Service	3,841.00
201611	43,046	OTHR	\$723,696	Service	3,471.00
201612	42,186	OTHR	\$889,999	Service	3,443.00
201701	41,362	OTHR	\$604,008	Service	2,703.00
201702	40,960	OTHR	\$747,636	Service	3,901.00

RPT_YR_MTH	MEMB_CNT	SERV_CTTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	RX	\$212,195	Script	2,261.00
201402	7,244	RX	\$388,252	Script	3,938.00
201403	8,875	RX	\$635,489	Script	5,954.00
201404	10,571	RX	\$730,162	Script	6,993.00
201405	13,249	RX	\$853,821	Script	8,555.00
201406	14,861	RX	\$928,130	Script	9,503.00
201407	17,985	RX	\$1,406,143	Script	11,964.00
201408	20,744	RX	\$1,500,652	Script	13,314.00
201409	23,135	RX	\$1,671,440	Script	14,925.00
201410	25,412	RX	\$2,129,026	Script	17,262.00
201411	28,448	RX	\$1,890,420	Script	17,850.00
201412	41,952	RX	\$3,418,382	Script	29,411.00
201501	42,745	RX	\$3,573,385	Script	29,038.00
201502	42,643	RX	\$3,295,058	Script	26,358.00
201503	43,554	RX	\$3,764,288	Script	29,455.00
201504	43,584	RX	\$3,776,392	Script	28,684.00
201505	43,448	RX	\$3,714,837	Script	28,489.00
201506	43,358	RX	\$3,934,939	Script	28,803.00
201507	43,067	RX	\$4,089,970	Script	28,900.00
201508	42,904	RX	\$3,993,745	Script	27,835.00
201509	42,870	RX	\$3,774,103	Script	27,987.00
201510	42,801	RX	\$3,869,850	Script	29,047.00
201511	42,898	RX	\$3,979,318	Script	27,690.00
201512	43,377	RX	\$4,562,823	Script	30,578.00
201601	44,297	RX	\$3,568,140	Script	27,203.00
201602	44,642	RX	\$4,095,666	Script	27,690.00
201603	44,852	RX	\$4,677,490	Script	30,178.00
201604	44,745	RX	\$4,488,293	Script	28,461.00
201605	44,584	RX	\$4,243,405	Script	28,477.00
201606	44,519	RX	\$4,596,703	Script	28,674.00
201607	44,235	RX	\$4,110,092	Script	26,860.00
201608	43,933	RX	\$4,271,274	Script	28,376.00
201609	43,584	RX	\$4,028,150	Script	26,324.00
201610	43,338	RX	\$4,053,808	Script	26,994.00
201611	43,046	RX	\$4,047,874	Script	27,281.00
201612	42,186	RX	\$3,979,166	Script	27,626.00
201701	41,362	RX	\$3,881,301	Script	26,479.00
201702	40,960	RX	\$3,966,749	Script	25,390.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization	Premium	Incurred Claims
201401	5,286	All	\$1,319,383	n/a	n/a	1,907,334	\$1,057,728
201402	7,244	All	\$1,786,162	n/a	n/a	2,390,601	\$1,389,662
201403	8,875	All	\$2,436,110	n/a	n/a	2,905,275	\$1,913,216
201404	10,571	All	\$3,141,401	n/a	n/a	3,515,078	\$2,561,403
201405	13,249	All	\$3,964,661	n/a	n/a	4,340,643	\$3,163,183
201406	14,861	All	\$3,851,606	n/a	n/a	4,933,109	\$3,066,804
201407	17,985	All	\$5,337,072	n/a	n/a	6,105,495	\$4,305,231
201408	20,744	All	\$5,537,238	n/a	n/a	7,165,424	\$4,483,937
201409	23,135	All	\$7,275,060	n/a	n/a	8,084,795	\$6,110,455
201410	25,412	All	\$8,160,210	n/a	n/a	8,884,600	\$6,791,545
201411	28,448	All	\$8,521,636	n/a	n/a	10,125,468	\$7,251,984
201412	41,952	All	\$12,753,840	n/a	n/a	15,322,056	\$10,626,597
201501	42,745	All	\$13,633,210	n/a	n/a	15,863,224	\$10,949,342
201502	42,643	All	\$12,612,758	n/a	n/a	16,008,304	\$10,383,642
201503	43,554	All	\$14,331,697	n/a	n/a	14,782,460	\$11,974,586
201504	43,584	All	\$13,924,837	n/a	n/a	16,280,442	\$11,654,866
201505	43,448	All	\$13,570,317	n/a	n/a	16,268,094	\$11,439,914
201506	43,358	All	\$14,158,497	n/a	n/a	16,291,723	\$12,007,476
201507	43,067	All	\$14,348,812	n/a	n/a	16,244,830	\$12,269,575
201508	42,904	All	\$14,641,120	n/a	n/a	16,240,937	\$12,623,251
201509	42,870	All	\$13,863,918	n/a	n/a	16,334,319	\$11,878,298
201510	42,801	All	\$14,876,992	n/a	n/a	16,367,570	\$12,792,993
201511	42,898	All	\$14,886,316	n/a	n/a	16,464,554	\$12,875,786
201512	43,377	All	\$16,082,621	n/a	n/a	16,902,965	\$13,669,571
201601	44,297	All	\$13,245,059	n/a	n/a	17,341,236	\$10,161,087
201602	44,642	All	\$14,799,864	n/a	n/a	17,242,140	\$11,633,690
201603	44,852	All	\$16,052,814	n/a	n/a	17,231,532	\$13,010,591
201604	44,745	All	\$15,366,681	n/a	n/a	17,134,805	\$12,455,163
201605	44,584	All	\$15,175,594	n/a	n/a	17,052,204	\$12,429,696
201606	44,519	All	\$15,872,196	n/a	n/a	17,015,603	\$13,032,547
201607	44,235	All	\$14,281,144	n/a	n/a	16,906,348	\$11,821,087
201608	43,933	All	\$15,483,642	n/a	n/a	16,725,092	\$12,733,552
201609	43,584	All	\$14,502,776	n/a	n/a	16,609,838	\$11,939,160
201610	43,338	All	\$14,891,653	n/a	n/a	16,537,169	\$12,173,294
201611	43,046	All	\$15,186,534	n/a	n/a	16,486,454	\$12,900,601
201612	42,186	All	\$14,854,912	n/a	n/a	16,255,402	\$11,921,767
201701	41,362	All	\$14,180,485	n/a	n/a	16,766,363	\$11,082,068
201702	40,960	All	\$14,326,074	n/a	n/a	16,622,654	\$10,964,676

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum	Yes	Exhibit 11 - Plan Adj SG_RA
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adj SG_RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over	Yes	Appendix - Rate Change_SG RA
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG RA
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG RA
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_SG RA
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_SG RA
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_SG RA
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary SG
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Experience by Service Category
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element

22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	Appendix - Rate Change_SG RA
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_SG RA
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Experience by Service Category
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities 	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Plain Language Summary included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	No	Not applicable

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Dwayne Lucado

(Print Name)

Dwayne Lucado

Digitally signed by Dwayne
Lucado
Date: 2017.05.01 14:35:47 -04'00'

(Signature)

**CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)**

**Rate Filing # 2168
D.C. Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2018**

Actuarial Value Calculations

**CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group**

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17	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Freestanding
18	Gold - \$1500 Ded, \$3000 OOP, \$10/\$20 - Hospital
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20	Silver - \$1000/\$100 Ded, \$7150 OOP, \$40/\$80 - Hospital
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23	Silver - \$1500 Ded, \$5500 OOP, \$25/\$50 - Freestanding
24	Silver - \$2000/\$500 Ded, \$7150 OOP, \$35/\$70 - Hospital
25	Silver - \$2000/\$500 Ded, \$7150 OOP, \$35/\$70 - Freestanding
26	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Hospital
27	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Freestanding
28	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Hospital
29	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Freestanding
30	Silver - \$3000 Ded, \$4750 OOP, \$25/\$50 - Hospital
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**CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group**

<u>Plan Name*</u>	<u>Metal Level</u>	<u>Actuarial Value</u>	<u>Page #'s of AV Screenshot*</u>	<u>Unique Plan</u>
BlueChoice HMO Platinum 0	Platinum	91.01%	4, 5	Yes
BlueChoice HMO Gold 500	Gold	80.43%	10, 11	Yes
BlueChoice HMO Silver 1000	Silver	71.93%	20, 21	Yes
BlueChoice HMO Gold 1500	Gold	80.84%	16, 17	Yes
BlueChoice HMO HSA/HRA Silver 1500	Silver	71.10%	22, 23	Yes
BlueChoice HMO HSA/HRA Gold 1500	Gold	78.21%	18, 19	Yes
BlueChoice HMO HSA/HRA Silver 2000	Silver	69.54%	26, 27	Yes
BlueChoice HMO HSA/HRA Silver 2500	Silver	68.46%	28, 29	Yes
BlueChoice HMO HSA/HRA Silver 3000	Silver	68.73%	30, 31	Yes
BlueChoice HMO HSA/HRA Bronze 6000	Bronze	60.61%	36, 37	Yes
BlueChoice HMO Referral Platinum 0	Platinum	91.01%	4, 5	Yes
BlueChoice HMO Referral Gold 0	Gold	80.12%	8, 9	Yes
BlueChoice HMO Referral Gold 500	Gold	80.43%	10, 11	Yes
BlueChoice HMO Referral Platinum 1000	Platinum	89.51%	6, 7	Yes
BlueChoice HMO Referral Gold 80	Gold	81.36%	14, 15	Yes
BlueChoice HMO Referral Silver 70	Silver	71.84%	24, 25	Yes
BlueChoice HMO Referral Silver 4000	Silver	71.35%	32, 33	Yes
BlueChoice HMO Referral Bronze 5750	Bronze	64.97%	34, 35	Yes
BlueChoice Plus Opt-Out Platinum 0	Platinum	91.01%	4, 5	Yes
BlueChoice Plus Gold 500	Gold	80.43%	10, 11	Yes
BlueChoice Plus Gold 1000	Gold	80.59%	12, 13	Yes
BlueChoice Plus HSA/HRA Silver 1500	Silver	71.10%	22, 23	Yes
BlueChoice Plus HSA/HRA Silver 2500	Silver	68.46%	28, 29	Yes
BlueChoice Plus HSA/HRA Silver 3000	Silver	68.73%	30, 31	Yes
BlueChoice Plus HSA/HRA Bronze 6000	Bronze	60.61%	36, 37	Yes
BlueChoice Advantage Platinum 0	Platinum	91.01%	4, 5	Yes
BlueChoice Advantage Gold 500	Gold	80.43%	10, 11	Yes
BlueChoice Advantage Gold 1000	Gold	80.59%	12, 13	Yes
BlueChoice Advantage Silver 4000	Silver	71.35%	32, 33	Yes
BlueChoice Advantage Bronze 5750	Bronze	64.97%	34, 35	Yes
BlueChoice Advantage HSA/HRA Gold 1500	Gold	78.21%	18, 19	Yes
BlueChoice Advantage HSA/HRA Silver 1500	Silver	71.10%	22, 23	Yes
BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	71.42%	46-47	Yes
BlueChoice Advantage HSA/HRA Silver 2500	Silver	68.46%	28, 29	Yes
BlueChoice Advantage HSA/HRA Silver 3000	Silver	68.73%	30, 31	Yes
BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	60.61%	36, 37	Yes
HealthyBlue HMO Platinum 500	Platinum	90.28%	38, 39	Yes
HealthyBlue HMO Platinum 1000	Platinum	89.76%	40, 41	Yes
HealthyBlue HMO Gold 1500	Gold	81.18%	42, 43	Yes
HealthyBlue HMO HSA/HRA Silver 2000	Silver	69.88%	44, 45	Yes
HealthyBlue Plus Platinum 500	Platinum	90.28%	38, 39	Yes
HealthyBlue Plus Platinum 1000	Platinum	89.76%	40, 41	Yes
HealthyBlue Plus Gold 1500	Gold	81.18%	42, 43	Yes
HealthyBlue Plus HSA/HRA Silver 2000	Silver	69.88%	44, 45	Yes
HealthyBlue Advantage Platinum 500	Platinum	90.28%	38, 39	Yes
HealthyBlue Advantage Platinum 1000	Platinum	89.76%	40, 41	Yes
HealthyBlue Advantage Gold 1500	Gold	81.18%	42, 43	Yes
HealthyBlue Advantage HSA/HRA Silver 2000	Silver	69.88%	44, 45	Yes

*For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 150	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 70.63	

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Successful.

90.95%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1367 seconds

Revised 2018 AV Calculator

Hospital SoS AV	90.95%
Freestanding SoS AV	91.26%
Final Blended AV*	91.01%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Platinum

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum: \$110.85

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

91.26%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0977 seconds

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier Platinum

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 150	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 70.63	

Output

Calculate

Status/Error Messages:

Actuarial Value: 89.01%
 Metal Tier: Platinum

Calculation Successful.

89.01%
 Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	89.01%
Freestanding SoS AV	91.62%
Final Blended AV*	89.51%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.62%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

79.90%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

Hospital SoS AV 79.90%

Freestanding SoS AV 81.04%

Final Blended AV* 80.12%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Gold

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	
100.00%	100.00%	
\$5,000.00		

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

81.04%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0469 seconds

User Inputs for Plan Parameters

Inputs for Hospital Site-of-Service

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Copays	Weights
OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

80.07%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0898 seconds

Hospital SoS AV	80.07%
Freestanding SoS AV	81.97%
Final Blended AV*	80.43%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

81.97%
 Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.082 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

Inputs for Hospital Site-of-Service

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$4,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒
 Specialty Rx Coinsurance Maximum: \$110.85
 Set a Maximum Number of Days for Charging an IP Copay? ☐
 # Days (1-10):
 Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
 # Visits (1-10):
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
 # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.08%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

Hospital SoS AV	80.08%
Freestanding SoS AV	82.75%
Final Blended AV*	80.59%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Gold

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$1,000.00	\$250.00	
100.00%	100.00%	
\$4,000.00		

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.

82.75%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0977 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery		21%
OP Facility Non-Surgery		79%
	\$ -	

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.27%
 Metal Tier: Gold

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	81.27%
Freestanding SoS AV	81.73%
Final Blended AV*	81.36%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinurance (% , Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.73%
 Metal Tier: Gold

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0898 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$3,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

80.24%
 Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	80.24%
Freestanding SoS AV	83.36%
Final Blended AV*	80.84%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Gold

Deductible (\$

\$1,500.00

Coinurance (% , Insurer's Cost Share)

100.00%

MOOP (\$

\$3,500.00

MOOP if Separate (\$

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum:

\$110.85

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.
83.36%

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:
Revised 2018 AV Calculator

0.0938 seconds

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$3,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 100	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 60.31	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

78.11%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

Hospital SoS AV	78.11%
Freestanding SoS AV	78.62%
Final Blended AV*	78.21%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$3,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum: \$110.85	
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copsys Weights

OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.62%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1094 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$142.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 500	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 142.82	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.68%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	71.68%
Freestanding SoS AV	72.97%
Final Blended AV*	71.93%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Inputs for Freestanding Site-of-Service

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☒

Apply Skilled Nursing Facility Copay per Day?☒

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum: \$110.85

Set a Maximum Number of Days for Charging an IP Copay?☒

Days (1-10): 5

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 72.97%

Metal Tier:

Additional Notes: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.1094 seconds

Revised 2018 AV Calculator

Copays

Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copoly applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$142.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 500	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 142.82	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.94%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0625 seconds

Revised 2018 AV Calculator

Hospital SoS AV	70.94%
Freestanding SoS AV	71.78%
Final Blended AV*	71.10%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.78%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$7,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	21%
OP Facility Non-Surgery	79%
	\$ -

Output

Calculate

Status/Error Messages:

Actuarial Value: 71.70%
 Metal Tier: Silver

Additional Notes:

Calculation Successful.

71.70%

Silver

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

Hospital SoS AV	71.70%
Freestanding SoS AV	72.45%
Final Blended AV*	71.84%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier Silver

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$7,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
72.45%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☒ Apply Inpatient Copay per Day?
☒ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$122.19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 400	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 122.19	

Output

Calculate

Status/Error Messages:

Actuarial Value: 69.44%
 Metal Tier: Silver

Calculation Successful.

69.44%
 Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	69.44%
Freestanding SoS AV	69.98%
Final Blended AV*	69.54%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.98%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		Coinurance (% , Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copoly applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$91.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 250	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 91.25	

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

67.78%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	67.78%
Freestanding SoS AV	71.30%
Final Blended AV*	68.46%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Silver

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		100.00%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum: \$110.85	
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery 	100%
OP Facility Non-Surgery 	0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.30%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		100.00%
		\$4,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$122.19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 400	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 122.19	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

68.69%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0625 seconds

Hospital SoS AV	68.69%
Freestanding SoS AV	68.89%
Final Blended AV*	68.73%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		100.00%
		\$4,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☒

Days (1-10): 5

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.89%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
Medical	Drug	Combined	
Deductible (\$)	\$4,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$122.19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 400	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 122.19	

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.57%
 Metal Tier: Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0938 seconds

Revised 2018 AV Calculator

Hospital SoS AV	70.57%
Freestanding SoS AV	74.63%
Final Blended AV*	71.35%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☒ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$0.00	
Coinurance (% ,Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

☒ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: \$110.85
☒ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): 5
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):
☐ Begin Primary Care Deductible/Coinurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 74.63%

Metal Tier: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1055 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
- Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,750.00	\$100.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,350.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$132.51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Copay	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 450	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 132.51	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.92%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

Hospital SoS AV	64.92%
Freestanding SoS AV	65.17%
Final Blended AV*	64.97%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Bronze

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$5,750.00	\$100.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,350.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Copay	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of de minimis variation for Expanded Bronze.
 65.17%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1094 seconds

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Bronze

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,000.00
		100.00%
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$132.51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 450	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 132.51	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

60.61%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV 60.61%

Freestanding SoS AV 60.62%

Final Blended AV* 60.61%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Bronze

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,000.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

60.62%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Platinum

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

89.79%

Platinum

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

Hospital SoS AV	89.79%
Freestanding SoS AV	92.37%
Final Blended AV*	90.28%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,500.00		
MOOP if Separate (\$)			

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
 92.37%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value: 89.12%
 Metal Tier: Platinum
 NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	89.12%
Freestanding SoS AV	92.44%
Final Blended AV*	89.76%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Platinum

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
 92.44%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1055 seconds

User Inputs for Plan Parameters

Inputs for Hospital Site-of-Service

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$7,150.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Copays	Weights
OP Facility Surgery	21%
OP Facility Non-Surgery	79%

\$ 200	21%
\$ 50	79%
\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value: 79.91%
 Metal Tier: Gold

Additional Notes:

Calculation Successful.

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	79.91%
Freestanding SoS AV	86.52%
Final Blended AV*	81.18%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation resolved without matching metal tiers.

86.52%
 Platinum

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$6,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copoly applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.50%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV 69.50%

Freestanding SoS AV 71.49%

Final Blended AV* 69.88%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$6,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.49%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,300.00
MOOP if Separate (\$)			

	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$142.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 500	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 142.82	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum: <input type="text"/>	\$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10): <input type="text"/>	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10): <input type="text"/>	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10): <input type="text"/>	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.26%

Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	71.26%
Freestanding SoS AV	72.11%
Final Blended AV*	71.42%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$5,300.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

☒ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: \$110.85
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10):
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Tier 4	Coins Max	Weighting
	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 72.11%

Metal Tier: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0938 seconds

Revised 2018 AV Calculator

DC BlueChoice Small Group & Individual Combined (Small Group)

Exhibit 1 - Market Adjusted Index Rate Summary

		2018	2017	% Change
(1)	Base Period Total Allowed	\$ 328.63	\$ 320.29	2.6%
(2)	Base Period Non-EHB PMPM	\$ 2.01	\$ 1.63	23.5%
(3)	Experience Period Index Rate	\$ 326.62	\$ 319.00	2.4%
(4)	Change in Morbidity	1.000	0.968	3.3%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	0.996	0.996	-0.1%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.997	1.005	-0.9%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	0.990	0.986	0.4%
(11)	Annualized Trend	8.1%	8.1%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.169	1.168	0.1%
(14)	Projection Period Index Rate	\$ 375.22	\$ 356.64	5.2%
(15)	Risk Adjustment Program	1.093	1.097	-0.3%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 410.13	\$391.19	4.8%
	Without Risk Adjustment	\$ 375.22	\$ 356.64	5.2%

2018 DC Small Group BlueChoice
Plan Adjusted Index Rate Changes

Index		HIOS Plan ID		Plan Name		Type		Metallic		Tier		On/Off		12/2017 Members		Market Adjusted Index Rate			Benefits			Network			Induced Utilization			Non-EHB			Admin			Age Calibration			Total Change								
																2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change
1	86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	1,509	\$410.13	\$391.19	4.84%	0.795	0.781	1.85%	1.079	1.050	2.76%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$467.42	\$415.01	12.63%															
2	86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	1,750	\$410.13	\$391.19	4.84%	0.820	0.800	2.46%	1.079	1.050	2.76%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$481.89	\$425.32	13.30%															
3	86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	1,754	\$410.13	\$391.19	4.84%	0.931	0.920	1.27%	1.079	1.050	2.76%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$582.80	\$520.38	12.00%															
4	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	2,347	\$410.13	\$391.19	4.84%	0.697	0.661	5.39%	1.079	1.050	2.76%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$369.08	\$318.12	16.02%															
5	86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	3,613	\$410.13	\$391.19	4.84%	0.822	0.815	0.88%	1.079	1.050	2.76%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$483.10	\$433.06	11.55%															
6	86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	846	\$410.13	\$391.19	4.84%	0.886	0.902	-1.82%	1.079	1.050	2.76%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$554.33	\$510.54	8.58%															
7	86052DC0440016	HealthyBlue Advantage Platinum 1000	POS	Platinum	On	291	\$410.13	\$391.19	4.84%	0.872	0.866	0.69%	1.079	1.050	2.76%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$545.80	\$490.16	11.35%															
8	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	993	\$410.13	\$391.19	4.84%	0.682	0.658	3.77%	1.079	1.050	2.76%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$361.44	\$316.42	14.23%															
9	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	239	\$410.13	\$391.19	4.84%	0.531	0.517	2.84%	1.079	1.050	2.76%	0.891	0.884	0.73%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$273.21	\$241.37	13.19%															
10	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On	221	\$410.13	\$391.19	4.84%	0.626	0.607	3.01%	1.079	1.050	2.76%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$331.42	\$292.28	13.39%															
11	86052DC0440020	BlueChoice Advantage Bronze 5750	POS	Bronze	On	13	\$410.13	\$391.19	4.84%	0.588	0.582	1.01%	1.079	1.050	2.76%	0.943	0.931	1.23%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$319.97	\$286.38	11.73%															
12	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	Gold	On	251	\$410.13	\$391.19	4.84%	0.745	0.718	3.75%	1.079	1.050	2.76%	0.962	0.955	0.71%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$413.76	\$362.43	14.16%															
13	86052DC0440022	BlueChoice Advantage Silver 4000	POS	Silver	On	6	\$410.13	\$391.19	4.84%	0.707	0.690	2.48%	1.079	1.050	2.76%	0.971	0.959	1.25%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$396.32	\$349.57	13.37%															
14	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	67	\$410.13	\$391.19	4.84%	0.697	0.662	5.34%	1.079	1.050	2.76%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$369.43	\$318.59	15.96%															
15	86052DC0460009	BlueChoice HMO Gold 1500	HMO	Gold	On	425	\$410.13	\$391.19	4.84%	0.781	0.770	1.54%	0.957	0.980	-2.37%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$407.27	\$381.80	6.67%															
16	86052DC0460010	BlueChoice HMO Gold 500	HMO	Gold	On	1,082	\$410.13	\$391.19	4.84%	0.820	0.800	2.46%	0.957	0.980	-2.37%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$427.40	\$397.07	7.64%															
17	86052DC0460011	BlueChoice HMO Platinum 0	HMO	Platinum	On	1,459	\$410.13	\$391.19	4.84%	0.931	0.920	1.27%	0.957	0.980	-2.37%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$516.91	\$485.81	6.40%															
18	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	Silver	On	658	\$410.13	\$391.19	4.84%	0.697	0.661	5.39%	0.957	0.980	-2.37%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$327.35	\$296.99	10.22%															
19	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	Silver	On	591	\$410.13	\$391.19	4.84%	0.665	0.638	4.27%	0.957	0.980	-2.37%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$312.53	\$286.61	9.04%															
20	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	442	\$410.13	\$391.19	4.84%	0.531	0.517	2.84%	0.957	0.980	-2.37%	0.891	0.884	0.73%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$242.32	\$225.33	7.54%															
21	86052DC0460015	HealthyBlue HMO Gold 1500	HMO	Gold	On	684	\$410.13	\$391.19	4.84%	0.822	0.815	0.88%	0.957	0.980	-2.37%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$428.47	\$404.29	5.98%															
22	86052DC0460016	HealthyBlue HMO Platinum 500	HMO	Platinum	On	238	\$410.13	\$391.19	4.84%	0.886	0.902	-1.82%	0.957	0.980	-2.37%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$491.65	\$476.63	3.15%															
23	86052DC0460017	HealthyBlue HMO Platinum 1000	HMO	Platinum	On	46	\$410.13	\$391.19	4.84%	0.872	0.866	0.69%	0.957	0.980	-2.37%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$484.09	\$457.59	5.79%															
24	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	552	\$410.13	\$391.19	4.84%	0.682	0.658	3.77%	0.957	0.980	-2.37%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$320.57	\$295.40	8.52%															
25	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	90	\$410.13	\$391.19	4.84%	0.626	0.607	3.01%	0.957	0.980	-2.37%	0.918	0.911	0.75%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$293.94	\$272.86	7.73%															
26	86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	284	\$410.13	\$391.19	4.84%	0.714	0.685	4.17%	0.957	0.980	-2.37%	0.971	0.959	1.25%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$354.88	\$324.14	9.48%															
27	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	60	\$410.13	\$391.19	4.84%	0.745	0.718	3.75%	0.957	0.980	-2.37%	0.962	0.955	0.71%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$366.98	\$338.36	8.46%															
28	86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	Platinum	On	1,811	\$410.13	\$391.19	4.84%	0.931	0.920	1.27%	0.912	0.934	-2.31%	1.084	1.071	1.21%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$492.60	\$462.68	6.47%															
29	86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	Gold	On	780	\$410.13	\$391.19	4.84%	0.820	0.800	2.46%	0.912	0.934	-2.31%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$407.30	\$378.16	7.71%															
30	86052DC0480009	BlueChoice HMO Referral Bronze 5750	HMO	Bronze	On	111	\$410.13	\$391.19	4.84%	0.588	0.582	1.01%	0.912	0.934	-2.31%	0.943	0.931	1.23%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$270.45	\$254.63	6.21%															
31	86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	Gold	On	569	\$410.13	\$391.19	4.84%	0.878	0.842	4.32%	0.912	0.934	-2.31%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$436.25	\$397.82	9.66%															
32	86052DC0480011	BlueChoice HMO Referral Gold 80	HMO	Gold	On	184	\$410.13	\$391.19	4.84%	0.789	0.767	2.82%	0.912	0.934	-2.31%	1.018	1.006	1.20%	1.006	1.005	0.10%	1.348	1.338	0.76%	0.962	0.957	0.55%	\$391.68	\$362.36	8.09%															
33	86052DC0480012	BlueChoice HMO Referral Platinum 1000	HMO	Platinum	On	17	\$410.13	\$391.19	4.84%	0.866	0.859	0.81%	0.912	0.934	-2.31%	1.084																													

Key Drivers:

- 1.) Increases in allowed cost, assumed annual trend of 8.1%.
- 2.) Reintroduction of the Health Insurer Fee in 2018.
- 3.) Assumed projection in the risk adjustment factor.

May 1, 2017

Mr. Efren Tanhehco
Supervisory Health Actuary
Department of Insurance, Securities and Banking



Re: CareFirst BlueChoice, Inc. Individual, Non-Medigap Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2018 ACA plan rate filing submitted 5/1/2017. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2168
- d. **Date Submitted:** 5/1/2017
- e. **Proposed Effective Date:** 1/1/2018
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Small Group
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-130548311).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2018 is 9.5%.
- l. **Contact Information:**
 - a. Name: Dwayne Lucado, FSA, MAAA
 - b. Telephone Number: 410-998-7519
 - c. Email: dwayne.lucado@Carefirst.com
 - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/1/2017.

Sincerely,

Dwayne Lucado

Digitally signed by Dwayne
Lucado
Date: 2017.05.01 14:23:25 -04'00'

Dwayne Lucado, FSA, MAAA
Assistant Actuary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y	
1	Unified Rate Review v4.1																								
2																									
3	Company Legal Name:		BlueChoice, Inc.					State:		DC															
4	HIOS Issuer ID:		86052					Market:		Small Group															
5	Effective Date of Rate Change(s):		1/1/2018																						
6																									
7																									
8	Market Level Calculations (Same for all Plans)																								
9																									
10																									
11	Section I: Experience period data																								
12	Experience Period:		1/1/2016		to		12/31/2016																		
13							Experience Period																		
14							Aggregate Amount		PMPM		% of Prem														
15	Premiums (net of MLR Rebate) in Experience Period:						\$202,537,821		\$383.62		100.00%														
16	Incurred Claims in Experience Period						\$146,212,234		276.94		72.19%														
17	Allowed Claims:						\$173,503,196		328.63		85.66%														
18	Index Rate of Experience Period						\$		326.62																
19	Experience Period Member Months						527,961																		
20	Section II: Allowed Claims, PMPM basis																								
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Performance		Energy Efficiency		Carbon Footprint		Renewable Energy		Waste Management	
Parameter	Value	Parameter	Value	Parameter	Value	Parameter	Value	Parameter	Value
1. Power	1000W	2. Voltage	220V	3. Emissions	100kg	4. Solar	1000W	5. Wind	1000W
6. Heat	1000W	7. Noise	100dB	8. Water	100L	9. Air	100m³	10. Land	100m²
11. Fuel	100L	12. Oil	100L	13. Gas	100L	14. Biomass	100L	15. Coal	100L
16. Coal	100L	17. Oil	100L	18. Gas	100L	19. Biomass	100L	20. Coal	100L
21. Coal	100L	22. Oil	100L	23. Gas	100L	24. Biomass	100L	25. Coal	100L
26. Coal	100L	27. Oil	100L	28. Gas	100L	29. Biomass	100L	30. Coal	100L
31. Coal	100L	32. Oil	100L	33. Gas	100L	34. Biomass	100L	35. Coal	100L
36. Coal	100L	37. Oil	100L	38. Gas	100L	39. Biomass	100L	40. Coal	100L
41. Coal	100L	42. Oil	100L	43. Gas	100L	44. Biomass	100L	45. Coal	100L
46. Coal	100L	47. Oil	100L	48. Gas	100L	49. Biomass	100L	50. Coal	100L
51. Coal	100L	52. Oil	100L	53. Gas	100L	54. Biomass	100L	55. Coal	100L
56. Coal	100L	57. Oil	100L	58. Gas	100L	59. Biomass	100L	60. Coal	100L
61. Coal	100L	62. Oil	100L	63. Gas	100L	64. Biomass	100L	65. Coal	100L
66. Coal	100L	67. Oil	100L	68. Gas	100L	69. Biomass	100L	70. Coal	100L
71. Coal	100L	72. Oil	100L	73. Gas	100L	74. Biomass	100L	75. Coal	100L
76. Coal	100L	77. Oil	100L	78. Gas	100L	79. Biomass	100L	80. Coal	100L
81. Coal	100L	82. Oil	100L	83. Gas	100L	84. Biomass	100L	85. Coal	100L
86. Coal	100L	87. Oil	100L	88. Gas	100L	89. Biomass	100L	90. Coal	100L
91. Coal	100L	92. Oil	100L	93. Gas	100L	94. Biomass	100L	95. Coal	100L
96. Coal	100L	97. Oil	100L	98. Gas	100L	99. Biomass	100L	100. Coal	100L

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2019-2020	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	2008-2009	2007-2008	2006-2007	2005-2006	2004-2005	2003-2004	2002-2003	2001-2002	2000-2001	1999-2000	1998-1999	1997-1998	1996-1997	1995-1996	1994-1995	1993-1994	1992-1993	1991-1992	1990-1991	1989-1990	1988-1989	1987-1988	1986-1987	1985-1986	1984-1985	1983-1984	1982-1983	1981-1982	1980-1981	1979-1980	1978-1979	1977-1978	1976-1977	1975-1976	1974-1975	1973-1974	1972-1973	1971-1972	1970-1971	1969-1970	1968-1969	1967-1968	1966-1967	1965-1966	1964-1965	1963-1964	1962-1963	1961-1962	1960-1961	1959-1960	1958-1959	1957-1958	1956-1957	1955-1956	1954-1955	1953-1954	1952-1953	1951-1952	1950-1951	1949-1950	1948-1949	1947-1948	1946-1947	1945-1946	1944-1945	1943-1944	1942-1943	1941-1942	1940-1941	1939-1940	1938-1939	1937-1938	1936-1937	1935-1936	1934-1935	1933-1934	1932-1933	1931-1932	1930-1931	1929-1930	1928-1929	1927-1928	1926-1927	1925-1926	1924-1925	1923-1924	1922-1923	1921-1922	1920-1921	1919-1920	1918-1919	1917-1918	1916-1917	1915-1916	1914-1915	1913-1914	1912-1913	1911-1912	1910-1911	1909-1910	1908-1909	1907-1908	1906-1907	1905-1906	1904-1905	1903-1904	1902-1903	1901-1902	1900-1901	1899-1900	1898-1899	1897-1898	1896-1897	1895-1896	1894-1895	1893-1894	1892-1893	1891-1892	1890-1891	1889-1890	1888-1889	1887-1888	1886-1887	1885-1886	1884-1885	1883-1884	1882-1883	1881-1882	1880-1881	1879-1880	1878-1879	1877-1878	1876-1877	1875-1876	1874-1875	1873-1874	1872-1873	1871-1872	1870-1871	1869-1870	1868-1869	1867-1868	1866-1867	1865-1866	1864-1865	1863-1864	1862-1863	1861-1862	1860-1861	1859-1860	1858-1859	1857-1858	1856-1857	1855-1856	1854-1855	1853-1854	1852-1853	1851-1852	1850-1851	1849-1850	1848-1849	1847-1848	1846-1847	1845-1846	1844-1845	1843-1844	1842-1843	1841-1842	1840-1841	1839-1840	1838-1839	1837-1838	1836-1837	1835-1836	1834-1835	1833-1834	1832-1833	1831-1832	1830-1831	1829-1830	1828-1829	1827-1828	1826-1827	1825-1826	1824-1825	1823-1824	1822-1823	1821-1822	1820-1821	1819-1820	1818-1819	1817-1818	1816-1817	1815-1816	1814-1815	1813-1814	1812-1813	1811-1812	1810-1811	1809-1810	1808-1809	1807-1808	1806-1807	1805-1806	1804-1805	1803-1804	1802-1803	1801-1802	1800-1801	1799-1800	1798-1799	1797-1798	1796-1797	1795-1796	1794-1795	1793-1794	1792-1793	1791-1792	1790-1791	1789-1790	1788-1789	1787-1788	1786-1787	1785-1786	1784-1785	1783-1784	1782-1783	1781-1782	1780-1781	1779-1780	1778-1779	1777-1778	1776-1777	1775-1776	1774-1775	1773-1774	1772-1773	1771-1772	1770-1771	1769-1770	1768-1769	1767-1768	1766-1767	1765-1766	1764-1765	1763-1764	1762-1763	1761-1762	1760-1761	1759-1760	1758-1759	1757-1758	1756-1757	1755-1756	1754-1755	1753-1754	1752-1753	1751-1752	1750-1751	1749-1750	1748-1749	1747-
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DC BlueChoice

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	BlueChoice Inc.
SERFF tracking number	CFAP-131010730
Submission Date	5/1/2017
Product Name	BlueChoice

Market Type: ☐ Individual ☒ Small Group

Rate Filing Type: ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The 9.5 % increase is requested because:

The main drivers of the 2018 rate increase are a) increased morbidity and b) trend of 8.1%, c.) the assumed projected risk adjustment factor and d.) the reintroduction of the Health Insurer Fee.

This filing will impact:

of policyholder's 20,444 # of covered lives 33,120

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 9.5 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 3.2 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 16.0 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

In 2016, a total of \$175.8 million in premium was collected and \$120.6 million in claims paid out and \$11.4 million paid in risk adjustment, for a loss ratio of 75.1%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$202.5 in premium and paid out \$146.2 million in claims and paid \$19.3 million in risk adjustment for a loss ratio of 81.7%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool up to a projected 80.2%.

Components of Increase

The request is made up of the following components:

Trend Increases –	8.1	% of the	9.5	% total filed increase
1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.				
This component is	0.7	% of the	9.5	% total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.				
This component is	7.3	% of the	9.5	% total filed increase.

Other Increases –	1.3	% of the	9.5	% total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.				
This component is	0.0	% of the	9.5	% total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.				
This component is	2.1	% of the	9.5	% total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.				
This component is	0.8	% of the	9.5	% total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.				
This component is	-2.7	% of the	9.5	% total filed increase.
5. Other – Defined as:				
End of federal reinsurance program, and higher anticipated risk adjustment payments.				
This component is	1.2	% of the	9.5	% total filed increase.