

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only  
- Other  
**Product Name:** 2255 - DC ACA Small Group BlueChoice  
**Project Name/Number:** 2255 - DC BC SG ACA ON-EXCHANGE/2255

## Filing at a Glance

Company: CareFirst BlueChoice, Inc.  
Product Name: 2255 - DC ACA Small Group BlueChoice  
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: 06/01/2018  
SERFF Tr Num: CFAP-131468251  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: 2255  
  
Implementation: 01/01/2019  
Date Requested:  
Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Patrick Getts, Britney Tyler, Scott Cremens, Joshua Phelps, Hassan Zaheer  
  
Reviewer(s):  
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:** 2255 - DC ACA Small Group BlueChoice  
**Project Name/Number:** 2255 - DC BC SG ACA ON-EXCHANGE/2255

**Filing Company:** CareFirst BlueChoice, Inc.

## General Information

Project Name: 2255 - DC BC SG ACA ON-EXCHANGE

Project Number: 2255

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 06/01/2018

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: 3.2%

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:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
<b>Product Name:</b>	2255 - DC ACA Small Group BlueChoice		
<b>Project Name/Number:</b>	2255 - DC BC SG ACA ON-EXCHANGE/2255		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Electronic
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	4.600%
<b>Effective Date of Last Rate Revision:</b>	10/01/2018
<b>Filing Method of Last Filing:</b>	Electronic
<b>SERFF Tracking Number of Last Filing:</b>	CFAP-131010730

## 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	3.200%	3.200%	\$5,980,723	21,577	\$188,291,286	10.300%	-4.800%

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
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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		14231
BlueChoice HMO	86052DC046		7132
BlueChoice HMO Referral	86052DC048		4074
HealthyBlue Plus	86052DC050		5925
HealthyBlue Plus Opt Out	86052DC058		3738

Trend Factors:

### FORMS:

New Policy Forms:

DC CF SG BC ADV OON BF HSA SIL 1500 (1-19), DC CF SG POS OON BRZ 5750 (1-19), DC CF SG POS OON CDH BRZ 6000 (1-19), DC CF SG POS OON CDH GOLD 1500 (1-19), DC CF SG POS OON CDH SIL 1500 (1-19), DC CF SG POS OON CDH SIL 2000 (1-19), DC CF SG POS OON CDH SIL 2500 (1-19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF SG POS OON GOLD 1000 (1-19), DC CF SG POS OON GOLD 1500 (1-19), DC CF SG POS OON GOLD 3000 (1-19), DC CF SG POS OON GOLD 500 (1-19), DC CF SG POS OON PLAT 0 (1-19), DC CF SG POS OON PLAT 500 (1-19), DC CF SG POS OON SIL 4000 (1-19), DC CF SG POS OON SIL 5000 (1-19), DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-19), DC CFBC SG BC+ OO PLAT 0 (1-19), DC CFBC SG HB HMO CDH SIL 2000 (1-19), DC CFBC SG HB HMO GOLD 1500 (1-19), DC CFBC SG HB HMO PLAT 500 (1-19), DC CFBC SG HMO OA CDH BRZ 6000 (1-19), DC CFBC SG HMO OA CDH GOLD 1500 (1-19), DC CFBC SG HMO OA CDH SIL 1500 (1-19), DC CFBC SG HMO OA CDH SIL 2000 (1-19), DC CFBC SG HMO OA CDH SIL 2500 (1-19), DC CFBC SG HMO OA CDH SIL 3000 (1-19), DC CFBC SG HMO OA GOLD 1500 (1-19), DC CFBC SG HMO OA GOLD 3000 (1-19), DC CFBC SG HMO OA GOLD 500 (1-19), DC CFBC SG HMO OA PLAT 0 (1-19), DC CFBC SG HMO OA SIL 1000 (1-19), DC CFBC SG HMO OA SIL 5000 (1-19), DC CFBC SG HMO REF BRZ 5750 (1-19), DC CFBC SG HMO REF GOLD 0 (1-19), DC CFBC SG HMO REF GOLD 500 (1-19), DC CFBC SG HMO REF GOLD 80 (1-19), DC CFBC SG HMO REF PLAT 0 (1-19), DC CFBC SG HMO REF SIL 4000 (1-19), DC CFBC SG HMO REF SIL 70 (1-19), DC CFBC SG POS IN BRZ 5750 (1-19), DC CFBC SG POS IN CDH BRZ 6000 (1-19), DC CFBC SG POS IN CDH GOLD 1500 (1-19), DC CFBC SG POS IN CDH SIL 1500 (1-19), DC CFBC SG POS IN CDH SIL 2000 (1-19), DC CFBC SG POS IN CDH SIL 2500 (1-19), DC CFBC SG POS IN CDH SIL 3000 (1-19), DC CFBC SG POS IN GOLD 1000 (1-19), DC CFBC SG POS IN GOLD 1500 (1-19), DC CFBC SG POS IN GOLD 3000 (1-19), DC CFBC SG POS IN GOLD 500 (1-19), DC CFBC SG POS IN PLAT 0 (1-19), DC CFBC SG POS IN PLAT 500 (1-19), DC CFBC SG POS IN SIL 4000 (1-19), DC CFBC SG POS IN SIL 5000 (1-19),

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DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CFBC/ADV/BLCRD (R. 6/18), DC/CFBC/ADV/MEM/BLCRD (R. 6/18), DC/CFBC/BLCRD (R. 6/18), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/SG/CCHRADM (1/19), DC/CFBC/SG/INCENT (R. 1/19), DC/CFBC/SHOP/2019 AMEND (1/19), DC/GHMSI-HEALTH GUARANTEE 6/18, DC-CFBC-SHOP-GC (R 1/19), DC-CF-SHOP-GC (R 1-19)

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/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/FAM PLAN (8/12), 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-CF-SHOP-POS OON-DOCS (1-17), DC-CF-SHOP-POS-OON-EOC (1-17)

#### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 429,341  
Benefit Change: Increase  
Percent Change Requested: Min: -4.8 Max: 10.3 Avg: 3.2

#### PRIOR RATE:

Total Earned Premium: 188,291,286.00  
Total Incurred Claims: 142,301,792.00  
Annual \$: Min: 247.10 Max: 561.54 Avg: 434.72

#### REQUESTED RATE:

Projected Earned Premium: 198,714,869.00  
Projected Incurred Claims: 150,977,257.00  
Annual \$: Min: 248.03 Max: 573.30 Avg: 448.33

<b>SERFF Tracking #:</b>	CFAP-131468251	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2255
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other				
<b>Product Name:</b>	2255 - DC ACA Small Group BlueChoice				
<b>Project Name/Number:</b>	2255 - DC BC SG ACA ON-EXCHANGE/2255				

## Rate/Rule Schedule

SERFF Tracking #:

CFAP-131468251

State Tracking #:

Company Tracking #:

2255

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:

2255 - DC ACA Small Group BlueChoice

Project Name/Number:

2255 - DC BC SG ACA ON-EXCHANGE/2255

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2255 - DC BlueChoice - Small Group - Rate Sheets - 6-1	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/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/FAM PLAN (8/12), 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-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 (1-19), DC CF SG POS OON BRZ 5750 (1-19), DC CF SG POS OON CDH BRZ 6000 (1-19), DC CF SG POS OON CDH GOLD 1500 (1-19), DC CF SG POS OON CDH SIL 1500 (1-19), DC CF SG POS OON CDH SIL 2000 (1-19), DC CF SG POS OON CDH SIL 2500 (1-19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF SG POS OON GOLD 1000 (1-19), DC CF SG POS OON GOLD 1500 (1-19), DC CF SG	Revised	Previous State Filing Number: CFAP-131010730 Percent Rate Change Request: 3.2	2255 - DC BlueChoice - Small Group - Rate Sheets - 6-1.pdf,

SERFF Tracking #:

CFAP-131468251

State Tracking #:

Company Tracking #:

2255

State:

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Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

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

Product Name:

2255 - DC ACA Small Group BlueChoice

Project Name/Number:

2255 - DC BC SG ACA ON-EXCHANGE/2255

POS OON GOLD 3000 (1-19),  
 DC CF SG POS OON GOLD  
 500 (1-19), DC CF SG POS  
 OON PLAT 0 (1-19), DC CF  
 SG POS OON PLAT 500 (1-  
 19), DC CF SG POS OON SIL  
 4000 (1-19), DC CF SG POS  
 OON SIL 5000 (1-19), DC  
 CFBC SG BC ADV IN BF HSA  
 SIL 1500 (1-19), DC CFBC SG  
 BC+ OO PLAT 0 (1-19), DC  
 CFBC SG HB HMO CDH SIL  
 2000 (1-19), DC CFBC SG HB  
 HMO GOLD 1500 (1-19), DC  
 CFBC SG HB HMO PLAT 500  
 (1-19), DC CFBC SG HMO OA  
 CDH BRZ 6000 (1-19), DC  
 CFBC SG HMO OA CDH  
 GOLD 1500 (1-19), DC CFBC  
 SG HMO OA CDH SIL 1500  
 (1-19), DC CFBC SG HMO OA  
 CDH SIL 2000 (1-19), DC  
 CFBC SG HMO OA CDH SIL  
 2500 (1-19), DC CFBC SG  
 HMO OA CDH SIL 3000 (1-  
 19), DC CFBC SG HMO OA  
 GOLD 1500 (1-19), DC CFBC  
 SG HMO OA GOLD 3000 (1-  
 19), DC CFBC SG HMO OA  
 GOLD 500 (1-19), DC CFBC  
 SG HMO OA PLAT 0 (1-19),  
 DC CFBC SG HMO OA SIL  
 1000 (1-19), DC CFBC SG  
 HMO OA SIL 5000 (1-19), DC  
 CFBC SG HMO REF BRZ  
 5750 (1-19), DC CFBC SG  
 HMO REF GOLD 0 (1-19), DC  
 CFBC SG HMO REF GOLD  
 500 (1-19), DC CFBC SG  
 HMO REF GOLD 80 (1-19),  
 DC CFBC SG HMO REF PLAT  
 0 (1-19), DC CFBC SG HMO  
 REF SIL 4000 (1-19), DC  
 CFBC SG HMO REF SIL 70  
 (1-19), DC CFBC SG POS IN  
 BRZ 5750 (1-19), DC CFBC  
 SG POS IN CDH BRZ 6000 (1-



SERFF Tracking #:

CFAP-131468251

State Tracking #:

Company Tracking #:

2255

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:

2255 - DC ACA Small Group BlueChoice

Project Name/Number:

2255 - DC BC SG ACA ON-EXCHANGE/2255

19), DC CFBC SG POS IN  
 CDH GOLD 1500 (1-19), DC  
 CFBC SG POS IN CDH SIL  
 1500 (1-19), DC CFBC SG  
 POS IN CDH SIL 2000 (1-19),  
 DC CFBC SG POS IN CDH  
 SIL 2500 (1-19), DC CFBC SG  
 POS IN CDH SIL 3000 (1-19),  
 DC CFBC SG POS IN GOLD  
 1000 (1-19), DC CFBC SG  
 POS IN GOLD 1500 (1-19),  
 DC CFBC SG POS IN GOLD  
 3000 (1-19), DC CFBC SG  
 POS IN GOLD 500 (1-19), DC  
 CFBC SG POS IN PLAT 0 (1-  
 19), DC CFBC SG POS IN  
 PLAT 500 (1-19), DC CFBC  
 SG POS IN SIL 4000 (1-19),  
 DC CFBC SG POS IN SIL  
 5000 (1-19), DC/CF/BLCRD  
 (R. 6/18), DC/CF/MEM/BLCRD  
 (R. 6/18),  
 DC/CFBC/ADV/BLCRD (R.  
 6/18),  
 DC/CFBC/ADV/MEM/BLCRD  
 (R. 6/18), DC/CFBC/BLCRD  
 (R. 6/18),  
 DC/CFBC/MEM/BLCRD (R.  
 6/18),  
 DC/CFBC/SG/CCHRADM  
 (1/19), DC/CFBC/SG/INCENT  
 (R. 1/19),  
 DC/CFBC/SHOP/2019  
 AMEND (1/19), DC/GHMSI-  
 HEALTH GUARANTEE 6/18,  
 DC-CFBC-SHOP-GC (R 1/19),  
 DC-CF-SHOP-GC (R 1-19)

**CareFirst BlueCross BlueShield (BlueChoice)**  
**DC Small Group On Exchange Products Rate Filing Effective 1/1/2019**  
**Premiums Effective 01/2019, 04/2019, 07/2019 and 10/2019**

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*			01/2019	04/2019	07/2019	10/2019	04/2019	07/2019	10/2019
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	\$402.49	\$413.68	\$423.55	\$434.85	2.8%	2.4%	2.7%
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	\$422.92	\$434.68	\$445.05	\$456.93	2.8%	2.4%	2.7%
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	\$256.38	\$263.51	\$269.79	\$276.99	2.8%	2.4%	2.7%
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)	\$5,900	\$344.48	\$354.06	\$362.50	\$372.18	2.8%	2.4%	2.7%
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	\$311.34	\$320.00	\$327.64	\$336.38	2.8%	2.4%	2.7%
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	\$511.57	\$525.80	\$538.34	\$552.71	2.8%	2.4%	2.7%
86052DC0460020	BlueChoice HMO	BlueChoice HMO Silver 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$40 PCP/\$100 Spec/\$400 ER/\$500 IP	\$1,000 Med / \$250 Rx	\$7,700	\$337.28	\$346.67	\$354.93	\$364.41	2.8%	2.4%	2.7%
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	\$7,650	\$427.88	\$439.78	\$450.27	\$462.28	2.8%	2.4%	2.7%
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	\$340.59	\$350.07	\$358.42	\$367.98	2.8%	2.4%	2.7%
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	\$491.39	\$505.06	\$517.11	\$530.91	2.8%	2.4%	2.7%
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	\$330.11	\$339.29	\$347.38	\$356.65	2.8%	2.4%	2.7%
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	\$387.81	\$398.60	\$408.11	\$419.00	2.8%	2.4%	2.7%
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	\$323.40	\$332.39	\$340.32	\$349.40	2.8%	2.4%	2.7%
86052DC0460023	BlueChoice HMO	BlueChoice HMO Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	\$0 PCP/\$50 Spec/\$250 ER/\$500 IP	\$5,000 Med / \$250 Rx	\$7,500	\$331.45	\$340.67	\$348.79	\$358.10	2.8%	2.4%	2.7%
86052DC0460024	BlueChoice HMO	BlueChoice HMO Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	\$15 PCP/\$30 Spec/\$150 ER/\$200 IP	\$3,000 Med / \$250 Rx	\$7,000	\$377.58	\$388.08	\$397.34	\$407.94	2.8%	2.4%	2.7%
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 (Integrated); OON: \$3,000	IN: \$5,700; OON: \$9,000	\$393.85	\$404.81	\$414.46	\$425.52	2.8%	2.4%	2.7%
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	\$463.61	\$476.50	\$487.87	\$500.88	2.8%	2.4%	2.7%
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	\$477.36	\$490.63	\$502.34	\$515.74	2.8%	2.4%	2.7%
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	\$299.45	\$307.78	\$315.12	\$323.53	2.8%	2.4%	2.7%
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: \$5,900; OON: \$9,000	\$393.45	\$404.40	\$414.04	\$425.09	2.8%	2.4%	2.7%
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	\$359.37	\$369.36	\$378.17	\$388.27	2.8%	2.4%	2.7%
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	\$573.30	\$589.25	\$603.31	\$619.41	2.8%	2.4%	2.7%
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: \$7,650; OON: \$15,300	\$482.30	\$495.72	\$507.54	\$521.09	2.8%	2.4%	2.7%

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

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

**CareFirst BlueCross BlueShield (BlueChoice)**  
**DC Small Group On Exchange Products Rate Filing Effective 1/1/2019**  
**Premiums Effective 01/2019, 04/2019, 07/2019 and 10/2019**

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		
								01/2019	04/2019	07/2019	10/2019	04/2019	07/2019	10/2019
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	\$390.10	\$400.95	\$410.51	\$421.46	2.8%	2.4%	2.7%
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	\$553.39	\$568.78	\$582.35	\$597.89	2.8%	2.4%	2.7%
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 / \$250 Rx; OON: \$11,500	IN: \$7,900; OON: \$15,800	\$306.97	\$315.50	\$323.03	\$331.65	2.8%	2.4%	2.7%
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	\$442.63	\$454.94	\$465.80	\$478.23	2.8%	2.4%	2.7%
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 / \$250 Rx; OON: \$8,000	IN: \$7,150; OON: \$14,300	\$381.58	\$392.20	\$401.55	\$412.26	2.8%	2.4%	2.7%
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	\$371.45	\$381.79	\$390.89	\$401.32	2.8%	2.4%	2.7%
86052DC0440025	BlueChoice Advantage	BlueChoice Advantage Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$0 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$5,000 Med / \$250 Rx; OON: \$10,000	IN: \$7,500; OON: \$15,000	\$379.02	\$389.57	\$398.86	\$409.50	2.8%	2.4%	2.7%
86052DC0440026	BlueChoice Advantage	BlueChoice Advantage Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$15 PCP/\$30 Spec/\$150 ER/\$200 IP; OON: \$50 PCP/Spec/\$300 IP	IN: \$3,000 Med / \$250 Rx; OON: \$6,000	IN: \$7,000; OON: \$14,000	\$428.81	\$440.74	\$451.25	\$463.30	2.8%	2.4%	2.7%
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	\$421.57	\$433.29	\$443.63	\$455.46	2.8%	2.4%	2.7%
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	\$434.95	\$447.05	\$457.71	\$469.93	2.8%	2.4%	2.7%
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	\$265.84	\$273.23	\$279.75	\$287.21	2.8%	2.4%	2.7%
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: \$5,900; OON: \$9,000	\$355.26	\$365.14	\$373.85	\$383.83	2.8%	2.4%	2.7%
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	\$321.89	\$330.84	\$338.73	\$347.77	2.8%	2.4%	2.7%
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: \$7,650; OON: \$15,300	\$439.91	\$452.14	\$462.93	\$475.28	2.8%	2.4%	2.7%
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	\$351.49	\$361.27	\$369.88	\$379.75	2.8%	2.4%	2.7%
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	\$505.09	\$519.14	\$531.52	\$545.70	2.8%	2.4%	2.7%

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

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

**CareFirst BlueCross BlueShield (BlueChoice)**  
**DC Small Group On Exchange Products Rate Filing Effective 1/1/2019**  
**Premiums Effective 01/2019, 04/2019, 07/2019 and 10/2019**

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*			01/2019	04/2019	07/2019	10/2019	04/2019	07/2019	10/2019
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	\$333.97	\$343.26	\$351.44	\$360.82	2.8%	2.4%	2.7%
86052DC0580001	BlueChoice Plus	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	\$518.12	\$532.53	\$545.23	\$559.78	2.8%	2.4%	2.7%
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 / \$250 Rx	\$7,900	\$248.03	\$254.93	\$261.01	\$267.98	2.8%	2.4%	2.7%
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	\$430.54	\$442.52	\$453.07	\$465.16	2.8%	2.4%	2.7%
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	\$400.85	\$412.00	\$421.82	\$433.08	2.8%	2.4%	2.7%
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	\$5,300	\$383.87	\$394.54	\$403.95	\$414.73	2.8%	2.4%	2.7%
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	\$486.51	\$500.04	\$511.96	\$525.63	2.8%	2.4%	2.7%
86052DC0480013	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 70	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$40 PCP/\$80 Spec/30% ER/30% IP	\$2000 Med / \$500 Rx	\$7,750	\$301.09	\$309.47	\$316.85	\$325.30	2.8%	2.4%	2.7%
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 / \$250 Rx	\$7,150	\$315.05	\$323.82	\$331.54	\$340.39	2.8%	2.4%	2.7%

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

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

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
<b>Product Name:</b>	2255 - DC ACA Small Group BlueChoice		
<b>Project Name/Number:</b>	2255 - DC BC SG ACA ON-EXCHANGE/2255		

## Supporting Document Schedules

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

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2255_DC_SmallGroup_BlueChoice_1.1.19_ActuarialMemorandum_6-1.pdf 2255_SmallGroup_DC_BlueChoice - Part3 - Actuarial Memorandum - 6-1.pdf Small Group - DISB rate filing checklist.pdf AV Screenshots_DC SG BlueChoice.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2255_DC_SmallGroup_BlueChoice_1.1.19_ActuarialMemorandum_6-1.pdf DC SG - BlueChoice - Index & Plan Comparison - 6-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

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

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
<b>Product Name:</b>	2255 - DC ACA Small Group BlueChoice		
<b>Project Name/Number:</b>	2255 - DC BC SG ACA ON-EXCHANGE/2255		

<b>Attachment(s):</b>	2019 ACA_Cover Letter_SmallGroup_DC_BlueChoice - 6-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2255 - DC BC Small Group (2019) - Dataset - 6-1 Sent.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

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

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

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2255 DC BlueChoice Small Group URRT - 6-1.pdf 2255 DC BlueChoice Small Group URRT - 6-1.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2255 - DC SG - BlueChoice - PartII Rate Justification - 6-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	RateE File
<b>Comments:</b>	
<b>Attachment(s):</b>	BC.DC.RATEE.2017Q4.20180410 - Small Group BlueChoice.xlsx

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
<b>Product Name:</b>	2255 - DC ACA Small Group BlueChoice		
<b>Project Name/Number:</b>	2255 - DC BC SG ACA ON-EXCHANGE/2255		

<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Objection Response Documentation
<b>Comments:</b>	Will add as necessary.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

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:	2255 - DC ACA Small Group BlueChoice		
Project Name/Number:	2255 - DC BC SG ACA ON-EXCHANGE/2255		

***Attachment 2255 - DC BC Small Group (2019) - Dataset - 6-1 Sent.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2255 DC BlueChoice Small Group URRT - 6-1.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment BC.DC.RATEE.2017Q4.20180410 - Small Group BlueChoice.xlsx is not a PDF document and cannot be reproduced here.***



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

**Rate Filing # 2255  
D.C. Small Group Products  
Rate Filing Effective 1/1/2019**

**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 1/1/2019**  
**Actuarial Certification**

I, Dwayne Lucado, am a(n) Actuary, Group Pricing with CareFirst BlueChoice 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
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

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 and 147.102)
- b. Developed in compliance with the applicable Actuarial Standards of Practice
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
- d. 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 2019 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: 2018.06.01 12:19:40 -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

		2019	Exhibit
(1)	Base Period Total Allowed	\$ 358.84	2
(2)	Base Period Non-EHB PMPM	\$ 2.07	2
(3)	Experience Period Index Rate	\$ 356.77	
(4)	Change in Morbidity	0.9875	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0038	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9888	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0004	7
(11)	Annualized Trend	8.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1678	
(14)	Projection Period Index Rate	\$ 408.55	
(15)	Risk Adjustment Program	1.0550	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 431.00	
	Without Risk Adjustment	\$ 408.55	

**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	\$	29,779,135	\$	61.77	Admits	48.68	\$	15,224.51
Outpatient Hospital	\$	31,328,775	\$	64.98	Visits	563.90	\$	1,382.80
Professional	\$	58,606,131	\$	121.56	Visits	9,348.15	\$	156.04
Other Medical	\$	9,151,574	\$	18.98	Services	1,124.02	\$	202.65
Capitation	\$	517,867	\$	1.07	Benefit Period	1,000	\$	12.89
Prescription Drug	\$	43,623,641	\$	90.48	Prescriptions	7,680.12	\$	141.38
<hr/>								
Total (EHB & Non-EHB)	\$	173,007,122	\$	358.84				
<hr/>								
EHB Allowed	\$	172,008,748	\$	356.77				
Non-EHB Allowed	\$	998,374	\$	2.07				
Incurred Net	\$	147,321,917	\$	305.57				
Net/Allowed		85.15%						
Experience Period Member Months		482,127						

### Exhibit 3 - Non-EHB Adjustment

		2019 On-Exchange	2019 Off-Exchange	
(1)	Blended Index Rate	\$ 422.06	\$ 422.06	
(2)	Non-EHB PMPM	\$ 2.26	\$ 2.26	
(3)	Total	\$ 424.32	\$ 424.32	
(4)	<b>Plan Level Adjustment</b>	<b>1.005</b>	<b>1.005</b>	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year (2017)

2017 SRP Allowed PMPM	ACA Member Months	2017 Allowed PMPM	Normalized Allowed PMPM
Subtotal	482,120	\$ 373.13	\$ 211.84

Current Year YTD (2018)

Existing	2018 Existing from 2017	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		468	1.00	\$ 78.76
Bronze		2,597	1.00	\$ 102.09
Silver		8,261	1.00	\$ 195.00
Gold		12,459	1.00	\$ 220.94
Platinum		11,910	1.00	\$ 236.68

New	New to 2018	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		200	1.00	\$ 78.76
Bronze		502	1.00	\$ 102.09
Silver		538	1.00	\$ 195.00
Gold		831	1.00	\$ 220.94
Platinum		539	1.00	\$ 236.68

Transfer	2016 Transfer from Other SBU	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		67	1.00	\$ 88.44
Bronze		370	1.00	\$ 118.48
Silver		303	1.00	\$ 279.73
Gold		557	1.00	\$ 250.75
Platinum		198	1.00	\$ 225.10

	2018 YTD SRP Total	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		735	1.00	\$ 79.64
Bronze		3,469	1.00	\$ 103.84
Silver		9,102	1.00	\$ 197.82
Gold		13,847	1.00	\$ 222.14
Platinum		12,647	1.00	\$ 236.50

Current Year (2018)\*

Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	5,587	\$ 79.64
Bronze	29,061	\$ 104.38
Silver	84,436	\$ 197.58
Gold	130,604	\$ 220.44
Platinum	119,687	\$ 235.55

New to 2018	ACA Member Months	Normalized Allowed PMPM
Catastrophic	863	\$ 78.76
Bronze	3,235	\$ 99.15
Silver	5,896	\$ 195.37
Gold	8,126	\$ 229.09
Platinum	7,268	\$ 241.45

	2018 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic		6,450	\$ 79.52
Bronze		32,296	\$ 103.86
Silver		90,331	\$ 197.44
Gold		138,730	\$ 220.95
Platinum		126,956	\$ 235.89

Projected Year (2019)

Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	5,336	\$ 79.52
Bronze	31,259	\$ 104.93
Silver	100,831	\$ 197.18
Gold	158,899	\$ 219.04
Platinum	146,022	\$ 234.76

New to 2019	ACA Member Months	Normalized Allowed PMPM
Catastrophic	825	\$ 78.76
Bronze	3,295	\$ 99.88
Silver	6,821	\$ 195.24
Gold	9,769	\$ 225.83
Platinum	8,806	\$ 239.48

	2019 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic		6,161	\$ 79.42
Bronze		34,553	\$ 104.45
Silver		107,651	\$ 197.05
Gold		168,668	\$ 219.43
Platinum		154,828	\$ 235.03

	Total Normalized PMPM	Trends
2017	\$ 211.84	
2018	\$ 208.48	-1.59%
2019	\$ 209.20	-1.25%

Adjustment for Change in Morbidity\*\* 0.9875

\*Amounts in this column represent the remainder of the current year (i.e. following 201802)

\*\*Applied to all service categories except capitations

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2017	80.22%	1.0815	
(2) Projected 2019	80.81%	1.0857	
(3) <b>Adjustment*</b>		<b>1.0038</b>	(2)/(1)

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

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.643	100.0%	34.0
(2)	Rating Period	Existing	1.638	90.0%	
		New	1.424	6.3%	
		Transfer	1.638	3.7%	
(3)	Rating Period	All	1.624	100.0%	33.6
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.989</b>		

(3) / (1)

\*Demo factors by cohort for the rating period are determined using the average factor for each cohort (and metal level) from the current month and projecting forward for the remainder of the current and projection years using enrollment projections for those time periods separately (i.e. the prior year's total factor becomes the existing factor in the next year and factors for new are assumed unchanged from the current month, transfers are assumed equal to existing). Weights are based on expected distribution of member months.

\*\*Average ages are member weighted

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



### Exhibit 7 - Factors for Additional "Other" Adjustments

#### Capitation adjustment

(1)	EP Capitation PMPM	\$	0.92	
(2)	Projected Capitations PMPM	\$	0.46	
(3)	<b>Adjustment to Capitation Category</b>		<b>0.4984</b>	(2)/(1)

#### Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	105.93	
(5)	Experience Pharmacy Rebates PMPM	\$	(15.44)	
(6)	Projected Pharmacy Rebates PMPM	\$	(10.79)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	90.48	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	95.14	
(9)	<b>Adjustment to Drug Category</b>		<b>1.0515</b>	(8)/(7)

#### Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	105.93	
(11)	Ingredient cost adjustment factor		0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	101.79	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	(10.79)	
(14)	<b>Adjustment to Drug Category</b>		<b>0.9566</b>	[(12) + (13)]/[(10) + (13)]

	PMPM	Adjustment
Inpatient Hospital	\$ 71.84	1.000
Outpatient Hospital	\$ 72.54	1.000
Professional	\$ 132.51	1.000
Other Medical	\$ 21.09	1.000
Capitation	\$ 0.92	0.498
Prescription Drug	\$ 109.47	1.006
<b>Total</b>	<b>\$ 408.37</b>	<b>1.000</b>

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

### Exhibit 8 - Annual Trend Assumptions

	2017 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 61.77	17%	1.0000	1.0900	1.090
<b>Outpatient Hospital</b>	\$ 64.98	18%	1.0600	1.0100	1.071
<b>Professional</b>	\$ 121.56	34%	1.0400	1.0200	1.061
<b>Other Medical</b>	\$ 18.98	5%	1.0000	1.0650	1.065
<b>Capitation</b>	\$ 1.07	0%	1.0000	1.0000	1.000
<b>Prescription Drug</b>	\$ 90.48	25%	1.0100	1.1000	1.111
<b>Total</b>	\$ 358.84	100%			1.080
<b>Proposed Trend</b>					<b>1.081</b>

### Exhibit 9 - Risk Adjustment

#### 2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	13,143	3.2%	0.670	1.044	-\$1,076,474	-\$81.90
Silver	89,549	21.8%	0.960	1.048	-\$3,209,547	-\$35.84
Gold	157,135	38.2%	1.041	1.010	-\$7,471,150	-\$47.55
Platinum	151,772	36.9%	1.391	1.027	\$3,397,731	\$22.39
Total	411,599	100%	1.141	1.026	-\$8,359,439	-\$20.31

#### Statewide 2017

#### Statewide PMPM 2017

Small Group	905,954		1.235	1.039	\$ -	\$ 476.26	\$ 476.26
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#### 2019

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	16,977	4%	0.644	1.002	-\$1,315,944	-\$77.51
Silver	96,839	23%	0.973	1.040	-\$2,974,463	-\$30.72
Gold	163,438	38%	1.036	0.991	-\$7,107,791	-\$43.49
Platinum	152,087	35%	1.374	1.004	\$3,229,557	\$21.23
Total	429,341	100%	1.126	1.007	-\$8,168,641	-\$19.03

#### Statewide 2019

#### Statewide PMPM 2019

Small Group	921,890		1.222	1.021	\$ -	\$ 450.54	\$ 450.54
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#### Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$ 422.06	-\$23.05	\$ 0.14	1.055

\*Adjustment Factor = (\$422.06 - \$-23.05+ \$0.14) / \$422.06

**Exhibit 10A - Desired Incurred Claims Ratio**

	1Q 2019		2Q 2019		3Q 2019		4Q 2019	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 414.45		\$ 422.62		\$ 430.96		\$ 439.47	
Paid/Allowed Ratio	81.35%		81.35%		81.35%		81.35%	
Paid Claims & Capitations	\$ 337.15		\$ 343.80		\$ 350.58		\$ 357.51	
Risk Adjustment Transfer (Paid Basis)	\$ (19.03)		\$ (19.03)		\$ (19.03)		\$ (19.03)	
<b>Paid Claims &amp; Capitations (Post-Risk Adj)</b>	<b>\$ 356.18</b>	<b>76.9%</b>	<b>\$ 362.83</b>	<b>76.3%</b>	<b>\$ 369.61</b>	<b>76.0%</b>	<b>\$ 376.54</b>	<b>75.4%</b>
Administrative Expense	\$ 51.97	11.2%	\$ 51.97	10.9%	\$ 51.97	10.7%	\$ 51.97	10.4%
Broker Commissions & Fee	\$ 30.33	6.5%	\$ 30.33	6.4%	\$ 30.33	6.2%	\$ 30.33	6.1%
Contribution to Reserve (Post-Tax)	\$ 7.41	1.6%	\$ 7.61	1.6%	\$ 7.79	1.6%	\$ 7.99	1.6%
Investment Income Credit	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%
<b><u>Non-ACA Taxes &amp; Fees</u></b>								
State Premium Tax	\$ 9.27	2.0%	\$ 9.52	2.0%	\$ 9.73	2.0%	\$ 9.98	2.0%
State Assessment Fee	\$ 0.53	0.1%	\$ 0.55	0.1%	\$ 0.56	0.1%	\$ 0.57	0.1%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 1.85	0.4%	\$ 1.90	0.4%	\$ 1.95	0.4%	\$ 2.00	0.4%
<b><u>ACA Taxes &amp; Fees</u></b>								
Health Insurer Tax	\$ 0.51	0.1%	\$ 5.62	1.2%	\$ 9.13	1.9%	\$ 14.05	2.8%
Risk Adjustment User Fee	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%
Exchange Assessment Fee	\$ 4.63	1.0%	\$ 4.76	1.0%	\$ 4.87	1.0%	\$ 4.99	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	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%
<b>Total Revenue</b>	<b>\$ 463.37</b>	<b>100.0%</b>	<b>\$ 475.77</b>	<b>100.0%</b>	<b>\$ 486.62</b>	<b>100.0%</b>	<b>\$ 499.10</b>	<b>100.0%</b>
Plan Level Admin Load Adjustment	1.3004		1.3108		1.3161		1.3250	
<b>Projected Member Months</b>	<b>107,264</b>		<b>58,950</b>		<b>70,189</b>		<b>192,937</b>	
<b>Average Members</b>	<b>8,939</b>		<b>4,912</b>		<b>5,849</b>		<b>16,078</b>	
<b>% Total 2019</b>	<b>25.0%</b>		<b>13.7%</b>		<b>16.3%</b>		<b>44.9%</b>	

## Exhibit 10B - Federal MLR

	Total 2019 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj)	\$ 368.44
Total Revenue	\$ 484.93
Traditional MLR (i.e. DICR)	76.0%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 3.44
Removal of non-care costs under MLR guidelines	\$ (5.18)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 12.20
ACA Taxes & Fees	\$ 13.90
Federal MLR Numerator	\$ 367.05
Federal MLR Denominator	\$ 458.83
Federal MLR	80.0%
Projected Member Months	429,341

# **Exhibit 10B - Federal MLR (Combined SG & Individual)**

	Total 2019 PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-Risk Adj) \$	361.41
Total Revenue \$	474.66
Traditional MLR (i.e. DICR)	76.1%
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.31
Quality Improvement Expenses \$	3.48
Removal of non-care costs under MLR guidelines \$	(5.45)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	11.94
ACA Taxes & Fees \$	13.01
Federal MLR Numerator \$	359.75
Federal MLR Denominator \$	449.71
Federal MLR	80.0%
Projected Member Months	471,861

**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	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	Open Access Advantage	431.00	0.796	1.071	0.9960	1.005	1.300	478.61
86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	Open Access Advantage	431.00	0.820	1.071	0.9960	1.005	1.300	492.80
86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	Open Access Advantage	431.00	0.925	1.071	1.0600	1.005	1.300	591.86
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	Open Access Advantage	431.00	0.708	1.071	0.9500	1.005	1.300	406.19
86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	Open Access Advantage	431.00	0.828	1.071	0.9960	1.005	1.300	497.91
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	Open Access Advantage	431.00	0.893	1.071	1.0600	1.005	1.300	571.30
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	Open Access Advantage	431.00	0.702	1.071	0.9500	1.005	1.300	402.72
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Advantage	431.00	0.556	1.071	0.9220	1.005	1.300	309.14
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On	Open Access Advantage	431.00	0.647	1.071	0.9500	1.005	1.300	371.00
86052DC0440020	BlueChoice Advantage Bronze 5750	POS	Bronze	On	Open Access Advantage	431.00	0.570	1.071	0.9220	1.005	1.300	316.90
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	Gold	On	Open Access Advantage	431.00	0.760	1.071	0.9960	1.005	1.300	456.96
86052DC0440022	BlueChoice Advantage Silver 4000	POS	Silver	On	Open Access Advantage	431.00	0.687	1.071	0.9500	1.005	1.300	393.93
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	Open Access Advantage	431.00	0.709	1.071	0.9500	1.005	1.300	406.60
86052DC0460009	BlueChoice HMO Gold 1500	HMO	Gold	On	Open Access	431.00	0.773	0.958	0.9960	1.005	1.300	415.51
86052DC0460010	BlueChoice HMO Gold 500	HMO	Gold	On	Open Access	431.00	0.812	0.958	0.9960	1.005	1.300	436.60
86052DC0460011	BlueChoice HMO Platinum 0	HMO	Platinum	On	Open Access	431.00	0.923	0.958	1.0600	1.005	1.300	528.12
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	Silver	On	Open Access	431.00	0.693	0.958	0.9500	1.005	1.300	355.62
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	431.00	0.665	0.958	0.9500	1.005	1.300	340.79
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	Open Access	431.00	0.532	0.958	0.9220	1.005	1.300	264.67
86052DC0460015	HealthyBlue HMO Gold 1500	HMO	Gold	On	Open Access	431.00	0.822	0.958	0.9960	1.005	1.300	441.72
86052DC0460016	HealthyBlue HMO Platinum 500	HMO	Platinum	On	Open Access	431.00	0.887	0.958	1.0600	1.005	1.300	507.29
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	431.00	0.686	0.958	0.9500	1.005	1.300	351.61
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	Open Access	431.00	0.627	0.958	0.9500	1.005	1.300	321.42
86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	Open Access	431.00	0.679	0.958	0.9500	1.005	1.300	348.20
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	Open Access	431.00	0.745	0.958	0.9960	1.005	1.300	400.36
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	Platinum	On	Lock In / Referral	431.00	0.922	0.912	1.0600	1.005	1.300	502.25
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	Gold	On	Lock In / Referral	431.00	0.808	0.912	0.9960	1.005	1.300	413.82
86052DC0480009	BlueChoice HMO Referral Bronze 5750	HMO	Bronze	On	Lock In / Referral	431.00	0.540	0.912	0.9220	1.005	1.300	256.06
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	Gold	On	Lock In / Referral	431.00	0.868	0.912	0.9960	1.005	1.300	444.47
86052DC0480011	BlueChoice HMO Referral Gold 80	HMO	Gold	On	Lock In / Referral	431.00	0.774	0.912	0.9960	1.005	1.300	396.29
86052DC0480013	BlueChoice HMO Referral Silver 70	HMO	Silver	On	Lock In / Referral	431.00	0.637	0.912	0.9500	1.005	1.300	310.83
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	Silver	On	Lock In / Referral	431.00	0.666	0.912	0.9500	1.005	1.300	325.25
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	Silver	On	Open Access Plus	431.00	0.697	0.983	0.9500	1.005	1.300	366.76
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	Silver	On	Open Access Plus	431.00	0.631	0.983	0.9500	1.005	1.300	332.30
86052DC0500011	HealthyBlue Plus Gold 1500	POS	Gold	On	Open Access Plus	431.00	0.823	0.983	0.9960	1.005	1.300	454.14
86052DC0500012	HealthyBlue Plus Platinum 500	POS	Platinum	On	Open Access Plus	431.00	0.888	0.983	1.0600	1.005	1.300	521.43
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	POS	Silver	On	Open Access Plus	431.00	0.690	0.983	0.9500	1.005	1.300	362.86
86052DC0500015	BlueChoice Plus Gold 1000	POS	Gold	On	Open Access Plus	431.00	0.789	0.983	0.9960	1.005	1.300	435.21
86052DC0500016	BlueChoice Plus Gold 500	POS	Gold	On	Open Access Plus	431.00	0.814	0.983	0.9960	1.005	1.300	449.03
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Plus	431.00	0.537	0.983	0.9220	1.005	1.300	274.44
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	Platinum	On	Open Access Opt-Out	431.00	0.923	0.970	1.0600	1.005	1.300	534.89
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	Silver	On	Open Access	431.00	0.651	0.958	0.9500	1.005	1.300	333.86
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	Silver	On	Open Access Advantage	431.00	0.669	1.071	0.9500	1.005	1.300	383.47
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	Silver	On	Open Access Plus	431.00	0.655	0.983	0.9500	1.005	1.300	344.77
86052DC0460024	BlueChoice HMO Gold 3000	HMO	Gold	On	Open Access	431.00	0.725	0.958	0.9960	1.005	1.300	389.80
86052DC0440026	BlueChoice Advantage Gold 3000	POS	Gold	On	Open Access Advantage	431.00	0.736	1.071	0.9960	1.005	1.300	442.69
86052DC0460023	BlueChoice HMO Silver 5000	HMO	Silver	On	Open Access	431.00	0.667	0.958	0.9500	1.005	1.300	342.17
86052DC0440025	BlueChoice Advantage Silver 5000	POS	Silver	On	Open Access Advantage	431.00	0.682	1.071	0.9500	1.005	1.300	391.29

**Exhibit 12 - AV Values**

<b>HIOS Plan ID</b>	<b>HIOS Plan Name</b>	<b>HHS AV</b>
86052DC0440010	BlueChoice Advantage Gold 1000	0.816
86052DC0440011	BlueChoice Advantage Gold 500	0.815
86052DC0440012	BlueChoice Advantage Platinum 0	0.916
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.717
86052DC0440014	HealthyBlue Advantage Gold 1500	0.820
86052DC0440015	HealthyBlue Advantage Platinum 500	0.908
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	0.712
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.618
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.699
86052DC0440020	BlueChoice Advantage Bronze 5750	0.650
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.793
86052DC0440022	BlueChoice Advantage Silver 4000	0.718
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.720
86052DC0460009	BlueChoice HMO Gold 1500	0.818
86052DC0460010	BlueChoice HMO Gold 500	0.815
86052DC0460011	BlueChoice HMO Platinum 0	0.916
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.717
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.708
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.618
86052DC0460015	HealthyBlue HMO Gold 1500	0.820
86052DC0460016	HealthyBlue HMO Platinum 500	0.908
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	0.712
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.699
86052DC0460020	BlueChoice HMO Silver 1000	0.720
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.793
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.916
86052DC0480008	BlueChoice HMO Referral Gold 500	0.815
86052DC0480009	BlueChoice HMO Referral Bronze 5750	0.650
86052DC0480010	BlueChoice HMO Referral Gold 0	0.812
86052DC0480011	BlueChoice HMO Referral Gold 80	0.819
86052DC0480013	BlueChoice HMO Referral Silver 70	0.719
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.718
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.717
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.699
86052DC0500011	HealthyBlue Plus Gold 1500	0.820
86052DC0500012	HealthyBlue Plus Platinum 500	0.908
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	0.712
86052DC0500015	BlueChoice Plus Gold 1000	0.816
86052DC0500016	BlueChoice Plus Gold 500	0.815
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.618
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.916
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.697
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.697
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.697
86052DC0460023	BlueChoice HMO Silver 5000	0.716
86052DC0440025	BlueChoice Advantage Silver 5000	0.716
86052DC0460024	BlueChoice HMO Gold 3000	0.763
86052DC0440026	BlueChoice Advantage Gold 3000	0.763



### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.039	90.0%	
		New	0.930	6.3%	
		Transfer	1.039	3.7%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.032</b>	<b>100.0%</b>	<b>41.5</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.013</b>		<b>41.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.981</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice Advantage Gold 1000
(5)	Plan Adjusted Index Rate	\$478.61
(6)	Calibration	0.981
(7)	Calibrated Rate	\$469.63
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.013)	0.962
(9)	<b>Age 40 Premium Rate</b>	<b>\$452.02</b>

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are determined using the average factor for each cohort (and metal level) from the current month and projecting forward for the remainder of the current and projection years using enrollment projections for those time periods separately (i.e. the prior year's total factor becomes the existing factor in the next year and factors for new are assumed unchanged from the current month, transfers are assumed equal to existing). Weights are based on expected distribution of member months.

\*\*The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

\*\*\*Applied uniformly to all plans

## 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

<b>CDH/Non-CDH</b>	<b>Projected Member Months</b>	<b>Relative to HSA/HRA</b>	<b>Relative to Average</b>
HSA/HRA	118,350	1.000	1.000
Non-CDH	353,511	1.000	1.000
	<b>471,861</b>	<b>1.000</b>	

<b>Metal Level</b>	<b>Projected Member Months</b>	<b>Relative to Bronze</b>	<b>Relative to Average</b>
Catastrophic	6,161	1.000	0.922
Bronze	34,553	1.000	0.922
Silver	107,383	1.030	0.950
Gold	168,668	1.080	0.996
Platinum	155,096	1.150	1.060
<b>Total</b>	<b>471,861</b>	<b>1.085</b>	

**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 Opt-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-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	49,430	1.000	0.912
Open Access	131,000	1.050	0.958
Open Access Opt-Out	45,724	1.064	0.970
Open Access Plus	71,501	1.078	0.983
Open Access Advantage	174,207	1.175	1.071
<b>Total</b>	<b>471,861</b>	<b>1.097</b>	

Factors are applied as plan level adjustments

## Appendix - Experience Period to Rating Period Plan Mapping

[illegible]

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	1,376	1,388	3.5%
Base Rate	Silver Members/Avg Renewal	7,849	7,917	3.8%
Base Rate	Gold Members/Avg Renewal	13,247	13,361	3.0%
Base Rate	Platinum Members/Avg Renewal	12,327	12,433	2.9%
Base Rate	All Members/Avg Renewal	34,799	35,099	3.2%
Base Rate	Minimum Renewal			-4.8%
Base Rate	Maximum Renewal			10.3%

2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	Current Month Member Count	Projected 2018 EOY Members	1Q2018 Base Rate	1Q2019 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	1,566.00	1,580	\$450.36	\$463.61	2.9%
86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	1,939.00	1,956	\$464.30	\$477.36	2.8%
86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	2,281.00	2,301	\$561.34	\$573.30	2.1%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	1,537.00	1,550	\$376.36	\$393.45	4.5%
86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	2,442.00	2,463	\$465.47	\$482.30	3.6%
86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	808.00	815	\$534.10	\$553.39	3.6%
86052DC0440016	HealthyBlue Advantage Platinum 1000	Platinum	On	86052DC0440016	HealthyBlue Advantage Platinum 500	Platinum	On	514.00	518	\$525.88	\$553.39	5.2%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	858.00	865	\$368.57	\$390.10	5.8%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	356.00	359	\$278.60	\$299.45	7.5%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	246.00	248	\$337.95	\$359.37	6.3%
86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	60.00	61	\$308.29	\$306.97	-0.4%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	645.00	651	\$421.92	\$442.63	4.9%
86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	106.00	107	\$381.85	\$381.58	-0.1%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	747.00	753	\$376.72	\$393.85	4.5%
86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	472.00	476	\$392.41	\$402.49	2.6%
86052DC0460010	BlueChoice HMO Gold 500	Gold	On	86052DC0460010	BlueChoice HMO Gold 500	Gold	On	1,074.00	1,083	\$411.81	\$422.92	2.7%
86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	1,462.00	1,475	\$498.05	\$511.57	2.7%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	660.00	666	\$333.80	\$344.48	3.2%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	547.00	552	\$318.70	\$330.11	3.6%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	496.00	500	\$247.10	\$256.38	3.8%
86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	685.00	691	\$412.84	\$427.88	3.6%
86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	280.00	282	\$473.71	\$491.39	3.7%
86052DC0460017	HealthyBlue HMO Platinum 1000	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	94.00	95	\$466.42	\$491.39	5.4%
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	495.00	499	\$326.89	\$340.59	4.2%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	160.00	161	\$299.74	\$311.34	3.9%
86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	421.00	425	\$341.93	\$337.28	-1.4%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	189.00	191	\$374.21	\$387.81	3.6%
86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	1,647.00	1,661	\$474.63	\$486.51	2.5%
86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	991.00	1,000	\$392.44	\$400.85	2.1%
86052DC0480009	BlueChoice HMO Referral Bronze 5750	Bronze	On	86052DC0480009	BlueChoice HMO Referral Bronze 5750	Bronze	On	195.00	197	\$260.58	\$248.03	-4.8%
86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	725.00	731	\$420.33	\$430.54	2.4%
86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	245.00	247	\$377.39	\$383.87	1.7%
86052DC0480012	BlueChoice HMO Referral Platinum 1000	Platinum	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	71.00	72	\$441.09	\$486.51	10.3%
86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	114.00	115	\$304.18	\$301.09	-1.0%
86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	51.00	51	\$322.75	\$315.05	-2.4%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	994.00	1,003	\$343.92	\$355.26	3.3%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	241.00	243	\$308.82	\$321.89	4.2%
86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	904.00	912	\$425.35	\$439.91	3.4%
86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	1,284.00	1,295	\$488.06	\$505.09	3.5%
86052DC0500013	HealthyBlue Plus Platinum 1000	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	180.00	182	\$480.56	\$505.09	5.1%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	620.00	625	\$336.80	\$351.49	4.4%
86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	485.00	489	\$411.54	\$421.57	2.4%
86052DC0500016	BlueChoice Plus Gold 500	Gold	On	86052DC0500016	BlueChoice Plus Gold 500	Gold	On	885.00	893	\$424.28	\$434.95	2.5%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	269.00	271	\$254.58	\$265.84	4.4%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	3,706.00	3,738	\$505.33	\$518.12	2.5%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	Silver	On	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	Silver	On	36.00	36	\$312.33	\$323.40	3.5%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	Silver	On	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	Silver	On	4.00	4	\$352.14	\$371.45	5.5%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	Silver	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	Silver	On	12.00	12	\$321.79	\$333.97	3.8%

### 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
2Q19	2.0%	0.8%	2.8%
3Q19	2.0%	0.4%	2.4%
4Q19	2.0%	0.7%	2.7%

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

	2018	2019	% Change
Base Rate	\$441.09	\$486.51	10.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$288.47</b>	<b>\$353.69</b>	<b>22.6%</b>

	BlueChoice HMO Referral Platinum	BlueChoice HMO Referral Platinum
Base Rate/Product(s)	1000	0
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

### Form Numbers Associated With This Filing:

This list contains the applicable forms for the new and renewing 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.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:  
CFBC-131477365

### ON-Exchange

#### Forms Used for ALL ON-Exchange BlueChoice Group Products

DC-CFBC-SHOP-GC (R 1/19)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/SHOP/ELIG (1/14)  
DC/CFBC/FAM PLAN (8/12)  
DC/CFBC/PARTNER (R. 7/09)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/SG/INCENT (R. 1/19)  
DC CFBC SHOP ELIG AMEND (1/17)  
DC/CFBC/SHOP/2019 AMEND (1/19)  
DC/CFBC/SG/CCHRADM (1/19)

#### Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)

DC/CFBC/SHOP/HMO POS/EOC (1/17)  
DC CFBC SHOP HMO DOCS (1-17)  
DC/CFBC/BLCRD (R. 6/18)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC CFBC SG HMO OA CDH BRZ 6000 (1-19)  
DC CFBC SG HMO OA CDH GOLD 1500 (1-19)  
DC CFBC SG HMO OA CDH SIL 1500 (1-19)  
DC CFBC SG HMO OA CDH SIL 2000 (1-19)  
DC CFBC SG HMO OA CDH SIL 2500 (1-19)  
DC CFBC SG HMO OA CDH SIL 3000 (1-19)  
DC CFBC SG HMO OA GOLD 500 (1-19)  
DC CFBC SG HMO OA GOLD 1500 (1-19)  
DC CFBC SG HMO OA GOLD 3000 (1-19)  
DC CFBC SG HMO OA PLAT 0 (1-19)  
DC CFBC SG HMO OA SIL 1000 (1-19)  
DC CFBC SG HMO OA SIL 5000 (1-19)  
DC CFBC SG HMO REF BRZ 5750 (1-19)  
DC CFBC SG HMO REF GOLD 0 (1-19)  
DC CFBC SG HMO REF GOLD 80 (1-19)  
DC CFBC SG HMO REF GOLD 500 (1-19)  
DC CFBC SG HMO REF PLAT 0 (1-19)  
DC CFBC SG HMO REF SIL 70 (1-19)  
DC CFBC SG HMO REF SIL 4000 (1-19)

#### Forms Used for ALL ON-Exchange BlueChoice Group Products--Out-of-Network Forms for Point of Service Plans (GHMSI)

DC-CF-SHOP-GC (R 1-19)  
DC-CF-SHOP-POS-OON-EOC (1-17)  
DC/GHMSI/DOL APPEAL (R. 1/17)  
DC-CF-SHOP-POS OON-DOCS (1-17)  
DC/GHMSI/FAM PLAN (8/12)  
DC/CF/PARTNER (R. 7/09)  
DC/CF/BLCRD (R. 6/18)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CFBC/SHOP/2019 AMEND (1/19)  
DC/CF/PT PROTECT (9/10)  
DC/GHMSI-HEALTH GUARANTEE 6/18

#### Product: HealthyBlue HMO Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)  
DC CFBC SHOP HMO DOCS (1-17)  
DC/CFBC/BLCRD (R. 6/18)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC CFBC SG HB HMO CDH SIL 2000 (1-19)  
DC CFBC SG HB HMO GOLD 1500 (1-19)  
DC CFBC SG HB HMO PLAT 500 (1-19)

#### Product: BlueChoice Plus Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)  
DC CFBC SHOP BC+OOOA DOCS (1-17)  
DC/CFBC/BLCRD (R. 6/18)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC CFBC SG BC+ OO PLAT 0 (1-19)

**Product: BlueChoice Advantage****In-Network**

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DC/CFBC/SHOP/HMO POS/EOC (1/17)  
 DC CFBC SHOP ADV IN DOCS (1-17)  
 DC/CFBC/ADV/BLCRD (R. 6/18)  
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)  
 DC/CFBC/ANCILLARY AMEND (10/12)  
 DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-19)  
 DC CFBC SG POS IN BRZ 5750 (1-19)  
 DC CFBC SG POS IN CDH BRZ 6000 (1-19)  
 DC CFBC SG POS IN CDH GOLD 1500 (1-19)  
 DC CFBC SG POS IN CDH SIL 1500 (1-19)  
 DC CFBC SG POS IN CDH SIL 2500 (1-19)  
 DC CFBC SG POS IN CDH SIL 3000 (1-19)  
 DC CFBC SG POS IN GOLD 500 (1-19)  
 DC CFBC SG POS IN GOLD 1000 (1-19)  
 DC CFBC SG POS IN GOLD 3000 (1-19)  
 DC CFBC SG POS IN PLAT 0 (1-19)  
 DC CFBC SG POS IN SIL 4000 (1-19)  
 DC CFBC SG POS IN SIL 5000 (1-19)

**Product: BlueChoice Plus (All Other Plans)****In-Network**

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DC/CFBC/SHOP/HMO POS/EOC (1/17)  
 DC CFBC SHOP PLUS IN DOCS (1-17)  
 DC/CFBC/BLCRD (R. 6/18)  
 DC/CFBC/MEM/BLCRD (R. 6/18)  
 DC CFBC SG POS IN CDH BRZ 6000 (1-19)  
 DC CFBC SG POS IN CDH SIL 1500 (1-19)  
 DC CFBC SG POS IN CDH SIL 2500 (1-19)  
 DC CFBC SG POS IN CDH SIL 3000 (1-19)  
 DC CFBC SG POS IN GOLD 500 (1-19)  
 DC CFBC SG POS IN GOLD 1000 (1-19)

**Product: HealthyBlue Plus****In-Network**

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DC/CFBC/SHOP/HMO POS/EOC (1/17)  
 DC CFBC SHOP PLUS IN DOCS (1-17)  
 DC/CFBC/BLCRD (R. 6/18)  
 DC/CFBC/MEM/BLCRD (R. 6/18)  
 DC CFBC SG POS IN CDH SIL 2000 (1-19)  
 DC CFBC SG POS IN GOLD 1500 (1-19)  
 DC CFBC SG POS IN PLAT 500 (1-19)

**Product: HealthyBlue Advantage****In-Network**

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DC/CFBC/SHOP/HMO POS/EOC (1/17)  
 DC CFBC SHOP ADV IN DOCS (1-17)  
 DC/CFBC/ADV/BLCRD (R. 6/18)  
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)  
 DC/CFBC/ANCILLARY AMEND (10/12)  
 DC CFBC SG POS IN CDH SIL 2000 (1-19)  
 DC CFBC SG POS IN GOLD 1500 (1-19)  
 DC CFBC SG POS IN PLAT 500 (1-19)

**Product: BlueChoice Advantage****Out-of-Network (GHMSI)**

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DC CF SG BC ADV OON BF HSA SIL 1500 (1-19)  
 DC CF SG POS OON BRZ 5750 (1-19)  
 DC CF SG POS OON CDH BRZ 6000 (1-19)  
 DC CF SG POS OON CDH GOLD 1500 (1-19)  
 DC CF SG POS OON CDH SIL 1500 (1-19)  
 DC CF SG POS OON CDH SIL 2500 (1-19)  
 DC CF SG POS OON CDH SIL 3000 (1-19)  
 DC CF SG POS OON GOLD 500 (1-19)  
 DC CF SG POS OON GOLD 1000 (1-19)  
 DC CF SG POS OON GOLD 3000 (1-19)  
 DC CF SG POS OON PLAT 0 (1-19)  
 DC CF SG POS OON SIL 4000 (1-19)  
 DC CF SG POS OON SIL 5000 (1-19)

**Product: BlueChoice Plus (All Other Plans)****Out-of-Network (GHMSI)**

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DC CF SG POS OON CDH BRZ 6000 (1-19)  
 DC CF SG POS OON CDH SIL 1500 (1-19)  
 DC CF SG POS OON CDH SIL 2500 (1-19)  
 DC CF SG POS OON CDH SIL 3000 (1-19)  
 DC CF SG POS OON GOLD 500 (1-19)  
 DC CF SG POS OON GOLD 1000 (1-19)

**Product: HealthyBlue Plus****Out-of-Network (GHMSI)**

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DC CF SG POS OON CDH SIL 2000 (1-19)  
 DC CF SG POS OON GOLD 1500 (1-19)  
 DC CF SG POS OON PLAT 500 (1-19)

**Product: HealthyBlue Advantage****Out-of-Network (GHMSI)**

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DC CF SG POS OON CDH SIL 2000 (1-19)  
 DC CF SG POS OON GOLD 1500 (1-19)  
 DC CF SG POS OON PLAT 500 (1-19)

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Inpatient Hospital	\$2,513,842	\$0	Admits	196
201502	42,643	Inpatient Hospital	\$2,194,453	\$0	Admits	170
201503	43,554	Inpatient Hospital	\$2,518,003	\$0	Admits	189
201504	43,584	Inpatient Hospital	\$2,207,315	\$0	Admits	171
201505	43,448	Inpatient Hospital	\$2,144,119	\$0	Admits	155
201506	43,358	Inpatient Hospital	\$1,920,699	\$0	Admits	157
201507	43,067	Inpatient Hospital	\$2,402,285	\$0	Admits	185
201508	42,904	Inpatient Hospital	\$2,657,173	\$0	Admits	215
201509	42,870	Inpatient Hospital	\$2,090,840	\$0	Admits	197
201510	42,801	Inpatient Hospital	\$2,582,610	\$0	Admits	171
201511	42,898	Inpatient Hospital	\$2,819,747	\$0	Admits	161
201512	43,377	Inpatient Hospital	\$2,841,675	\$0	Admits	184
201601	44,297	Inpatient Hospital	\$2,324,451	\$0	Admits	162
201602	44,642	Inpatient Hospital	\$2,567,948	\$0	Admits	176
201603	44,852	Inpatient Hospital	\$2,673,058	\$0	Admits	213
201604	44,745	Inpatient Hospital	\$2,624,631	\$0	Admits	167
201605	44,584	Inpatient Hospital	\$2,217,341	\$0	Admits	166
201606	44,519	Inpatient Hospital	\$2,325,675	\$0	Admits	176
201607	44,235	Inpatient Hospital	\$2,304,068	\$0	Admits	169
201608	43,933	Inpatient Hospital	\$2,309,095	\$0	Admits	188
201609	43,584	Inpatient Hospital	\$2,454,253	\$0	Admits	196
201610	43,338	Inpatient Hospital	\$2,573,634	\$0	Admits	189
201611	43,046	Inpatient Hospital	\$2,899,218	\$0	Admits	165
201612	42,186	Inpatient Hospital	\$2,407,148	\$0	Admits	171
201701	41,362	Inpatient Hospital	\$3,391,236	\$0	Admits	191
201702	40,960	Inpatient Hospital	\$1,954,666	\$0	Admits	145
201703	40,733	Inpatient Hospital	\$3,080,044	\$0	Admits	151
201704	40,448	Inpatient Hospital	\$2,126,545	\$0	Admits	126
201705	40,383	Inpatient Hospital	\$2,131,982	\$0	Admits	122
201706	40,116	Inpatient Hospital	\$2,882,390	\$0	Admits	206
201707	39,855	Inpatient Hospital	\$2,479,268	\$0	Admits	189
201708	39,736	Inpatient Hospital	\$3,114,736	\$0	Admits	173
201709	39,764	Inpatient Hospital	\$2,662,273	\$0	Admits	174
201710	39,827	Inpatient Hospital	\$1,998,455	\$0	Admits	188
201711	39,597	Inpatient Hospital	\$1,623,278	\$0	Admits	119
201712	39,346	Inpatient Hospital	\$2,334,262	\$0	Admits	172
201801	39,818	Inpatient Hospital	\$2,530,624	\$0	Admits	211
201802	39,872	Inpatient Hospital	\$1,054,719	\$0	Admits	104

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Outpatient Hospital	\$2,373,314	\$0	Visits	1,820
201502	42,643	Outpatient Hospital	\$2,442,621	\$0	Visits	1,715
201503	43,554	Outpatient Hospital	\$2,718,098	\$0	Visits	1,992
201504	43,584	Outpatient Hospital	\$2,542,028	\$0	Visits	1,958
201505	43,448	Outpatient Hospital	\$2,605,213	\$0	Visits	1,995
201506	43,358	Outpatient Hospital	\$2,687,665	\$0	Visits	1,976
201507	43,067	Outpatient Hospital	\$2,453,670	\$0	Visits	1,902
201508	42,904	Outpatient Hospital	\$2,690,130	\$0	Visits	1,934
201509	42,870	Outpatient Hospital	\$2,473,297	\$0	Visits	1,993
201510	42,801	Outpatient Hospital	\$2,504,223	\$0	Visits	2,065
201511	42,898	Outpatient Hospital	\$2,425,896	\$0	Visits	1,950
201512	43,377	Outpatient Hospital	\$2,683,821	\$0	Visits	1,984
201601	44,297	Outpatient Hospital	\$2,304,953	\$0	Visits	1,786
201602	44,642	Outpatient Hospital	\$2,693,656	\$0	Visits	1,876
201603	44,852	Outpatient Hospital	\$2,554,333	\$0	Visits	2,082
201604	44,745	Outpatient Hospital	\$2,544,973	\$0	Visits	2,004
201605	44,584	Outpatient Hospital	\$2,885,746	\$0	Visits	2,026
201606	44,519	Outpatient Hospital	\$2,863,401	\$0	Visits	2,028
201607	44,235	Outpatient Hospital	\$2,644,441	\$0	Visits	1,845
201608	43,933	Outpatient Hospital	\$2,878,552	\$0	Visits	2,045
201609	43,584	Outpatient Hospital	\$2,358,911	\$0	Visits	1,854
201610	43,338	Outpatient Hospital	\$2,598,791	\$0	Visits	1,953
201611	43,046	Outpatient Hospital	\$2,688,938	\$0	Visits	1,867
201612	42,186	Outpatient Hospital	\$2,454,942	\$0	Visits	1,816
201701	41,362	Outpatient Hospital	\$2,235,672	\$0	Visits	1,790
201702	40,960	Outpatient Hospital	\$2,385,646	\$0	Visits	1,717
201703	40,733	Outpatient Hospital	\$2,795,540	\$0	Visits	1,936
201704	40,448	Outpatient Hospital	\$2,881,181	\$0	Visits	1,894
201705	40,383	Outpatient Hospital	\$2,904,226	\$0	Visits	1,902
201706	40,116	Outpatient Hospital	\$2,776,562	\$0	Visits	1,875
201707	39,855	Outpatient Hospital	\$2,427,494	\$0	Visits	1,791
201708	39,736	Outpatient Hospital	\$2,683,937	\$0	Visits	1,995
201709	39,764	Outpatient Hospital	\$2,255,192	\$0	Visits	1,784
201710	39,827	Outpatient Hospital	\$2,820,020	\$0	Visits	2,042
201711	39,597	Outpatient Hospital	\$2,629,819	\$0	Visits	1,972
201712	39,346	Outpatient Hospital	\$2,533,487	\$0	Visits	1,958
201801	39,818	Outpatient Hospital	\$2,894,719	\$0	Visits	2,201
201802	39,872	Outpatient Hospital	\$2,506,693	\$0	Visits	2,084

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Professional	\$4,552,446	\$0	Visits	30,485
201502	42,643	Professional	\$4,098,969	\$0	Visits	27,925
201503	43,554	Professional	\$4,744,083	\$0	Visits	31,714
201504	43,584	Professional	\$4,719,887	\$0	Visits	32,618
201505	43,448	Professional	\$4,516,031	\$0	Visits	30,887
201506	43,358	Professional	\$4,850,632	\$0	Visits	32,983
201507	43,067	Professional	\$4,643,092	\$0	Visits	31,534
201508	42,904	Professional	\$4,570,762	\$0	Visits	30,357
201509	42,870	Professional	\$4,717,809	\$0	Visits	31,820
201510	42,801	Professional	\$5,078,063	\$0	Visits	35,099
201511	42,898	Professional	\$4,890,488	\$0	Visits	31,526
201512	43,377	Professional	\$5,040,940	\$0	Visits	33,484
201601	44,297	Professional	\$4,425,964	\$0	Visits	28,911
201602	44,642	Professional	\$4,721,021	\$0	Visits	31,935
201603	44,852	Professional	\$5,307,452	\$0	Visits	35,818
201604	44,745	Professional	\$4,941,599	\$0	Visits	33,381
201605	44,584	Professional	\$4,995,763	\$0	Visits	32,676
201606	44,519	Professional	\$5,235,076	\$0	Visits	33,552
201607	44,235	Professional	\$4,525,005	\$0	Visits	30,180
201608	43,933	Professional	\$5,248,099	\$0	Visits	33,957
201609	43,584	Professional	\$4,890,248	\$0	Visits	32,173
201610	43,338	Professional	\$4,865,014	\$0	Visits	33,494
201611	43,046	Professional	\$4,809,516	\$0	Visits	32,347
201612	42,186	Professional	\$4,595,966	\$0	Visits	30,635
201701	41,362	Professional	\$4,833,263	\$0	Visits	30,902
201702	40,960	Professional	\$4,561,384	\$0	Visits	29,606
201703	40,733	Professional	\$5,075,827	\$0	Visits	33,301
201704	40,448	Professional	\$4,493,223	\$0	Visits	29,115
201705	40,383	Professional	\$5,001,335	\$0	Visits	32,265
201706	40,116	Professional	\$4,957,902	\$0	Visits	31,470
201707	39,855	Professional	\$4,595,327	\$0	Visits	29,073
201708	39,736	Professional	\$5,130,131	\$0	Visits	32,677
201709	39,764	Professional	\$4,958,102	\$0	Visits	30,785
201710	39,827	Professional	\$5,290,973	\$0	Visits	34,466
201711	39,597	Professional	\$4,994,298	\$0	Visits	32,335
201712	39,346	Professional	\$4,714,367	\$0	Visits	29,588
201801	39,818	Professional	\$5,632,033	\$0	Visits	36,240
201802	39,872	Professional	\$6,707,656	\$0	Visits	46,782

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Other Medical	\$613,340	\$0	Services	3,560
201502	42,643	Other Medical	\$557,824	\$0	Services	3,429
201503	43,554	Other Medical	\$602,808	\$0	Services	4,018
201504	43,584	Other Medical	\$677,613	\$0	Services	4,307
201505	43,448	Other Medical	\$585,717	\$0	Services	3,734
201506	43,358	Other Medical	\$736,416	\$0	Services	4,421
201507	43,067	Other Medical	\$735,792	\$0	Services	4,177
201508	42,904	Other Medical	\$708,084	\$0	Services	4,645
201509	42,870	Other Medical	\$741,630	\$0	Services	3,754
201510	42,801	Other Medical	\$811,694	\$0	Services	4,228
201511	42,898	Other Medical	\$749,554	\$0	Services	4,027
201512	43,377	Other Medical	\$949,104	\$0	Services	4,607
201601	44,297	Other Medical	\$619,923	\$0	Services	3,862
201602	44,642	Other Medical	\$717,310	\$0	Services	4,233
201603	44,852	Other Medical	\$856,250	\$0	Services	5,062
201604	44,745	Other Medical	\$723,544	\$0	Services	4,412
201605	44,584	Other Medical	\$817,965	\$0	Services	4,274
201606	44,519	Other Medical	\$843,674	\$0	Services	4,867
201607	44,235	Other Medical	\$742,598	\$0	Services	4,391
201608	43,933	Other Medical	\$756,836	\$0	Services	5,282
201609	43,584	Other Medical	\$753,833	\$0	Services	3,729
201610	43,338	Other Medical	\$696,934	\$0	Services	4,015
201611	43,046	Other Medical	\$744,396	\$0	Services	3,676
201612	42,186	Other Medical	\$853,130	\$0	Services	3,727
201701	41,362	Other Medical	\$625,176	\$0	Services	3,386
201702	40,960	Other Medical	\$710,971	\$0	Services	3,437
201703	40,733	Other Medical	\$823,759	\$0	Services	3,745
201704	40,448	Other Medical	\$731,952	\$0	Services	3,623
201705	40,383	Other Medical	\$742,246	\$0	Services	3,429
201706	40,116	Other Medical	\$747,528	\$0	Services	3,594
201707	39,855	Other Medical	\$753,119	\$0	Services	3,342
201708	39,736	Other Medical	\$820,296	\$0	Services	4,545
201709	39,764	Other Medical	\$751,014	\$0	Services	3,674
201710	39,827	Other Medical	\$877,618	\$0	Services	4,232
201711	39,597	Other Medical	\$780,976	\$0	Services	4,050
201712	39,346	Other Medical	\$786,919	\$0	Services	4,103
201801	39,818	Other Medical	\$918,701	\$0	Services	4,041
201802	39,872	Other Medical	\$931,352	\$0	Services	5,362

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Prescription Drug	\$3,573,330	\$661,235	Scripts	29,034
201502	42,643	Prescription Drug	\$3,295,046	\$649,814	Scripts	26,356
201503	43,554	Prescription Drug	\$3,764,216	\$652,076	Scripts	29,454
201504	43,584	Prescription Drug	\$3,776,172	\$629,528	Scripts	28,682
201505	43,448	Prescription Drug	\$3,714,419	\$608,371	Scripts	28,488
201506	43,358	Prescription Drug	\$3,934,881	\$590,502	Scripts	28,798
201507	43,067	Prescription Drug	\$4,089,924	\$568,278	Scripts	28,897
201508	42,904	Prescription Drug	\$3,993,740	\$454,997	Scripts	27,835
201509	42,870	Prescription Drug	\$3,773,892	\$428,852	Scripts	27,990
201510	42,801	Prescription Drug	\$3,869,620	\$427,420	Scripts	29,045
201511	42,898	Prescription Drug	\$3,979,592	\$429,117	Scripts	27,697
201512	43,377	Prescription Drug	\$4,563,454	\$432,419	Scripts	30,590
201601	44,297	Prescription Drug	\$3,568,382	\$569,654	Scripts	27,213
201602	44,642	Prescription Drug	\$4,095,671	\$572,941	Scripts	27,691
201603	44,852	Prescription Drug	\$4,677,482	\$573,297	Scripts	30,181
201604	44,745	Prescription Drug	\$4,487,669	\$613,258	Scripts	28,468
201605	44,584	Prescription Drug	\$4,243,435	\$611,329	Scripts	28,479
201606	44,519	Prescription Drug	\$4,596,817	\$609,189	Scripts	28,683
201607	44,235	Prescription Drug	\$4,110,342	\$561,629	Scripts	26,876
201608	43,933	Prescription Drug	\$4,271,326	\$558,859	Scripts	28,381
201609	43,584	Prescription Drug	\$4,027,359	\$555,635	Scripts	26,326
201610	43,338	Prescription Drug	\$4,044,580	\$522,376	Scripts	26,988
201611	43,046	Prescription Drug	\$4,037,572	\$521,804	Scripts	27,284
201612	42,186	Prescription Drug	\$3,979,586	\$515,657	Scripts	27,626
201701	41,362	Prescription Drug	\$3,873,959	\$595,091	Scripts	26,472
201702	40,960	Prescription Drug	\$3,875,778	\$590,266	Scripts	24,697
201703	40,733	Prescription Drug	\$4,529,439	\$587,489	Scripts	27,495
201704	40,448	Prescription Drug	\$3,897,332	\$641,415	Scripts	25,040
201705	40,383	Prescription Drug	\$4,507,093	\$640,765	Scripts	26,847
201706	40,116	Prescription Drug	\$4,588,065	\$638,501	Scripts	25,722
201707	39,855	Prescription Drug	\$4,114,186	\$642,465	Scripts	24,679
201708	39,736	Prescription Drug	\$4,509,754	\$640,747	Scripts	25,905
201709	39,764	Prescription Drug	\$4,241,971	\$641,209	Scripts	24,291
201710	39,827	Prescription Drug	\$4,397,637	\$612,799	Scripts	26,103
201711	39,597	Prescription Drug	\$4,253,270	\$609,681	Scripts	25,750
201712	39,346	Prescription Drug	\$4,281,213	\$605,629	Scripts	25,565
201801	39,818	Prescription Drug	\$4,580,796		Scripts	27,284
201802	39,872	Prescription Drug	\$4,438,122		Scripts	25,121

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Capitations	\$55,210	\$0	Benefit Period	42,745
201502	42,643	Capitations	\$55,083	\$0	Benefit Period	42,643
201503	43,554	Capitations	\$57,154	\$0	Benefit Period	43,554
201504	43,584	Capitations	\$57,316	\$0	Benefit Period	43,584
201505	43,448	Capitations	\$57,100	\$0	Benefit Period	43,448
201506	43,358	Capitations	\$56,997	\$0	Benefit Period	43,358
201507	43,067	Capitations	\$56,498	\$0	Benefit Period	43,067
201508	42,904	Capitations	\$56,293	\$0	Benefit Period	42,904
201509	42,870	Capitations	\$56,176	\$0	Benefit Period	42,870
201510	42,801	Capitations	\$55,946	\$0	Benefit Period	42,801
201511	42,898	Capitations	\$55,892	\$0	Benefit Period	42,898
201512	43,377	Capitations	\$56,284	\$0	Benefit Period	43,377
201601	44,297	Capitations	\$53,534	\$0	Benefit Period	44,297
201602	44,642	Capitations	\$54,089	\$0	Benefit Period	44,642
201603	44,852	Capitations	\$54,714	\$0	Benefit Period	44,852
201604	44,745	Capitations	\$54,505	\$0	Benefit Period	44,745
201605	44,584	Capitations	\$54,331	\$0	Benefit Period	44,584
201606	44,519	Capitations	\$54,144	\$0	Benefit Period	44,519
201607	44,235	Capitations	\$53,793	\$0	Benefit Period	44,235
201608	43,933	Capitations	\$53,346	\$0	Benefit Period	43,933
201609	43,584	Capitations	\$52,973	\$0	Benefit Period	43,584
201610	43,338	Capitations	\$52,632	\$0	Benefit Period	43,338
201611	43,046	Capitations	\$52,133	\$0	Benefit Period	43,046
201612	42,186	Capitations	\$50,950	\$0	Benefit Period	42,186
201701	41,362	Capitations	\$45,392	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$44,667	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$44,283	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$43,769	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$43,514	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$43,111	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$42,692	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$42,463	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$42,357	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$42,253	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$41,869	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$41,497	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$26,915	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$26,856	\$0	Benefit Period	39,872



### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201501	42,745	27,855	\$13,681,482	\$661,235	\$13,020,247	\$10,336,700	\$15,835,568	65.3%
201502	42,643	27,809	\$12,643,997	\$649,814	\$11,994,183	\$9,769,909	\$16,006,509	61.0%
201503	43,554	28,679	\$14,404,363	\$652,076	\$13,752,287	\$11,395,243	\$14,770,987	77.1%
201504	43,584	28,751	\$13,980,331	\$629,528	\$13,350,803	\$11,080,494	\$16,279,907	68.1%
201505	43,448	28,618	\$13,622,598	\$608,371	\$13,014,227	\$10,881,080	\$16,252,176	67.0%
201506	43,358	28,518	\$14,187,289	\$590,502	\$13,596,787	\$11,448,444	\$16,289,942	70.3%
201507	43,067	28,337	\$14,381,261	\$568,278	\$13,812,983	\$11,734,595	\$16,230,610	72.3%
201508	42,904	28,184	\$14,676,183	\$454,997	\$14,221,186	\$12,204,525	\$16,231,381	75.2%
201509	42,870	28,193	\$13,853,644	\$428,852	\$13,424,792	\$11,441,301	\$16,332,159	70.1%
201510	42,801	28,136	\$14,902,158	\$427,420	\$14,474,737	\$12,392,961	\$16,346,902	75.8%
201511	42,898	28,173	\$14,921,169	\$429,117	\$14,492,052	\$12,484,054	\$16,462,927	75.8%
201512	43,377	28,440	\$16,135,278	\$432,419	\$15,702,859	\$13,296,815	\$16,862,313	78.9%
201601	44,297	29,097	\$13,297,208	\$569,654	\$12,727,553	\$10,195,655	\$17,312,872	58.9%
201602	44,642	29,431	\$14,849,696	\$572,941	\$14,276,755	\$11,744,898	\$17,238,325	68.1%
201603	44,852	29,682	\$16,123,290	\$573,297	\$15,549,993	\$12,921,180	\$17,194,758	75.1%
201604	44,745	29,599	\$15,376,921	\$613,258	\$14,763,663	\$12,439,523	\$17,127,625	72.6%
201605	44,584	29,441	\$15,214,582	\$611,329	\$14,603,253	\$12,393,221	\$17,010,369	72.9%
201606	44,519	29,367	\$15,918,787	\$609,189	\$15,309,599	\$13,002,538	\$17,003,738	76.5%
201607	44,235	29,147	\$14,380,246	\$561,629	\$13,818,618	\$11,819,937	\$16,847,886	70.2%
201608	43,933	28,911	\$15,517,255	\$558,859	\$14,958,396	\$12,764,286	\$16,686,161	76.5%
201609	43,584	28,613	\$14,537,578	\$555,635	\$13,981,943	\$11,961,685	\$16,588,859	72.1%
201610	43,338	28,403	\$14,831,585	\$522,376	\$14,309,209	\$12,272,635	\$16,450,482	74.6%
201611	43,046	28,180	\$15,231,774	\$521,804	\$14,709,970	\$12,711,708	\$16,456,994	77.2%
201612	42,186	27,650	\$14,341,721	\$515,657	\$13,826,064	\$11,500,824	\$16,136,251	71.3%
201701	41,362	26,983	\$15,004,699	\$595,091	\$14,409,608	\$11,864,274	\$16,529,404	71.8%
201702	40,960	26,681	\$13,533,112	\$590,266	\$12,942,846	\$10,715,897	\$16,373,083	65.4%
201703	40,733	26,498	\$16,348,892	\$587,489	\$15,761,403	\$13,348,614	\$16,325,138	81.8%
201704	40,448	26,275	\$14,174,002	\$641,415	\$13,532,587	\$11,519,988	\$16,285,125	70.7%
201705	40,383	26,205	\$15,330,396	\$640,765	\$14,689,632	\$12,550,596	\$16,260,063	77.2%
201706	40,116	25,975	\$15,995,557	\$638,501	\$15,357,056	\$13,264,105	\$16,224,489	81.8%
201707	39,855	25,733	\$14,412,087	\$642,465	\$13,769,621	\$11,816,179	\$16,182,763	73.0%
201708	39,736	25,607	\$16,301,317	\$640,747	\$15,660,570	\$13,600,905	\$16,207,702	83.9%
201709	39,764	25,542	\$14,910,908	\$641,209	\$14,269,699	\$12,379,691	\$16,228,031	76.3%
201710	39,827	25,549	\$15,426,956	\$612,799	\$14,814,157	\$12,755,379	\$16,316,119	78.2%
201711	39,597	25,409	\$14,323,509	\$609,681	\$13,713,829	\$11,692,665	\$16,346,030	71.5%
201712	39,346	25,177	\$14,691,745	\$605,629	\$14,086,116	\$11,813,625	\$16,509,955	71.6%
201801	39,818	25,624	\$16,583,788		\$16,583,788	\$13,658,754	\$16,997,211	80.4%
201802	39,872	25,653	\$15,665,398		\$15,665,398	\$12,567,232	\$17,251,770	72.8%

## **CAREFIRST BLUECROSS BLUESHIELD**

### **PART III ACTUARIAL MEMORANDUM**

Please note that the numbering below is consistent with the numbering in the 2019 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 Exchange).

**Effective Date:** 1/1/19 and quarterly incremental "trend" increases effective 4/1/19, 7/1/19 and 10/1/19.

**Company Filing Number:** 2255

**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](mailto:Dwayne.Lucado@CareFirst.com).

**4.3 PROPOSED RATE INCREASE(S):** Base rates are changing 3.2% on average for 1Q19. The range is -4.8% to 10.3%. The estimated average base rate changes for 2Q19, 3Q19, and 4Q19 will be 4.4%, 5.2% and 6.2%, 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 21,577.

**Reason for Rate Increase(s):** The main drivers supporting the rate increase are the assumed increases in allowed costs (8.1% assumed annual trend), removal of the Health Insurer Fee in 2019, 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 1/1/17 through 12/31/17, as required.

**Paid Through Date:** 2/28/18

**Premiums (Net of MLR Rebate) in Experience Period:** \$195,787,904 (Merged)

**Estimated MLR rebates in Experience Period:** \$0

**Allowed and Incurred Claims From Experience Period:** \$173,007,122 (Merged)

**Paid and Incurred Claims From Experience Period:** \$147,321,917 (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 2019 rates, CareFirst has projected the expected change of the single risk pool from 2017 to 2019. 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 55. The numbers described above produce the morbidity factor that is displayed in Exhibit 4. We do not expect a large change in the morbidity of the combined pool for 2019.

**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 of the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category based on observed trend patterns to produce the overall anticipated trend. We have chosen to apply the same 8.1% pricing trend (the same as last year's 2018 approved pricing trend). We observed 24 months of data that produced rolling-12 month trends, from Jan. 2016 through Dec. 2017. We observed both Medical, Drug and the Combined rolling-12 trends. The rolling-12 Drug trend increased in 2017, from approximately 6% to 11.5%. Medical trends are increasing, on a rolling-12 basis, going from 1.5% in Dec. 2016 to 9.5% on Dec. 2017. The combined rolling-12 trend is also increasing, from 3% in Dec. 2016 to 10% in Dec. 2017. After we observed the data we completed a regression analysis normalized for age, induced demand and network. We use the regression as a directional tool to inform our trend selection, not as a point estimate of future trends. The regression produces a rolling-12 combined trend of 8.5% for Dec. 2017. When the regression is applied through the rating period it produces a trend of 7.3%, as of Dec. 2019. Given the end of year regressed trend and the projected trend we believe our pricing trend of 8.1% to be reasonable.

**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 2019.

**4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK:** The 2019 "desired incurred claims ratio" (DICR) is 76.9% (1Q 2019).

**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 – Does not apply in 2019, graded back in for 2020.
- 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 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 2019 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 2017 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 2/28/18. 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.

#### **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.

**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_SG
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_SG
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_SG
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 Adjusted_SG
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. <b>In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.</b>	Yes	Appendix - Rate Change_SG
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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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
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 - Rate Change_SG
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
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
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG
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 - Total Experience
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 - Total Experience
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 - Total Experience
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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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
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
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
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 - Total Experience



Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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 - DICR SG and Exhibit 10B - Fed MLR_SG
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 - DICR SG and Exhibit 10B - Fed MLR_SG
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 - DICR SG and Exhibit 10B - Fed MLR_SG
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 _SG
30	Past and Prospective Loss Experience Within and Outside the	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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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 - DICR SG and Exhibit 10B - Fed MLR_SG
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"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> <li>• Total</li> </ul>	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	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. <b>Provide in Excel and PDF format.</b>	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. <b>Provide in Excel format only.</b>	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	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 <sup>th</sup> 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"> <li>• 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;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	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

Dwayne Lucado  
(Print Name)

Dwayne Lucado Digitally signed by Dwayne Lucado  
Date: 2018.06.01 12:20:39 -04'00'  
(Signature)

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

**Rate Filing # 2255  
D.C. Small Group On/Off Exchange Products  
Rate Filing Effective 1/1/2019**

**Actuarial Value Calculations**

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

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8	Gold - \$500/\$250 Ded, \$5000 OOP, \$15/\$30 - Hospital
9	Gold - \$500/\$250 Ded, \$5000 OOP, \$15/\$30 - Freestanding
10	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Hospital
11	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Freestanding
12	Gold - \$1000/\$0 Ded, \$5300 OOP, \$20/\$40 - Hospital
13	Gold - \$1000/\$0 Ded, \$5300 OOP, \$20/\$40 - Freestanding
14	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Hospital
15	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Freestanding
16	Gold - \$1500 Ded, \$3000 OOP, \$10/\$20 - Hospital
17	Gold - \$1500 Ded, \$3000 OOP, \$10/\$20 - Freestanding
18	Gold - \$3000/\$250 Ded, \$7000 OOP, \$15/\$30 - Hospital
19	Gold - \$3000/\$250 Ded, \$7000 OOP, \$15/\$30 - Freestanding
20	Silver - \$1000/\$250 Ded, \$7700 OOP, \$40/\$100 - Hospital
21	Silver - \$1000/\$250 Ded, \$7700 OOP, \$40/\$100 - Freestanding
22	Silver - \$1500 Ded, \$5900 OOP, \$25/\$50 - Hospital
23	Silver - \$1500 Ded, \$5900 OOP, \$25/\$50 - Freestanding
24	Silver - \$2000/\$500 Ded, \$7750 OOP, \$40/\$80 - Hospital
25	Silver - \$2000/\$500 Ded, \$7750 OOP, \$40/\$80 - 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/\$250 Ded, \$7150 OOP, \$25/\$50 - Hospital
33	Silver - \$4000/\$250 Ded, \$7150 OOP, \$25/\$50 - Freestanding
34	Silver - \$5000/\$250 Ded, \$7500 OOP, \$0/\$50 - Hospital
35	Silver - \$5000/\$250 Ded, \$7500 OOP, \$0/\$50 - Freestanding
36	Bronze - \$5750/\$250 Ded, \$7900 OOP, \$40/\$80 - Hospital
37	Bronze - \$5750/\$250 Ded, \$7900 OOP, \$40/\$80 - Freestanding
38	Bronze - \$6000 Ded, \$6550 OOP, \$50/\$100 - Hospital
39	Bronze - \$6000 Ded, \$6550 OOP, \$50/\$100 - Freestanding
40	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
41	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
42	Gold - HealthyBlue - \$1500/\$0 Ded, \$7650 OOP, \$0/\$30 - Hospital
43	Gold - HealthyBlue - \$1500/\$0 Ded, \$7650 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, \$5700 OOP, \$25/\$50 - Hospital
47	Silver - BlueFund - \$1500 Ded, \$5700 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	91.58%	4, 5	Yes
BlueChoice HMO Gold 500	Gold	81.55%	8, 9	Yes
BlueChoice HMO Silver 1000	Silver	71.96%	20, 21	Yes
BlueChoice HMO Gold 1500	Gold	81.77%	14, 15	Yes
BlueChoice HMO Gold 3000	Gold	76.27%	18, 19	Yes
BlueChoice HMO Silver 5000	Silver	71.62%	34, 35	Yes
BlueChoice HMO HSA/HRA Silver 1500	Silver	71.65%	22, 23	Yes
BlueChoice HMO HSA/HRA Gold 1500	Gold	79.28%	16, 17	Yes
BlueChoice HMO HSA/HRA Silver 2000	Silver	70.79%	26, 27	Yes
BlueChoice HMO HSA/HRA Silver 2500	Silver	69.70%	28, 29	Yes
BlueChoice HMO HSA/HRA Silver 3000	Silver	69.91%	30, 31	Yes
BlueChoice HMO HSA/HRA Bronze 6000	Bronze	61.83%	38, 39	Yes
BlueChoice HMO Referral Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice HMO Referral Gold 0	Gold	81.22%	6, 7	Yes
BlueChoice HMO Referral Gold 500	Gold	81.55%	8, 9	Yes
BlueChoice HMO Referral Gold 80	Gold	81.95%	12, 13	Yes
BlueChoice HMO Referral Silver 70	Silver	71.91%	24, 25	Yes
BlueChoice HMO Referral Silver 4000	Silver	71.81%	32, 33	Yes
BlueChoice HMO Referral Bronze 5750	Bronze	64.98%	36, 37	Yes
BlueChoice Plus Opt-Out Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice Plus Gold 500	Gold	81.55%	8, 9	Yes
BlueChoice Plus Gold 1000	Gold	81.58%	10, 11	Yes
BlueChoice Plus HSA/HRA Silver 1500	Silver	71.65%	22, 23	Yes
BlueChoice Plus HSA/HRA Silver 2500	Silver	69.70%	28, 29	Yes
BlueChoice Plus HSA/HRA Silver 3000	Silver	69.91%	30, 31	Yes
BlueChoice Plus HSA/HRA Bronze 6000	Bronze	61.83%	38, 39	Yes
BlueChoice Advantage Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice Advantage Gold 500	Gold	81.55%	8, 9	Yes
BlueChoice Advantage Gold 1000	Gold	81.58%	10, 11	Yes
BlueChoice Advantage Gold 3000	Gold	76.27%	18, 19	Yes
BlueChoice Advantage Silver 4000	Silver	71.81%	32, 33	Yes
BlueChoice Advantage Silver 5000	Silver	71.62%	34, 35	Yes
BlueChoice Advantage Bronze 5750	Bronze	64.98%	36, 37	Yes
BlueChoice Advantage HSA/HRA Gold 1500	Gold	79.28%	16, 17	Yes
BlueChoice Advantage HSA/HRA Silver 1500	Silver	71.65%	22, 23	Yes
BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	71.95%	46, 47	Yes
BlueChoice Advantage HSA/HRA Silver 2500	Silver	69.70%	28, 29	Yes
BlueChoice Advantage HSA/HRA Silver 3000	Silver	69.91%	30, 31	Yes
BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	61.83%	38, 39	Yes
HealthyBlue HMO Platinum 500	Platinum	90.83%	40, 41	Yes
HealthyBlue HMO Gold 1500	Gold	81.99%	42, 43	Yes
HealthyBlue HMO HSA/HRA Silver 2000	Silver	71.17%	44, 45	Yes
HealthyBlue Plus Platinum 500	Platinum	90.83%	40, 41	Yes
HealthyBlue Plus Gold 1500	Gold	81.99%	42, 43	Yes
HealthyBlue Plus HSA/HRA Silver 2000	Silver	71.17%	44, 45	Yes
HealthyBlue Advantage Platinum 500	Platinum	90.83%	40, 41	Yes
HealthyBlue Advantage Gold 1500	Gold	81.99%	42, 43	Yes
HealthyBlue Advantage HSA/HRA Silver 2000	Silver	71.17%	44, 45	Yes

\*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

\*\*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 MOOP 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 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. MH/SUD)	<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		
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"/>		\$70.18	<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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 70.18	

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:

Final 2019 AV Calculator

Calculation Successful.

91.52%

Platinum

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

0.1367 seconds

Hospital SoS AV	91.52%
Freestanding SoS AV	91.84%
Final Blended AV*	91.58%

\*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 MOOP 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 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. MH/SUD)	<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?	<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	

Copays Weights

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.84%

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

Final 2019 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 MOOP 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 (\$)	\$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 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
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. MH/SUD)	<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"/>		\$100.45	<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 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	\$ 300	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 100.45	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.02%

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:

0.1719 seconds

Final 2019 AV Calculator

Hospital SoS AV	81.02%
Freestanding SoS AV	82.08%
Final Blended AV*	81.22%

\*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 MOOP 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 (\$)	\$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?		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 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. MH/SUD)	<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 checked="" 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: 82.08%

Metal Tier:

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

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

Final 2019 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 MOOP 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 (\$)	\$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 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
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. MH/SUD)	<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"/>		\$100.45	<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 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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 100.45	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Calculation Successful.

81.22%

Gold

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

0.123 seconds

Hospital SoS AV	81.22%
Freestanding SoS AV	82.94%
Final Blended AV*	81.55%

\*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 MOOP 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 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
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. MH/SUD)	<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

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:

Error: Result is outside of [-4, +2] percent de minimis variation.  
82.94%

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

Final 2019 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 MOOP 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 (\$)	\$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 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
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. MH/SUD)	<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"/>		\$100.45	<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 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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 100.45	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.09%

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:

0.1406 seconds

Final 2019 AV Calculator

Hospital SoS AV	81.09%
Freestanding SoS AV	83.66%
Final Blended AV*	81.58%

\*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 MOOP 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 (\$)	\$1,000.00	\$250.00	
Coinurance (% , 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?	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 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. MH/SUD)	<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 checked="" 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

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:

Error: Result is outside of [-4, +2] percent de minimis variation.  
83.66%

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:

Final 2019 AV Calculator

0.0625 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 MOOP 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 (\$)	\$5,300.00	
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?	Copay applies only after deductible?
<b>Medical</b>	<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
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. MH/SUD)	<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 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"/>
<b>Drugs</b>	<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 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 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 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		20%
OP Facility Non-Surgery		80%
	\$ -	

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

## Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 81.88%  
 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

Final 2019 AV Calculator

Hospital SoS AV	81.88%
Freestanding SoS AV	82.24%
Final Blended AV*	81.95%

\*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 MOOP 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 (\$)	\$5,300.00	
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?	
<b>Medical</b>	<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
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. MH/SUD)	<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 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"/>		\$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"/>
<b>Drugs</b>	<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 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 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 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	\$ 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: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 82.24%

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: 0.0781 seconds

Final 2019 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 MOOP 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 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
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. MH/SUD)	<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"/>		\$100.45	<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 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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 100.45	

Output

Calculate

Status/Error Messages:

Actuarial Value:  
 Metal Tier:

Calculation Successful.

81.19%  
 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:

0.1406 seconds

Final 2019 AV Calculator

Hospital SoS AV	81.19%
Freestanding SoS AV	84.27%
Final Blended AV*	81.77%

\*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 MOOP 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 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
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. MH/SUD)	<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/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	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value: 84.27%

Metal Tier:

Additional Notes:

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

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

Final 2019 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 MOOP 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 (\$)		\$1,500.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,000.00
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 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. MH/SUD)	<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"/>		\$60.09	<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

Copays	Weights
OP Facility Surgery	20%
OP Facility Non-Surgery	80%

\$ 100	20%
\$ 50	80%
\$ 60.09	

Output

Calculate

Status/Error Messages:

Actuarial Value:  
 Metal Tier:

Calculation Successful.

79.19%  
 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: 0.1367 seconds

Final 2019 AV Calculator

Hospital SoS AV	79.19%
Freestanding SoS AV	79.67%
Final Blended AV*	79.28%

\*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 MOOP 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
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,000.00
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 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. MH/SUD)	<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

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.

79.67%

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:

0.0781 seconds

Final 2019 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 MOOP 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 (\$)	\$3,000.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,000.00	
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 checked="" type="checkbox"/> All	<input 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"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input 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 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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.27	<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"/>		\$30.00	<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 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$70.00	<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 type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input 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 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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 80.27	

Output

Calculate

Status/Error Messages:

Actuarial Value: 75.33%

Metal Tier:

Additional Notes:

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

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: 0.1406 seconds

Final 2019 AV Calculator

Hospital SoS AV	75.33%
Freestanding SoS AV	80.28%
Final Blended AV*	76.27%

\*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 MOOP 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 (\$)	\$3,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,000.00		
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 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
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. MH/SUD)	<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"/>		\$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"/>		\$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"/>		\$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"/>		\$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 checked="" 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 checked="" 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"/>		\$40.00	<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"/>		\$70.00	<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 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	

Copays Weights

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Calculation Successful.

80.28%

Gold

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).

0.1094 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 MOOP 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	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,700.00	
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. MH/SUD)	<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"/>		\$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 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"/>		\$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"/>		\$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"/>		\$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"/>		\$140.81	<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 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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 140.81	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.74%

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:

0.1055 seconds

Final 2019 AV Calculator

Hospital SoS AV	71.74%
Freestanding SoS AV	72.92%
Final Blended AV*	71.96%

\*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 MOOP 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	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,700.00	
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. MH/SUD)	<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"/>		\$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 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"/>		\$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"/>		\$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"/>		\$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 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]

Copays Weights

OP Facility Surgery	\$ 300	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:  
 Actuarial Value: 72.92%  
 Metal Tier:

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

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: 0.125 seconds

Final 2019 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 MOOP 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%
		\$5,900.00

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. MH/SUD)	<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"/>		\$140.81	<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
\$ 100	78%
\$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 500	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 140.81	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.47%

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:

0.1719 seconds

Final 2019 AV Calculator

Hospital SoS AV	71.47%
Freestanding SoS AV	72.43%
Final Blended AV*	71.65%

\*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 MOOP 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%
		\$5,900.00

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	Coplay 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. MH/SUD)	<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 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	\$ 300	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:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

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

72.43%

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

0.0938 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 MOOP 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 (\$)	\$7,750.00		
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 checked="" 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. MH/SUD)	<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$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 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"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$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 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"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" 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		20%
OP Facility Non-Surgery		80%
	\$ -	

## Output

Calculate

Status/Error Messages:

Actuarial Value:  
 Metal Tier:

Calculation Successful.

71.83%  
 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:

0.0859 seconds

Final 2019 AV Calculator

Hospital SoS AV	71.83%
Freestanding SoS AV	72.23%
Final Blended AV*	71.91%

\*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 MOOP 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 (\$)	\$7,750.00	
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 type="checkbox"/> All	<input 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. MH/SUD)	<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$40.00	<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"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$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 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"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 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:

Final 2019 AV Calculator

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

72.23%

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

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 MOOP 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
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,500.00
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 checked="" type="checkbox"/> All	<input 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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"/>		\$500.00	<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 type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$100.00	<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"/>		\$120.63	<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 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"/>

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]

Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 70.70%  
 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: 0.1562 seconds

Final 2019 AV Calculator

Copays Weights

OP Facility Surgery	\$ 400	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 120.63	

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

Hospital SoS AV	70.70%
Freestanding SoS AV	71.18%
Final Blended AV*	70.79%

\*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 MOOP 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%
		\$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?	Copay, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Copay, if different	Copay, if separate	Coplay 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. MH/SUD)	<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 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 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): 3  
 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]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.18%

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

Final 2019 AV Calculator

Copays Weights

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

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

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 MOOP 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
		\$2,500.00
		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. MH/SUD)	<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"/>		\$90.36	<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 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]

Copays	Weights
OP Facility Surgery	20%
OP Facility Non-Surgery	80%
<b>\$ 250</b>	
<b>\$ 50</b>	
<b>\$ 90.36</b>	

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.06%

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:

0.1406 seconds

Final 2019 AV Calculator

Hospital SoS AV	69.06%
Freestanding SoS AV	72.45%
Final Blended AV*	<b>69.70%</b>

\*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 MOOP 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 (\$)
		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	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input 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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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	<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"/>		\$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 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	

Copays Weights

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

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

Final 2019 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 MOOP 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 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. MH/SUD)	<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"/>		\$500.00	<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 type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$100.00	<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"/>		\$120.63	<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 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 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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 120.63	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.87%

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:

0.1562 seconds

Final 2019 AV Calculator

Hospital SoS AV	69.87%
Freestanding SoS AV	70.06%
Final Blended AV*	69.91%

\*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 MOOP 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	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. MH/SUD)	<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.

70.06%

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

Final 2019 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 MOOP 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	\$250.00	
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?	
<b>Medical</b>	<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
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. MH/SUD)	<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"/>		\$120.63	<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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 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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 120.63	

Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 71.09%  
 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: 0.1562 seconds

Final 2019 AV Calculator

Hospital SoS AV	71.09%
Freestanding SoS AV	74.90%
Final Blended AV*	71.81%

\*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 MOOP 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	\$250.00
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?	Copay applies only after deductible?
<b>Medical</b>	<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
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. MH/SUD)	<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"/>
<b>Drugs</b>	<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 \$ 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:

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

74.90%

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

Final 2019 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 MOOP 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 (\$)	\$5,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,500.00		
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?	
<b>Medical</b>	<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. MH/SUD)	<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"/>		\$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"/>			<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"/>		\$120.63	<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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"/>		\$40.00	<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"/>		\$70.00	<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 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	\$ 400	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 120.63	

## Specialty Drugs

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

## Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 70.84%  
 Metal Tier: Silver

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: 0.1406 seconds

Final 2019 AV Calculator

Hospital SoS AV	70.84%
Freestanding SoS AV	74.96%
Final Blended AV*	71.62%

\*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 MOOP 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 (\$)	\$5,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,500.00		
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?	
<b>Medical</b>	<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
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. MH/SUD)	<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"/>		\$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"/>			<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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" 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 checked="" 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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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 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	100%
OP Facility Non-Surgery		0%

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

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

74.96%

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).

0.1094 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 MOOP 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	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,900.00	
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. MH/SUD)	<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"/>		\$130.72	<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?  
 Specialty Rx Coinsurance Maximum:   
☒ 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

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

Copays Weights

OP Facility Surgery	\$ 450	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 130.72	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

64.93%

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:

0.1719 seconds

Final 2019 AV Calculator

Hospital SoS AV	64.93%
Freestanding SoS AV	65.18%
Final Blended AV*	64.98%

\*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 MOOP 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	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,900.00	
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"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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]

Copays Weights

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

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Error: Result is outside of de minimis variation for Expanded Bronze.  
 65.18%

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

0.1367 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 MOOP 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%
		\$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"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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"/>		\$130.72	<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]

Output

Calculate

Status/Error Messages:

Actuarial Value: 61.83%  
 Metal Tier: Bronze

Calculation Successful.

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

Final 2019 AV Calculator

Copays	Weights
OP Facility Surgery	\$ 450 20%
OP Facility Non-Surgery	\$ 50 80%
	\$ 130.72

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

Hospital SoS AV	61.83%
Freestanding SoS AV	61.84%
Final Blended AV*	61.83%

\*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 MOOP 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%
		\$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?	Copay, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Copay, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<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. MH/SUD)	<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"/>
<b>Drugs</b>	<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	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.84%

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:

0.0625 seconds

Final 2019 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 MOOP 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 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 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. MH/SUD)	<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"/>		\$80.27	<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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 80.27	

Output

Calculate

Status/Error Messages:

Actuarial Value:  
 Metal Tier:

Calculation Successful.

90.36%  
 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:

0.125 seconds

Final 2019 AV Calculator

Hospital SoS AV	90.36%
Freestanding SoS AV	92.82%
Final Blended AV*	90.83%

\*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 MOOP 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 (\$)	\$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 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 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. MH/SUD)	<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

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:

Final 2019 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.  
92.82%

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

## 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 MOOP 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 (\$)	\$7,650.00		
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 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. MH/SUD)	<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"/>		\$80.27	<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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 80.27	

## Output

Calculate

## Status/Error Messages:

Actuarial Value: 80.78%  
 Metal Tier: Gold

## Additional Notes:

Calculation Successful.

80.78%  
Gold

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:

0.1719 seconds

## Final 2019 AV Calculator

Hospital SoS AV	80.78%
Freestanding SoS AV	87.17%
Final Blended AV*	81.99%

\*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 MOOP 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 (\$)	\$7,650.00		
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 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. MH/SUD)	<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:

Final 2019 AV Calculator

Calculation resolved without matching metal tiers.

87.17%

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).

0.1211 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 MOOP 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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"/>			<input checked="" type="checkbox"/>	<input 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 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 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 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 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 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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.27	<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"/>		\$45.00	<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 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 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 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	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 80.27	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2019 AV Calculator

Calculation Successful.

70.79%

Silver

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

0.1562 seconds

Hospital SoS AV	70.79%
Freestanding SoS AV	72.78%
Final Blended AV*	71.17%

\*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 MOOP 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	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. MH/SUD)	<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 <b>\$ 100</b>	78%
Tier 5 <b>\$ 150</b>	22%
<b>\$ 110.85</b>	

Copays Weights

OP Facility Surgery	<b>\$ 100</b>	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.  
 72.78%

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:

0.1406 seconds

Final 2019 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 MOOP 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%
		\$5,700.00

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. MH/SUD)	<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"/>		\$140.81	<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
<b>\$ 100</b>	78%
<b>\$ 150</b>	22%
<b>\$ 110.85</b>	

Copays Weights

OP Facility Surgery	<b>\$ 500</b>	20%
OP Facility Non-Surgery	<b>\$ 50</b>	80%
	<b>\$ 140.81</b>	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.79%

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:

0.1094 seconds

Final 2019 AV Calculator

Hospital SoS AV	71.79%
Freestanding SoS AV	72.65%
Final Blended AV*	<b>71.95%</b>

\*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 MOOP 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%
		\$5,700.00

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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MH/SUD)	<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 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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input 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 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 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:

Error: Result is outside of [-4, +2] percent de minimis variation.  
72.65%

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

Final 2019 AV Calculator

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

**Rate Filing # 2255  
D.C. Small Group Products  
Rate Filing Effective 1/1/2019**

**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 1/1/2019**  
**Actuarial Certification**

I, Dwayne Lucado, am a(n) Actuary, Group Pricing with CareFirst BlueChoice 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
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

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 and 147.102)
- b. Developed in compliance with the applicable Actuarial Standards of Practice
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
- d. 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 2019 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: 2018.06.01 12:19:40 -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

		2019	Exhibit
(1)	Base Period Total Allowed	\$ 358.84	2
(2)	Base Period Non-EHB PMPM	\$ 2.07	2
(3)	Experience Period Index Rate	\$ 356.77	
(4)	Change in Morbidity	0.9875	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0038	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9888	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0004	7
(11)	Annualized Trend	8.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1678	
(14)	Projection Period Index Rate	\$ 408.55	
(15)	Risk Adjustment Program	1.0550	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 431.00	
	Without Risk Adjustment	\$ 408.55	

**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	\$	29,779,135	\$	61.77	Admits	48.68	\$	15,224.51
Outpatient Hospital	\$	31,328,775	\$	64.98	Visits	563.90	\$	1,382.80
Professional	\$	58,606,131	\$	121.56	Visits	9,348.15	\$	156.04
Other Medical	\$	9,151,574	\$	18.98	Services	1,124.02	\$	202.65
Capitation	\$	517,867	\$	1.07	Benefit Period	1,000	\$	12.89
Prescription Drug	\$	43,623,641	\$	90.48	Prescriptions	7,680.12	\$	141.38
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>173,007,122</b>	<b>\$</b>	<b>358.84</b>				
<b>EHB Allowed</b>	<b>\$</b>	<b>172,008,748</b>	<b>\$</b>	<b>356.77</b>				
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>998,374</b>	<b>\$</b>	<b>2.07</b>				
<b>Incurred Net</b>	<b>\$</b>	<b>147,321,917</b>	<b>\$</b>	<b>305.57</b>				
<b>Net/Allowed</b>		<b>85.15%</b>						
<b>Experience Period Member Months</b>		<b>482,127</b>						

### Exhibit 3 - Non-EHB Adjustment

		2019 On-Exchange	2019 Off-Exchange	
(1)	Blended Index Rate	\$ 422.06	\$ 422.06	
(2)	Non-EHB PMPM	\$ 2.26	\$ 2.26	
(3)	Total	\$ 424.32	\$ 424.32	
(4)	<b>Plan Level Adjustment</b>	<b>1.005</b>	<b>1.005</b>	(3)/(1)



Exhibit 4 - Morbidity Adjustment Factor

Base Year (2017)

2017 SRP Allowed PMPM	ACA Member Months	2017 Allowed PMPM	Normalized Allowed PMPM
Subtotal	482,120	\$ 373.13	\$ 211.84

Current Year YTD (2018)

Existing	2018 Existing from 2017	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		468	1.00	\$ 78.76
Bronze		2,597	1.00	\$ 102.09
Silver		8,261	1.00	\$ 195.00
Gold		12,459	1.00	\$ 220.94
Platinum		11,910	1.00	\$ 236.68

New	New to 2018	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		200	1.00	\$ 78.76
Bronze		502	1.00	\$ 102.09
Silver		538	1.00	\$ 195.00
Gold		831	1.00	\$ 220.94
Platinum		539	1.00	\$ 236.68

Transfer	2016 Transfer from Other SBU	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		67	1.00	\$ 88.44
Bronze		370	1.00	\$ 118.48
Silver		303	1.00	\$ 279.73
Gold		557	1.00	\$ 250.75
Platinum		198	1.00	\$ 225.10

	2018 YTD SRP Total	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		735	1.00	\$ 79.64
Bronze		3,469	1.00	\$ 103.84
Silver		9,102	1.00	\$ 197.82
Gold		13,847	1.00	\$ 222.14
Platinum		12,647	1.00	\$ 236.50

Current Year (2018)\*

2018 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	5,587	\$ 79.64
Bronze	29,061	\$ 104.38
Silver	84,436	\$ 197.58
Gold	130,604	\$ 220.44
Platinum	119,687	\$ 235.55

New to 2018	ACA Member Months	Normalized Allowed PMPM
Catastrophic	863	\$ 78.76
Bronze	3,235	\$ 99.15
Silver	5,896	\$ 195.37
Gold	8,126	\$ 229.09
Platinum	7,268	\$ 241.45

2018 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	6,450	\$ 79.52
Bronze	32,296	\$ 103.86
Silver	90,331	\$ 197.44
Gold	138,730	\$ 220.95
Platinum	126,956	\$ 235.89

Projected Year (2019)

2019 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	5,336	\$ 79.52
Bronze	31,259	\$ 104.93
Silver	100,831	\$ 197.18
Gold	158,899	\$ 219.04
Platinum	146,022	\$ 234.76

New to 2019	ACA Member Months	Normalized Allowed PMPM
Catastrophic	825	\$ 78.76
Bronze	3,295	\$ 99.88
Silver	6,821	\$ 195.24
Gold	9,769	\$ 225.83
Platinum	8,806	\$ 239.48

2019 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	6,161	\$ 79.42
Bronze	34,553	\$ 104.45
Silver	107,651	\$ 197.05
Gold	168,668	\$ 219.43
Platinum	154,828	\$ 235.03

	Total Normalized PMPM	Trends
2017	\$ 211.84	
2018	\$ 208.48	-1.59%
2019	\$ 209.20	-1.25%

Adjustment for Change in Morbidity**	0.9875
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\*Amounts in this column represent the remainder of the current year (i.e. following 201802)

\*\*Applied to all service categories except capitations

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2017	80.22%	1.0815	
(2) Projected 2019	80.81%	1.0857	
(3) <b>Adjustment*</b>		<b>1.0038</b>	(2)/(1)

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

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.643	100.0%	34.0
(2)	Rating Period	Existing	1.638	90.0%	
		New	1.424	6.3%	
		Transfer	1.638	3.7%	
(3)	Rating Period	All	1.624	100.0%	33.6
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.989</b>		

(3) / (1)

\*Demo factors by cohort for the rating period are determined using the average factor for each cohort (and metal level) from the current month and projecting forward for the remainder of the current and projection years using enrollment projections for those time periods separately (i.e. the prior year's total factor becomes the existing factor in the next year and factors for new are assumed unchanged from the current month, transfers are assumed equal to existing). Weights are based on expected distribution of member months.

\*\*Average ages are member weighted

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

### Exhibit 7 - Factors for Additional "Other" Adjustments

#### Capitation adjustment

(1)	EP Capitation PMPM	\$	0.92	
(2)	Projected Capitations PMPM	\$	0.46	
(3)	<b>Adjustment to Capitation Category</b>		<b>0.4984</b>	(2)/(1)

#### Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	105.93	
(5)	Experience Pharmacy Rebates PMPM	\$	(15.44)	
(6)	Projected Pharmacy Rebates PMPM	\$	(10.79)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	90.48	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	95.14	
(9)	<b>Adjustment to Drug Category</b>		<b>1.0515</b>	(8)/(7)

#### Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	105.93	
(11)	Ingredient cost adjustment factor		0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	101.79	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	(10.79)	
(14)	<b>Adjustment to Drug Category</b>		<b>0.9566</b>	[(12) + (13)]/[(10) + (13)]

	PMPM	Adjustment
Inpatient Hospital	\$ 71.84	1.000
Outpatient Hospital	\$ 72.54	1.000
Professional	\$ 132.51	1.000
Other Medical	\$ 21.09	1.000
Capitation	\$ 0.92	0.498
Prescription Drug	\$ 109.47	1.006
<b>Total</b>	<b>\$ 408.37</b>	<b>1.000</b>

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

### Exhibit 8 - Annual Trend Assumptions

	2017 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 61.77	17%	1.0000	1.0900	1.090
<b>Outpatient Hospital</b>	\$ 64.98	18%	1.0600	1.0100	1.071
<b>Professional</b>	\$ 121.56	34%	1.0400	1.0200	1.061
<b>Other Medical</b>	\$ 18.98	5%	1.0000	1.0650	1.065
<b>Capitation</b>	\$ 1.07	0%	1.0000	1.0000	1.000
<b>Prescription Drug</b>	\$ 90.48	25%	1.0100	1.1000	1.111
<b>Total</b>	\$ 358.84	100%			1.080
<b>Proposed Trend</b>					<b>1.081</b>

### Exhibit 9 - Risk Adjustment

#### 2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	13,143	3.2%	0.670	1.044	-\$1,076,474	-\$81.90
Silver	89,549	21.8%	0.960	1.048	-\$3,209,547	-\$35.84
Gold	157,135	38.2%	1.041	1.010	-\$7,471,150	-\$47.55
Platinum	151,772	36.9%	1.391	1.027	\$3,397,731	\$22.39
Total	411,599	100%	1.141	1.026	-\$8,359,439	-\$20.31

#### Statewide 2017

#### Statewide PMPM 2017

Small Group	905,954		1.235	1.039	\$ -	\$ 476.26	\$ 476.26
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#### 2019

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	16,977	4%	0.644	1.002	-\$1,315,944	-\$77.51
Silver	96,839	23%	0.973	1.040	-\$2,974,463	-\$30.72
Gold	163,438	38%	1.036	0.991	-\$7,107,791	-\$43.49
Platinum	152,087	35%	1.374	1.004	\$3,229,557	\$21.23
Total	429,341	100%	1.126	1.007	-\$8,168,641	-\$19.03

#### Statewide 2019

#### Statewide PMPM 2019

Small Group	921,890		1.222	1.021	\$ -	\$ 450.54	\$ 450.54
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#### Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$ 422.06	-\$23.05	\$ 0.14	1.055

\*Adjustment Factor = (\$422.06 - \$-23.05+ \$0.14) / \$422.06

**Exhibit 10A - Desired Incurred Claims Ratio**

	1Q 2019		2Q 2019		3Q 2019		4Q 2019	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 414.45		\$ 422.62		\$ 430.96		\$ 439.47	
Paid/Allowed Ratio	81.35%		81.35%		81.35%		81.35%	
Paid Claims & Capitations	\$ 337.15		\$ 343.80		\$ 350.58		\$ 357.51	
Risk Adjustment Transfer (Paid Basis)	\$ (19.03)		\$ (19.03)		\$ (19.03)		\$ (19.03)	
<b>Paid Claims &amp; Capitations (Post-Risk Adj)</b>	<b>\$ 356.18</b>	<b>76.9%</b>	<b>\$ 362.83</b>	<b>76.3%</b>	<b>\$ 369.61</b>	<b>76.0%</b>	<b>\$ 376.54</b>	<b>75.4%</b>
Administrative Expense	\$ 51.97	11.2%	\$ 51.97	10.9%	\$ 51.97	10.7%	\$ 51.97	10.4%
Broker Commissions & Fee	\$ 30.33	6.5%	\$ 30.33	6.4%	\$ 30.33	6.2%	\$ 30.33	6.1%
Contribution to Reserve (Post-Tax)	\$ 7.41	1.6%	\$ 7.61	1.6%	\$ 7.79	1.6%	\$ 7.99	1.6%
Investment Income Credit	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%
<b><u>Non-ACA Taxes &amp; Fees</u></b>								
State Premium Tax	\$ 9.27	2.0%	\$ 9.52	2.0%	\$ 9.73	2.0%	\$ 9.98	2.0%
State Assessment Fee	\$ 0.53	0.1%	\$ 0.55	0.1%	\$ 0.56	0.1%	\$ 0.57	0.1%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 1.85	0.4%	\$ 1.90	0.4%	\$ 1.95	0.4%	\$ 2.00	0.4%
<b><u>ACA Taxes &amp; Fees</u></b>								
Health Insurer Tax	\$ 0.51	0.1%	\$ 5.62	1.2%	\$ 9.13	1.9%	\$ 14.05	2.8%
Risk Adjustment User Fee	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%
Exchange Assessment Fee	\$ 4.63	1.0%	\$ 4.76	1.0%	\$ 4.87	1.0%	\$ 4.99	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	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%
<b>Total Revenue</b>	<b>\$ 463.37</b>	<b>100.0%</b>	<b>\$ 475.77</b>	<b>100.0%</b>	<b>\$ 486.62</b>	<b>100.0%</b>	<b>\$ 499.10</b>	<b>100.0%</b>
Plan Level Admin Load Adjustment	1.3004		1.3108		1.3161		1.3250	
Projected Member Months	107,264		58,950		70,189		192,937	
Average Members	8,939		4,912		5,849		16,078	
% Total 2019	25.0%		13.7%		16.3%		44.9%	

## Exhibit 10B - Federal MLR

	Total 2019 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj)	\$ 368.44
Total Revenue	\$ 484.93
Traditional MLR (i.e. DICR)	76.0%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 3.44
Removal of non-care costs under MLR guidelines	\$ (5.18)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 12.20
ACA Taxes & Fees	\$ 13.90
Federal MLR Numerator	\$ 367.05
Federal MLR Denominator	\$ 458.83
Federal MLR	80.0%
Projected Member Months	429,341



# **Exhibit 10B - Federal MLR (Combined SG & Individual)**

	Total 2019 PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-Risk Adj) \$	361.41
Total Revenue \$	474.66
Traditional MLR (i.e. DICR)	76.1%
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.31
Quality Improvement Expenses \$	3.48
Removal of non-care costs under MLR guidelines \$	(5.45)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	11.94
ACA Taxes & Fees \$	13.01
Federal MLR Numerator \$	359.75
Federal MLR Denominator \$	449.71
Federal MLR	80.0%
Projected Member Months	471,861

**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	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	Open Access Advantage	431.00	0.796	1.071	0.9960	1.005	1.300	478.61
86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	Open Access Advantage	431.00	0.820	1.071	0.9960	1.005	1.300	492.80
86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	Open Access Advantage	431.00	0.925	1.071	1.0600	1.005	1.300	591.86
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	Open Access Advantage	431.00	0.708	1.071	0.9500	1.005	1.300	406.19
86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	Open Access Advantage	431.00	0.828	1.071	0.9960	1.005	1.300	497.91
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	Open Access Advantage	431.00	0.893	1.071	1.0600	1.005	1.300	571.30
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	Open Access Advantage	431.00	0.702	1.071	0.9500	1.005	1.300	402.72
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Advantage	431.00	0.556	1.071	0.9220	1.005	1.300	309.14
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On	Open Access Advantage	431.00	0.647	1.071	0.9500	1.005	1.300	371.00
86052DC0440020	BlueChoice Advantage Bronze 5750	POS	Bronze	On	Open Access Advantage	431.00	0.570	1.071	0.9220	1.005	1.300	316.90
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	Gold	On	Open Access Advantage	431.00	0.760	1.071	0.9960	1.005	1.300	456.96
86052DC0440022	BlueChoice Advantage Silver 4000	POS	Silver	On	Open Access Advantage	431.00	0.687	1.071	0.9500	1.005	1.300	393.93
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	Open Access Advantage	431.00	0.709	1.071	0.9500	1.005	1.300	406.60
86052DC0460009	BlueChoice HMO Gold 1500	HMO	Gold	On	Open Access	431.00	0.773	0.958	0.9960	1.005	1.300	415.51
86052DC0460010	BlueChoice HMO Gold 500	HMO	Gold	On	Open Access	431.00	0.812	0.958	0.9960	1.005	1.300	436.60
86052DC0460011	BlueChoice HMO Platinum 0	HMO	Platinum	On	Open Access	431.00	0.923	0.958	1.0600	1.005	1.300	528.12
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	Silver	On	Open Access	431.00	0.693	0.958	0.9500	1.005	1.300	355.62
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	431.00	0.665	0.958	0.9500	1.005	1.300	340.79
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	Open Access	431.00	0.532	0.958	0.9220	1.005	1.300	264.67
86052DC0460015	HealthyBlue HMO Gold 1500	HMO	Gold	On	Open Access	431.00	0.822	0.958	0.9960	1.005	1.300	441.72
86052DC0460016	HealthyBlue HMO Platinum 500	HMO	Platinum	On	Open Access	431.00	0.887	0.958	1.0600	1.005	1.300	507.29
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	431.00	0.686	0.958	0.9500	1.005	1.300	351.61
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	Open Access	431.00	0.627	0.958	0.9500	1.005	1.300	321.42
86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	Open Access	431.00	0.679	0.958	0.9500	1.005	1.300	348.20
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	Open Access	431.00	0.745	0.958	0.9960	1.005	1.300	400.36
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	Platinum	On	Lock In / Referral	431.00	0.922	0.912	1.0600	1.005	1.300	502.25
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	Gold	On	Lock In / Referral	431.00	0.808	0.912	0.9960	1.005	1.300	413.82
86052DC0480009	BlueChoice HMO Referral Bronze 5750	HMO	Bronze	On	Lock In / Referral	431.00	0.540	0.912	0.9220	1.005	1.300	256.06
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	Gold	On	Lock In / Referral	431.00	0.868	0.912	0.9960	1.005	1.300	444.47
86052DC0480011	BlueChoice HMO Referral Gold 80	HMO	Gold	On	Lock In / Referral	431.00	0.774	0.912	0.9960	1.005	1.300	396.29
86052DC0480013	BlueChoice HMO Referral Silver 70	HMO	Silver	On	Lock In / Referral	431.00	0.637	0.912	0.9500	1.005	1.300	310.83
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	Silver	On	Lock In / Referral	431.00	0.666	0.912	0.9500	1.005	1.300	325.25
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	Silver	On	Open Access Plus	431.00	0.697	0.983	0.9500	1.005	1.300	366.76
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	Silver	On	Open Access Plus	431.00	0.631	0.983	0.9500	1.005	1.300	332.30
86052DC0500011	HealthyBlue Plus Gold 1500	POS	Gold	On	Open Access Plus	431.00	0.823	0.983	0.9960	1.005	1.300	454.14
86052DC0500012	HealthyBlue Plus Platinum 500	POS	Platinum	On	Open Access Plus	431.00	0.888	0.983	1.0600	1.005	1.300	521.43
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	POS	Silver	On	Open Access Plus	431.00	0.690	0.983	0.9500	1.005	1.300	362.86
86052DC0500015	BlueChoice Plus Gold 1000	POS	Gold	On	Open Access Plus	431.00	0.789	0.983	0.9960	1.005	1.300	435.21
86052DC0500016	BlueChoice Plus Gold 500	POS	Gold	On	Open Access Plus	431.00	0.814	0.983	0.9960	1.005	1.300	449.03
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Plus	431.00	0.537	0.983	0.9220	1.005	1.300	274.44
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	Platinum	On	Open Access Opt-Out	431.00	0.923	0.970	1.0600	1.005	1.300	534.89
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	Silver	On	Open Access	431.00	0.651	0.958	0.9500	1.005	1.300	333.86
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	Silver	On	Open Access Advantage	431.00	0.669	1.071	0.9500	1.005	1.300	383.47
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	Silver	On	Open Access Plus	431.00	0.655	0.983	0.9500	1.005	1.300	344.77
86052DC0460024	BlueChoice HMO Gold 3000	HMO	Gold	On	Open Access	431.00	0.725	0.958	0.9960	1.005	1.300	389.80
86052DC0440026	BlueChoice Advantage Gold 3000	POS	Gold	On	Open Access Advantage	431.00	0.736	1.071	0.9960	1.005	1.300	442.69
86052DC0460023	BlueChoice HMO Silver 5000	HMO	Silver	On	Open Access	431.00	0.667	0.958	0.9500	1.005	1.300	342.17
86052DC0440025	BlueChoice Advantage Silver 5000	POS	Silver	On	Open Access Advantage	431.00	0.682	1.071	0.9500	1.005	1.300	391.29

**Exhibit 12 - AV Values**

<b>HIOS Plan ID</b>	<b>HIOS Plan Name</b>	<b>HHS AV</b>
86052DC0440010	BlueChoice Advantage Gold 1000	0.816
86052DC0440011	BlueChoice Advantage Gold 500	0.815
86052DC0440012	BlueChoice Advantage Platinum 0	0.916
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.717
86052DC0440014	HealthyBlue Advantage Gold 1500	0.820
86052DC0440015	HealthyBlue Advantage Platinum 500	0.908
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	0.712
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.618
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.699
86052DC0440020	BlueChoice Advantage Bronze 5750	0.650
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.793
86052DC0440022	BlueChoice Advantage Silver 4000	0.718
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.720
86052DC0460009	BlueChoice HMO Gold 1500	0.818
86052DC0460010	BlueChoice HMO Gold 500	0.815
86052DC0460011	BlueChoice HMO Platinum 0	0.916
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.717
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.708
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.618
86052DC0460015	HealthyBlue HMO Gold 1500	0.820
86052DC0460016	HealthyBlue HMO Platinum 500	0.908
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	0.712
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.699
86052DC0460020	BlueChoice HMO Silver 1000	0.720
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.793
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.916
86052DC0480008	BlueChoice HMO Referral Gold 500	0.815
86052DC0480009	BlueChoice HMO Referral Bronze 5750	0.650
86052DC0480010	BlueChoice HMO Referral Gold 0	0.812
86052DC0480011	BlueChoice HMO Referral Gold 80	0.819
86052DC0480013	BlueChoice HMO Referral Silver 70	0.719
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.718
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.717
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.699
86052DC0500011	HealthyBlue Plus Gold 1500	0.820
86052DC0500012	HealthyBlue Plus Platinum 500	0.908
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	0.712
86052DC0500015	BlueChoice Plus Gold 1000	0.816
86052DC0500016	BlueChoice Plus Gold 500	0.815
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.618
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.916
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.697
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.697
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.697
86052DC0460023	BlueChoice HMO Silver 5000	0.716
86052DC0440025	BlueChoice Advantage Silver 5000	0.716
86052DC0460024	BlueChoice HMO Gold 3000	0.763
86052DC0440026	BlueChoice Advantage Gold 3000	0.763

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.039	90.0%	
		New	0.930	6.3%	
		Transfer	1.039	3.7%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.032</b>	<b>100.0%</b>	<b>41.5</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.013</b>		<b>41.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.981</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice Advantage Gold 1000
(5)	Plan Adjusted Index Rate	\$478.61
(6)	Calibration	0.981
(7)	Calibrated Rate	\$469.63
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.013)	0.962
(9)	<b>Age 40 Premium Rate</b>	<b>\$452.02</b>

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are determined using the average factor for each cohort (and metal level) from the current month and projecting forward for the remainder of the current and projection years using enrollment projections for those time periods separately (i.e. the prior year's total factor becomes the existing factor in the next year and factors for new are assumed unchanged from the current month, transfers are assumed equal to existing). Weights are based on expected distribution of member months.

\*\*The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

\*\*\*Applied uniformly to all plans

## 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

<b>CDH/Non-CDH</b>	<b>Projected Member Months</b>	<b>Relative to HSA/HRA</b>	<b>Relative to Average</b>
HSA/HRA	118,350	1.000	1.000
Non-CDH	353,511	1.000	1.000
	<b>471,861</b>	<b>1.000</b>	

<b>Metal Level</b>	<b>Projected Member Months</b>	<b>Relative to Bronze</b>	<b>Relative to Average</b>
Catastrophic	6,161	1.000	0.922
Bronze	34,553	1.000	0.922
Silver	107,383	1.030	0.950
Gold	168,668	1.080	0.996
Platinum	155,096	1.150	1.060
<b>Total</b>	<b>471,861</b>	<b>1.085</b>	

**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 Opt-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-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	49,430	1.000	0.912
Open Access	131,000	1.050	0.958
Open Access Opt-Out	45,724	1.064	0.970
Open Access Plus	71,501	1.078	0.983
Open Access Advantage	174,207	1.175	1.071
<b>Total</b>	<b>471,861</b>	<b>1.097</b>	

Factors are applied as plan level adjustments

## Appendix - Experience Period to Rating Period Plan Mapping

[illegible]



Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	1,376	1,388	3.5%
Base Rate	Silver Members/Avg Renewal	7,849	7,917	3.8%
Base Rate	Gold Members/Avg Renewal	13,247	13,361	3.0%
Base Rate	Platinum Members/Avg Renewal	12,327	12,433	2.9%
Base Rate	All Members/Avg Renewal	34,799	35,099	3.2%
Base Rate	Minimum Renewal			-4.8%
Base Rate	Maximum Renewal			10.3%

2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	Current Month Member Count	Projected 2018 EOY Members	1Q2018 Base Rate	1Q2019 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	1,566.00	1,580	\$450.36	\$463.61	2.9%
86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	1,939.00	1,956	\$464.30	\$477.36	2.8%
86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	2,281.00	2,301	\$561.34	\$573.30	2.1%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	1,537.00	1,550	\$376.36	\$393.45	4.5%
86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	2,442.00	2,463	\$465.47	\$482.30	3.6%
86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	808.00	815	\$534.10	\$553.39	3.6%
86052DC0440016	HealthyBlue Advantage Platinum 1000	Platinum	On	86052DC0440016	HealthyBlue Advantage Platinum 500	Platinum	On	514.00	518	\$525.88	\$553.39	5.2%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	858.00	865	\$368.57	\$390.10	5.8%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	356.00	359	\$278.60	\$299.45	7.5%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	246.00	248	\$337.95	\$359.37	6.3%
86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	60.00	61	\$308.29	\$306.97	-0.4%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	645.00	651	\$421.92	\$442.63	4.9%
86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	106.00	107	\$381.85	\$381.58	-0.1%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	747.00	753	\$376.72	\$393.85	4.5%
86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	472.00	476	\$392.41	\$402.49	2.6%
86052DC0460010	BlueChoice HMO Gold 500	Gold	On	86052DC0460010	BlueChoice HMO Gold 500	Gold	On	1,074.00	1,083	\$411.81	\$422.92	2.7%
86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	1,462.00	1,475	\$498.05	\$511.57	2.7%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	660.00	666	\$333.80	\$344.48	3.2%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	547.00	552	\$318.70	\$330.11	3.6%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	496.00	500	\$247.10	\$256.38	3.8%
86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	685.00	691	\$412.84	\$427.88	3.6%
86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	280.00	282	\$473.71	\$491.39	3.7%
86052DC0460017	HealthyBlue HMO Platinum 1000	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	94.00	95	\$466.42	\$491.39	5.4%
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	495.00	499	\$326.89	\$340.59	4.2%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	160.00	161	\$299.74	\$311.34	3.9%
86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	421.00	425	\$341.93	\$337.28	-1.4%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	189.00	191	\$374.21	\$387.81	3.6%
86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	1,647.00	1,661	\$474.63	\$486.51	2.5%
86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	991.00	1,000	\$392.44	\$400.85	2.1%
86052DC0480009	BlueChoice HMO Referral Bronze 5750	Bronze	On	86052DC0480009	BlueChoice HMO Referral Bronze 5750	Bronze	On	195.00	197	\$260.58	\$248.03	-4.8%
86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	725.00	731	\$420.33	\$430.54	2.4%
86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	245.00	247	\$377.39	\$383.87	1.7%
86052DC0480012	BlueChoice HMO Referral Platinum 1000	Platinum	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	71.00	72	\$441.09	\$486.51	10.3%
86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	114.00	115	\$304.18	\$301.09	-1.0%
86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	51.00	51	\$322.75	\$315.05	-2.4%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	994.00	1,003	\$343.92	\$355.26	3.3%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	241.00	243	\$308.82	\$321.89	4.2%
86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	904.00	912	\$425.35	\$439.91	3.4%
86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	1,284.00	1,295	\$488.06	\$505.09	3.5%
86052DC0500013	HealthyBlue Plus Platinum 1000	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	180.00	182	\$480.56	\$505.09	5.1%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	620.00	625	\$336.80	\$351.49	4.4%
86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	485.00	489	\$411.54	\$421.57	2.4%
86052DC0500016	BlueChoice Plus Gold 500	Gold	On	86052DC0500016	BlueChoice Plus Gold 500	Gold	On	885.00	893	\$424.28	\$434.95	2.5%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	269.00	271	\$254.58	\$265.84	4.4%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	3,706.00	3,738	\$505.33	\$518.12	2.5%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	Silver	On	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	Silver	On	36.00	36	\$312.33	\$323.40	3.5%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	Silver	On	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	Silver	On	4.00	4	\$352.14	\$371.45	5.5%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	Silver	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	Silver	On	12.00	12	\$321.79	\$333.97	3.8%

### Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1)) * (1 + (2)) - 1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q19	2.0%	0.8%	2.8%
3Q19	2.0%	0.4%	2.4%
4Q19	2.0%	0.7%	2.7%

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

	2018	2019	% Change
Base Rate	\$441.09	\$486.51	10.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$288.47</b>	<b>\$353.69</b>	<b>22.6%</b>

	BlueChoice HMO Referral Platinum	BlueChoice HMO Referral Platinum
Base Rate/Product(s)	1000	0
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

### Form Numbers Associated With This Filing:

This list contains the applicable forms for the new and renewing 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.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:  
CFBC-131477365

### ON-Exchange

#### Forms Used for ALL ON-Exchange BlueChoice Group Products

DC-CFBC-SHOP-GC (R 1/19)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/SHOP/ELIG (1/14)  
DC/CFBC/FAM PLAN (8/12)  
DC/CFBC/PARTNER (R. 7/09)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/SG/INCENT (R. 1/19)  
DC CFBC SHOP ELIG AMEND (1/17)  
DC/CFBC/SHOP/2019 AMEND (1/19)  
DC/CFBC/SG/CCHRADM (1/19)

#### Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)

DC/CFBC/SHOP/HMO POS/EOC (1/17)  
DC CFBC SHOP HMO DOCS (1-17)  
DC/CFBC/BLCRD (R. 6/18)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC CFBC SG HMO OA CDH BRZ 6000 (1-19)  
DC CFBC SG HMO OA CDH GOLD 1500 (1-19)  
DC CFBC SG HMO OA CDH SIL 1500 (1-19)  
DC CFBC SG HMO OA CDH SIL 2000 (1-19)  
DC CFBC SG HMO OA CDH SIL 2500 (1-19)  
DC CFBC SG HMO OA CDH SIL 3000 (1-19)  
DC CFBC SG HMO OA GOLD 500 (1-19)  
DC CFBC SG HMO OA GOLD 1500 (1-19)  
DC CFBC SG HMO OA GOLD 3000 (1-19)  
DC CFBC SG HMO OA PLAT 0 (1-19)  
DC CFBC SG HMO OA SIL 1000 (1-19)  
DC CFBC SG HMO OA SIL 5000 (1-19)  
DC CFBC SG HMO REF BRZ 5750 (1-19)  
DC CFBC SG HMO REF GOLD 0 (1-19)  
DC CFBC SG HMO REF GOLD 80 (1-19)  
DC CFBC SG HMO REF GOLD 500 (1-19)  
DC CFBC SG HMO REF PLAT 0 (1-19)  
DC CFBC SG HMO REF SIL 70 (1-19)  
DC CFBC SG HMO REF SIL 4000 (1-19)

#### Forms Used for ALL ON-Exchange BlueChoice Group Products--Out-of-Network Forms for Point of Service Plans (GHMSI)

DC-CF-SHOP-GC (R 1-19)  
DC-CF-SHOP-POS-OON-EOC (1-17)  
DC/GHMSI/DOL APPEAL (R. 1/17)  
DC-CF-SHOP-POS OON-DOCS (1-17)  
DC/GHMSI/FAM PLAN (8/12)  
DC/CF/PARTNER (R. 7/09)  
DC/CF/BLCRD (R. 6/18)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CFBC/SHOP/2019 AMEND (1/19)  
DC/CF/PT PROTECT (9/10)  
DC/GHMSI-HEALTH GUARANTEE 6/18

#### Product: HealthyBlue HMO Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)  
DC CFBC SHOP HMO DOCS (1-17)  
DC/CFBC/BLCRD (R. 6/18)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC CFBC SG HB HMO CDH SIL 2000 (1-19)  
DC CFBC SG HB HMO GOLD 1500 (1-19)  
DC CFBC SG HB HMO PLAT 500 (1-19)

#### Product: BlueChoice Plus Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)  
DC CFBC SHOP BC+OOOA DOCS (1-17)  
DC/CFBC/BLCRD (R. 6/18)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC CFBC SG BC+ OO PLAT 0 (1-19)

**Product: BlueChoice Advantage****In-Network**

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DC/CFBC/SHOP/HMO POS/EOC (1/17)  
 DC CFBC SHOP ADV IN DOCS (1-17)  
 DC/CFBC/ADV/BLCRD (R. 6/18)  
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)  
 DC/CFBC/ANCILLARY AMEND (10/12)  
 DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-19)  
 DC CFBC SG POS IN BRZ 5750 (1-19)  
 DC CFBC SG POS IN CDH BRZ 6000 (1-19)  
 DC CFBC SG POS IN CDH GOLD 1500 (1-19)  
 DC CFBC SG POS IN CDH SIL 1500 (1-19)  
 DC CFBC SG POS IN CDH SIL 2500 (1-19)  
 DC CFBC SG POS IN CDH SIL 3000 (1-19)  
 DC CFBC SG POS IN GOLD 500 (1-19)  
 DC CFBC SG POS IN GOLD 1000 (1-19)  
 DC CFBC SG POS IN GOLD 3000 (1-19)  
 DC CFBC SG POS IN PLAT 0 (1-19)  
 DC CFBC SG POS IN SIL 4000 (1-19)  
 DC CFBC SG POS IN SIL 5000 (1-19)

**Product: BlueChoice Plus (All Other Plans)****In-Network**

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DC/CFBC/SHOP/HMO POS/EOC (1/17)  
 DC CFBC SHOP PLUS IN DOCS (1-17)  
 DC/CFBC/BLCRD (R. 6/18)  
 DC/CFBC/MEM/BLCRD (R. 6/18)  
 DC CFBC SG POS IN CDH BRZ 6000 (1-19)  
 DC CFBC SG POS IN CDH SIL 1500 (1-19)  
 DC CFBC SG POS IN CDH SIL 2500 (1-19)  
 DC CFBC SG POS IN CDH SIL 3000 (1-19)  
 DC CFBC SG POS IN GOLD 500 (1-19)  
 DC CFBC SG POS IN GOLD 1000 (1-19)

**Product: HealthyBlue Plus****In-Network**

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DC/CFBC/SHOP/HMO POS/EOC (1/17)  
 DC CFBC SHOP PLUS IN DOCS (1-17)  
 DC/CFBC/BLCRD (R. 6/18)  
 DC/CFBC/MEM/BLCRD (R. 6/18)  
 DC CFBC SG POS IN CDH SIL 2000 (1-19)  
 DC CFBC SG POS IN GOLD 1500 (1-19)  
 DC CFBC SG POS IN PLAT 500 (1-19)

**Product: HealthyBlue Advantage****In-Network**

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DC/CFBC/SHOP/HMO POS/EOC (1/17)  
 DC CFBC SHOP ADV IN DOCS (1-17)  
 DC/CFBC/ADV/BLCRD (R. 6/18)  
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)  
 DC/CFBC/ANCILLARY AMEND (10/12)  
 DC CFBC SG POS IN CDH SIL 2000 (1-19)  
 DC CFBC SG POS IN GOLD 1500 (1-19)  
 DC CFBC SG POS IN PLAT 500 (1-19)

**Product: BlueChoice Advantage****Out-of-Network (GHMSI)**

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DC CF SG BC ADV OON BF HSA SIL 1500 (1-19)  
 DC CF SG POS OON BRZ 5750 (1-19)  
 DC CF SG POS OON CDH BRZ 6000 (1-19)  
 DC CF SG POS OON CDH GOLD 1500 (1-19)  
 DC CF SG POS OON CDH SIL 1500 (1-19)  
 DC CF SG POS OON CDH SIL 2500 (1-19)  
 DC CF SG POS OON CDH SIL 3000 (1-19)  
 DC CF SG POS OON GOLD 500 (1-19)  
 DC CF SG POS OON GOLD 1000 (1-19)  
 DC CF SG POS OON GOLD 3000 (1-19)  
 DC CF SG POS OON PLAT 0 (1-19)  
 DC CF SG POS OON SIL 4000 (1-19)  
 DC CF SG POS OON SIL 5000 (1-19)

**Product: BlueChoice Plus (All Other Plans)****Out-of-Network (GHMSI)**

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DC CF SG POS OON CDH BRZ 6000 (1-19)  
 DC CF SG POS OON CDH SIL 1500 (1-19)  
 DC CF SG POS OON CDH SIL 2500 (1-19)  
 DC CF SG POS OON CDH SIL 3000 (1-19)  
 DC CF SG POS OON GOLD 500 (1-19)  
 DC CF SG POS OON GOLD 1000 (1-19)

**Product: HealthyBlue Plus****Out-of-Network (GHMSI)**

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DC CF SG POS OON CDH SIL 2000 (1-19)  
 DC CF SG POS OON GOLD 1500 (1-19)  
 DC CF SG POS OON PLAT 500 (1-19)

**Product: HealthyBlue Advantage****Out-of-Network (GHMSI)**

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DC CF SG POS OON CDH SIL 2000 (1-19)  
 DC CF SG POS OON GOLD 1500 (1-19)  
 DC CF SG POS OON PLAT 500 (1-19)

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Inpatient Hospital	\$2,513,842	\$0	Admits	196
201502	42,643	Inpatient Hospital	\$2,194,453	\$0	Admits	170
201503	43,554	Inpatient Hospital	\$2,518,003	\$0	Admits	189
201504	43,584	Inpatient Hospital	\$2,207,315	\$0	Admits	171
201505	43,448	Inpatient Hospital	\$2,144,119	\$0	Admits	155
201506	43,358	Inpatient Hospital	\$1,920,699	\$0	Admits	157
201507	43,067	Inpatient Hospital	\$2,402,285	\$0	Admits	185
201508	42,904	Inpatient Hospital	\$2,657,173	\$0	Admits	215
201509	42,870	Inpatient Hospital	\$2,090,840	\$0	Admits	197
201510	42,801	Inpatient Hospital	\$2,582,610	\$0	Admits	171
201511	42,898	Inpatient Hospital	\$2,819,747	\$0	Admits	161
201512	43,377	Inpatient Hospital	\$2,841,675	\$0	Admits	184
201601	44,297	Inpatient Hospital	\$2,324,451	\$0	Admits	162
201602	44,642	Inpatient Hospital	\$2,567,948	\$0	Admits	176
201603	44,852	Inpatient Hospital	\$2,673,058	\$0	Admits	213
201604	44,745	Inpatient Hospital	\$2,624,631	\$0	Admits	167
201605	44,584	Inpatient Hospital	\$2,217,341	\$0	Admits	166
201606	44,519	Inpatient Hospital	\$2,325,675	\$0	Admits	176
201607	44,235	Inpatient Hospital	\$2,304,068	\$0	Admits	169
201608	43,933	Inpatient Hospital	\$2,309,095	\$0	Admits	188
201609	43,584	Inpatient Hospital	\$2,454,253	\$0	Admits	196
201610	43,338	Inpatient Hospital	\$2,573,634	\$0	Admits	189
201611	43,046	Inpatient Hospital	\$2,899,218	\$0	Admits	165
201612	42,186	Inpatient Hospital	\$2,407,148	\$0	Admits	171
201701	41,362	Inpatient Hospital	\$3,391,236	\$0	Admits	191
201702	40,960	Inpatient Hospital	\$1,954,666	\$0	Admits	145
201703	40,733	Inpatient Hospital	\$3,080,044	\$0	Admits	151
201704	40,448	Inpatient Hospital	\$2,126,545	\$0	Admits	126
201705	40,383	Inpatient Hospital	\$2,131,982	\$0	Admits	122
201706	40,116	Inpatient Hospital	\$2,882,390	\$0	Admits	206
201707	39,855	Inpatient Hospital	\$2,479,268	\$0	Admits	189
201708	39,736	Inpatient Hospital	\$3,114,736	\$0	Admits	173
201709	39,764	Inpatient Hospital	\$2,662,273	\$0	Admits	174
201710	39,827	Inpatient Hospital	\$1,998,455	\$0	Admits	188
201711	39,597	Inpatient Hospital	\$1,623,278	\$0	Admits	119
201712	39,346	Inpatient Hospital	\$2,334,262	\$0	Admits	172
201801	39,818	Inpatient Hospital	\$2,530,624	\$0	Admits	211
201802	39,872	Inpatient Hospital	\$1,054,719	\$0	Admits	104

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Outpatient Hospital	\$2,373,314	\$0	Visits	1,820
201502	42,643	Outpatient Hospital	\$2,442,621	\$0	Visits	1,715
201503	43,554	Outpatient Hospital	\$2,718,098	\$0	Visits	1,992
201504	43,584	Outpatient Hospital	\$2,542,028	\$0	Visits	1,958
201505	43,448	Outpatient Hospital	\$2,605,213	\$0	Visits	1,995
201506	43,358	Outpatient Hospital	\$2,687,665	\$0	Visits	1,976
201507	43,067	Outpatient Hospital	\$2,453,670	\$0	Visits	1,902
201508	42,904	Outpatient Hospital	\$2,690,130	\$0	Visits	1,934
201509	42,870	Outpatient Hospital	\$2,473,297	\$0	Visits	1,993
201510	42,801	Outpatient Hospital	\$2,504,223	\$0	Visits	2,065
201511	42,898	Outpatient Hospital	\$2,425,896	\$0	Visits	1,950
201512	43,377	Outpatient Hospital	\$2,683,821	\$0	Visits	1,984
201601	44,297	Outpatient Hospital	\$2,304,953	\$0	Visits	1,786
201602	44,642	Outpatient Hospital	\$2,693,656	\$0	Visits	1,876
201603	44,852	Outpatient Hospital	\$2,554,333	\$0	Visits	2,082
201604	44,745	Outpatient Hospital	\$2,544,973	\$0	Visits	2,004
201605	44,584	Outpatient Hospital	\$2,885,746	\$0	Visits	2,026
201606	44,519	Outpatient Hospital	\$2,863,401	\$0	Visits	2,028
201607	44,235	Outpatient Hospital	\$2,644,441	\$0	Visits	1,845
201608	43,933	Outpatient Hospital	\$2,878,552	\$0	Visits	2,045
201609	43,584	Outpatient Hospital	\$2,358,911	\$0	Visits	1,854
201610	43,338	Outpatient Hospital	\$2,598,791	\$0	Visits	1,953
201611	43,046	Outpatient Hospital	\$2,688,938	\$0	Visits	1,867
201612	42,186	Outpatient Hospital	\$2,454,942	\$0	Visits	1,816
201701	41,362	Outpatient Hospital	\$2,235,672	\$0	Visits	1,790
201702	40,960	Outpatient Hospital	\$2,385,646	\$0	Visits	1,717
201703	40,733	Outpatient Hospital	\$2,795,540	\$0	Visits	1,936
201704	40,448	Outpatient Hospital	\$2,881,181	\$0	Visits	1,894
201705	40,383	Outpatient Hospital	\$2,904,226	\$0	Visits	1,902
201706	40,116	Outpatient Hospital	\$2,776,562	\$0	Visits	1,875
201707	39,855	Outpatient Hospital	\$2,427,494	\$0	Visits	1,791
201708	39,736	Outpatient Hospital	\$2,683,937	\$0	Visits	1,995
201709	39,764	Outpatient Hospital	\$2,255,192	\$0	Visits	1,784
201710	39,827	Outpatient Hospital	\$2,820,020	\$0	Visits	2,042
201711	39,597	Outpatient Hospital	\$2,629,819	\$0	Visits	1,972
201712	39,346	Outpatient Hospital	\$2,533,487	\$0	Visits	1,958
201801	39,818	Outpatient Hospital	\$2,894,719	\$0	Visits	2,201
201802	39,872	Outpatient Hospital	\$2,506,693	\$0	Visits	2,084

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Professional	\$4,552,446	\$0	Visits	30,485
201502	42,643	Professional	\$4,098,969	\$0	Visits	27,925
201503	43,554	Professional	\$4,744,083	\$0	Visits	31,714
201504	43,584	Professional	\$4,719,887	\$0	Visits	32,618
201505	43,448	Professional	\$4,516,031	\$0	Visits	30,887
201506	43,358	Professional	\$4,850,632	\$0	Visits	32,983
201507	43,067	Professional	\$4,643,092	\$0	Visits	31,534
201508	42,904	Professional	\$4,570,762	\$0	Visits	30,357
201509	42,870	Professional	\$4,717,809	\$0	Visits	31,820
201510	42,801	Professional	\$5,078,063	\$0	Visits	35,099
201511	42,898	Professional	\$4,890,488	\$0	Visits	31,526
201512	43,377	Professional	\$5,040,940	\$0	Visits	33,484
201601	44,297	Professional	\$4,425,964	\$0	Visits	28,911
201602	44,642	Professional	\$4,721,021	\$0	Visits	31,935
201603	44,852	Professional	\$5,307,452	\$0	Visits	35,818
201604	44,745	Professional	\$4,941,599	\$0	Visits	33,381
201605	44,584	Professional	\$4,995,763	\$0	Visits	32,676
201606	44,519	Professional	\$5,235,076	\$0	Visits	33,552
201607	44,235	Professional	\$4,525,005	\$0	Visits	30,180
201608	43,933	Professional	\$5,248,099	\$0	Visits	33,957
201609	43,584	Professional	\$4,890,248	\$0	Visits	32,173
201610	43,338	Professional	\$4,865,014	\$0	Visits	33,494
201611	43,046	Professional	\$4,809,516	\$0	Visits	32,347
201612	42,186	Professional	\$4,595,966	\$0	Visits	30,635
201701	41,362	Professional	\$4,833,263	\$0	Visits	30,902
201702	40,960	Professional	\$4,561,384	\$0	Visits	29,606
201703	40,733	Professional	\$5,075,827	\$0	Visits	33,301
201704	40,448	Professional	\$4,493,223	\$0	Visits	29,115
201705	40,383	Professional	\$5,001,335	\$0	Visits	32,265
201706	40,116	Professional	\$4,957,902	\$0	Visits	31,470
201707	39,855	Professional	\$4,595,327	\$0	Visits	29,073
201708	39,736	Professional	\$5,130,131	\$0	Visits	32,677
201709	39,764	Professional	\$4,958,102	\$0	Visits	30,785
201710	39,827	Professional	\$5,290,973	\$0	Visits	34,466
201711	39,597	Professional	\$4,994,298	\$0	Visits	32,335
201712	39,346	Professional	\$4,714,367	\$0	Visits	29,588
201801	39,818	Professional	\$5,632,033	\$0	Visits	36,240
201802	39,872	Professional	\$6,707,656	\$0	Visits	46,782



### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Other Medical	\$613,340	\$0	Services	3,560
201502	42,643	Other Medical	\$557,824	\$0	Services	3,429
201503	43,554	Other Medical	\$602,808	\$0	Services	4,018
201504	43,584	Other Medical	\$677,613	\$0	Services	4,307
201505	43,448	Other Medical	\$585,717	\$0	Services	3,734
201506	43,358	Other Medical	\$736,416	\$0	Services	4,421
201507	43,067	Other Medical	\$735,792	\$0	Services	4,177
201508	42,904	Other Medical	\$708,084	\$0	Services	4,645
201509	42,870	Other Medical	\$741,630	\$0	Services	3,754
201510	42,801	Other Medical	\$811,694	\$0	Services	4,228
201511	42,898	Other Medical	\$749,554	\$0	Services	4,027
201512	43,377	Other Medical	\$949,104	\$0	Services	4,607
201601	44,297	Other Medical	\$619,923	\$0	Services	3,862
201602	44,642	Other Medical	\$717,310	\$0	Services	4,233
201603	44,852	Other Medical	\$856,250	\$0	Services	5,062
201604	44,745	Other Medical	\$723,544	\$0	Services	4,412
201605	44,584	Other Medical	\$817,965	\$0	Services	4,274
201606	44,519	Other Medical	\$843,674	\$0	Services	4,867
201607	44,235	Other Medical	\$742,598	\$0	Services	4,391
201608	43,933	Other Medical	\$756,836	\$0	Services	5,282
201609	43,584	Other Medical	\$753,833	\$0	Services	3,729
201610	43,338	Other Medical	\$696,934	\$0	Services	4,015
201611	43,046	Other Medical	\$744,396	\$0	Services	3,676
201612	42,186	Other Medical	\$853,130	\$0	Services	3,727
201701	41,362	Other Medical	\$625,176	\$0	Services	3,386
201702	40,960	Other Medical	\$710,971	\$0	Services	3,437
201703	40,733	Other Medical	\$823,759	\$0	Services	3,745
201704	40,448	Other Medical	\$731,952	\$0	Services	3,623
201705	40,383	Other Medical	\$742,246	\$0	Services	3,429
201706	40,116	Other Medical	\$747,528	\$0	Services	3,594
201707	39,855	Other Medical	\$753,119	\$0	Services	3,342
201708	39,736	Other Medical	\$820,296	\$0	Services	4,545
201709	39,764	Other Medical	\$751,014	\$0	Services	3,674
201710	39,827	Other Medical	\$877,618	\$0	Services	4,232
201711	39,597	Other Medical	\$780,976	\$0	Services	4,050
201712	39,346	Other Medical	\$786,919	\$0	Services	4,103
201801	39,818	Other Medical	\$918,701	\$0	Services	4,041
201802	39,872	Other Medical	\$931,352	\$0	Services	5,362

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Prescription Drug	\$3,573,330	\$661,235	Scripts	29,034
201502	42,643	Prescription Drug	\$3,295,046	\$649,814	Scripts	26,356
201503	43,554	Prescription Drug	\$3,764,216	\$652,076	Scripts	29,454
201504	43,584	Prescription Drug	\$3,776,172	\$629,528	Scripts	28,682
201505	43,448	Prescription Drug	\$3,714,419	\$608,371	Scripts	28,488
201506	43,358	Prescription Drug	\$3,934,881	\$590,502	Scripts	28,798
201507	43,067	Prescription Drug	\$4,089,924	\$568,278	Scripts	28,897
201508	42,904	Prescription Drug	\$3,993,740	\$454,997	Scripts	27,835
201509	42,870	Prescription Drug	\$3,773,892	\$428,852	Scripts	27,990
201510	42,801	Prescription Drug	\$3,869,620	\$427,420	Scripts	29,045
201511	42,898	Prescription Drug	\$3,979,592	\$429,117	Scripts	27,697
201512	43,377	Prescription Drug	\$4,563,454	\$432,419	Scripts	30,590
201601	44,297	Prescription Drug	\$3,568,382	\$569,654	Scripts	27,213
201602	44,642	Prescription Drug	\$4,095,671	\$572,941	Scripts	27,691
201603	44,852	Prescription Drug	\$4,677,482	\$573,297	Scripts	30,181
201604	44,745	Prescription Drug	\$4,487,669	\$613,258	Scripts	28,468
201605	44,584	Prescription Drug	\$4,243,435	\$611,329	Scripts	28,479
201606	44,519	Prescription Drug	\$4,596,817	\$609,189	Scripts	28,683
201607	44,235	Prescription Drug	\$4,110,342	\$561,629	Scripts	26,876
201608	43,933	Prescription Drug	\$4,271,326	\$558,859	Scripts	28,381
201609	43,584	Prescription Drug	\$4,027,359	\$555,635	Scripts	26,326
201610	43,338	Prescription Drug	\$4,044,580	\$522,376	Scripts	26,988
201611	43,046	Prescription Drug	\$4,037,572	\$521,804	Scripts	27,284
201612	42,186	Prescription Drug	\$3,979,586	\$515,657	Scripts	27,626
201701	41,362	Prescription Drug	\$3,873,959	\$595,091	Scripts	26,472
201702	40,960	Prescription Drug	\$3,875,778	\$590,266	Scripts	24,697
201703	40,733	Prescription Drug	\$4,529,439	\$587,489	Scripts	27,495
201704	40,448	Prescription Drug	\$3,897,332	\$641,415	Scripts	25,040
201705	40,383	Prescription Drug	\$4,507,093	\$640,765	Scripts	26,847
201706	40,116	Prescription Drug	\$4,588,065	\$638,501	Scripts	25,722
201707	39,855	Prescription Drug	\$4,114,186	\$642,465	Scripts	24,679
201708	39,736	Prescription Drug	\$4,509,754	\$640,747	Scripts	25,905
201709	39,764	Prescription Drug	\$4,241,971	\$641,209	Scripts	24,291
201710	39,827	Prescription Drug	\$4,397,637	\$612,799	Scripts	26,103
201711	39,597	Prescription Drug	\$4,253,270	\$609,681	Scripts	25,750
201712	39,346	Prescription Drug	\$4,281,213	\$605,629	Scripts	25,565
201801	39,818	Prescription Drug	\$4,580,796		Scripts	27,284
201802	39,872	Prescription Drug	\$4,438,122		Scripts	25,121

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Capitations	\$55,210	\$0	Benefit Period	42,745
201502	42,643	Capitations	\$55,083	\$0	Benefit Period	42,643
201503	43,554	Capitations	\$57,154	\$0	Benefit Period	43,554
201504	43,584	Capitations	\$57,316	\$0	Benefit Period	43,584
201505	43,448	Capitations	\$57,100	\$0	Benefit Period	43,448
201506	43,358	Capitations	\$56,997	\$0	Benefit Period	43,358
201507	43,067	Capitations	\$56,498	\$0	Benefit Period	43,067
201508	42,904	Capitations	\$56,293	\$0	Benefit Period	42,904
201509	42,870	Capitations	\$56,176	\$0	Benefit Period	42,870
201510	42,801	Capitations	\$55,946	\$0	Benefit Period	42,801
201511	42,898	Capitations	\$55,892	\$0	Benefit Period	42,898
201512	43,377	Capitations	\$56,284	\$0	Benefit Period	43,377
201601	44,297	Capitations	\$53,534	\$0	Benefit Period	44,297
201602	44,642	Capitations	\$54,089	\$0	Benefit Period	44,642
201603	44,852	Capitations	\$54,714	\$0	Benefit Period	44,852
201604	44,745	Capitations	\$54,505	\$0	Benefit Period	44,745
201605	44,584	Capitations	\$54,331	\$0	Benefit Period	44,584
201606	44,519	Capitations	\$54,144	\$0	Benefit Period	44,519
201607	44,235	Capitations	\$53,793	\$0	Benefit Period	44,235
201608	43,933	Capitations	\$53,346	\$0	Benefit Period	43,933
201609	43,584	Capitations	\$52,973	\$0	Benefit Period	43,584
201610	43,338	Capitations	\$52,632	\$0	Benefit Period	43,338
201611	43,046	Capitations	\$52,133	\$0	Benefit Period	43,046
201612	42,186	Capitations	\$50,950	\$0	Benefit Period	42,186
201701	41,362	Capitations	\$45,392	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$44,667	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$44,283	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$43,769	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$43,514	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$43,111	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$42,692	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$42,463	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$42,357	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$42,253	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$41,869	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$41,497	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$26,915	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$26,856	\$0	Benefit Period	39,872

## Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201501	42,745	27,855	\$13,681,482	\$661,235	\$13,020,247	\$10,336,700	\$15,835,568	65.3%
201502	42,643	27,809	\$12,643,997	\$649,814	\$11,994,183	\$9,769,909	\$16,006,509	61.0%
201503	43,554	28,679	\$14,404,363	\$652,076	\$13,752,287	\$11,395,243	\$14,770,987	77.1%
201504	43,584	28,751	\$13,980,331	\$629,528	\$13,350,803	\$11,080,494	\$16,279,907	68.1%
201505	43,448	28,618	\$13,622,598	\$608,371	\$13,014,227	\$10,881,080	\$16,252,176	67.0%
201506	43,358	28,518	\$14,187,289	\$590,502	\$13,596,787	\$11,448,444	\$16,289,942	70.3%
201507	43,067	28,337	\$14,381,261	\$568,278	\$13,812,983	\$11,734,595	\$16,230,610	72.3%
201508	42,904	28,184	\$14,676,183	\$454,997	\$14,221,186	\$12,204,525	\$16,231,381	75.2%
201509	42,870	28,193	\$13,853,644	\$428,852	\$13,424,792	\$11,441,301	\$16,332,159	70.1%
201510	42,801	28,136	\$14,902,158	\$427,420	\$14,474,737	\$12,392,961	\$16,346,902	75.8%
201511	42,898	28,173	\$14,921,169	\$429,117	\$14,492,052	\$12,484,054	\$16,462,927	75.8%
201512	43,377	28,440	\$16,135,278	\$432,419	\$15,702,859	\$13,296,815	\$16,862,313	78.9%
201601	44,297	29,097	\$13,297,208	\$569,654	\$12,727,553	\$10,195,655	\$17,312,872	58.9%
201602	44,642	29,431	\$14,849,696	\$572,941	\$14,276,755	\$11,744,898	\$17,238,325	68.1%
201603	44,852	29,682	\$16,123,290	\$573,297	\$15,549,993	\$12,921,180	\$17,194,758	75.1%
201604	44,745	29,599	\$15,376,921	\$613,258	\$14,763,663	\$12,439,523	\$17,127,625	72.6%
201605	44,584	29,441	\$15,214,582	\$611,329	\$14,603,253	\$12,393,221	\$17,010,369	72.9%
201606	44,519	29,367	\$15,918,787	\$609,189	\$15,309,599	\$13,002,538	\$17,003,738	76.5%
201607	44,235	29,147	\$14,380,246	\$561,629	\$13,818,618	\$11,819,937	\$16,847,886	70.2%
201608	43,933	28,911	\$15,517,255	\$558,859	\$14,958,396	\$12,764,286	\$16,686,161	76.5%
201609	43,584	28,613	\$14,537,578	\$555,635	\$13,981,943	\$11,961,685	\$16,588,859	72.1%
201610	43,338	28,403	\$14,831,585	\$522,376	\$14,309,209	\$12,272,635	\$16,450,482	74.6%
201611	43,046	28,180	\$15,231,774	\$521,804	\$14,709,970	\$12,711,708	\$16,456,994	77.2%
201612	42,186	27,650	\$14,341,721	\$515,657	\$13,826,064	\$11,500,824	\$16,136,251	71.3%
201701	41,362	26,983	\$15,004,699	\$595,091	\$14,409,608	\$11,864,274	\$16,529,404	71.8%
201702	40,960	26,681	\$13,533,112	\$590,266	\$12,942,846	\$10,715,897	\$16,373,083	65.4%
201703	40,733	26,498	\$16,348,892	\$587,489	\$15,761,403	\$13,348,614	\$16,325,138	81.8%
201704	40,448	26,275	\$14,174,002	\$641,415	\$13,532,587	\$11,519,988	\$16,285,125	70.7%
201705	40,383	26,205	\$15,330,396	\$640,765	\$14,689,632	\$12,550,596	\$16,260,063	77.2%
201706	40,116	25,975	\$15,995,557	\$638,501	\$15,357,056	\$13,264,105	\$16,224,489	81.8%
201707	39,855	25,733	\$14,412,087	\$642,465	\$13,769,621	\$11,816,179	\$16,182,763	73.0%
201708	39,736	25,607	\$16,301,317	\$640,747	\$15,660,570	\$13,600,905	\$16,207,702	83.9%
201709	39,764	25,542	\$14,910,908	\$641,209	\$14,269,699	\$12,379,691	\$16,228,031	76.3%
201710	39,827	25,549	\$15,426,956	\$612,799	\$14,814,157	\$12,755,379	\$16,316,119	78.2%
201711	39,597	25,409	\$14,323,509	\$609,681	\$13,713,829	\$11,692,665	\$16,346,030	71.5%
201712	39,346	25,177	\$14,691,745	\$605,629	\$14,086,116	\$11,813,625	\$16,509,955	71.6%
201801	39,818	25,624	\$16,583,788		\$16,583,788	\$13,658,754	\$16,997,211	80.4%
201802	39,872	25,653	\$15,665,398		\$15,665,398	\$12,567,232	\$17,251,770	72.8%

## DC BlueChoice Small Group & Individual Combined (Small Group)

### Exhibit 1 - Market Adjusted Index Rate Summary

		2019	2018	% Change
(1)	Base Period Total Allowed	\$ 358.84	\$ 328.63	9.2%
(2)	Base Period Non-EHB PMPM	\$ 2.07	\$ 2.01	3.1%
(3)	Experience Period Index Rate	\$ 356.77	\$ 326.62	9.2%
(4)	Change in Morbidity	0.988	1.003	-1.6%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	1.0038	0.996	0.8%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.989	0.954	3.6%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	1.000	0.990	1.0%
(11)	Annualized Trend	8.1%	8.1%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.168	1.169	-0.1%
(14)	Projection Period Index Rate	\$ 408.55	\$ 360.24	13.4%
(15)	Risk Adjustment Program	1.055	1.090	-3.3%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 431.00	\$ 392.81	9.7%
	Without Risk Adjustment	\$ 408.55	\$ 360.24	13.4%

2019 DC Small Group BlueChoice  
Plan Adjusted Index Rate Changes

Index		HIOS Plan ID		Plan Name		Type		Metallic Tier		On/Off		December 2018 Projected Members		Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Admin			Age Calibration			Total Change					
														2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change
1	86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	1,580	\$431.00	\$392.81	9.72%	0.796	0.795	0.10%	1.071	1.079	-0.74%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$463.61	\$450.36	2.9%										
2	86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	1,956	\$431.00	\$392.81	9.72%	0.820	0.820	-0.03%	1.071	1.079	-0.74%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$477.36	\$464.30	2.8%										
3	86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	2,301	\$431.00	\$392.81	9.72%	0.925	0.931	-0.67%	1.071	1.079	-0.74%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$573.30	\$561.54	2.1%										
4	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	1,550	\$431.00	\$392.81	9.72%	0.708	0.697	1.69%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$393.45	\$376.36	4.5%										
5	86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	2,463	\$431.00	\$392.81	9.72%	0.828	0.822	0.76%	1.071	1.079	-0.74%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$482.30	\$465.47	3.6%										
6	86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	815	\$431.00	\$392.81	9.72%	0.893	0.886	0.81%	1.071	1.079	-0.74%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$553.39	\$534.10	3.6%										
7	86052DC0440016	HealthyBlue Advantage Platinum 1000	POS	Platinum	On	518	\$431.00	\$392.81	9.72%	0.893	0.872	2.39%	1.071	1.079	-0.74%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$553.39	\$525.88	5.2%										
8	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	865	\$431.00	\$392.81	9.72%	0.702	0.682	2.95%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$390.10	\$368.57	5.8%										
9	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	359	\$431.00	\$392.81	9.72%	0.556	0.531	4.57%	1.071	1.079	-0.74%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$299.45	\$278.60	7.5%										
10	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On	248	\$431.00	\$392.81	9.72%	0.647	0.626	3.43%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$359.37	\$337.95	6.3%										
11	86052DC0440020	BlueChoice Advantage Bronze 5750	POS	Bronze	On	61	\$431.00	\$392.81	9.72%	0.570	0.588	-3.13%	1.071	1.079	-0.74%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$306.97	\$308.29	-0.4%										
12	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	Gold	On	651	\$431.00	\$392.81	9.72%	0.760	0.745	2.01%	1.071	1.079	-0.74%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$442.63	\$421.92	4.9%										
13	86052DC0440022	BlueChoice Advantage Silver 4000	POS	Silver	On	107	\$431.00	\$392.81	9.72%	0.687	0.707	-2.80%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$381.58	\$381.85	-0.1%										
14	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	753	\$431.00	\$392.81	9.72%	0.709	0.697	1.69%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$393.85	\$376.72	4.5%										
15	86052DC0460009	BlueChoice HMO Gold 1500	HMO	Gold	On	476	\$431.00	\$392.81	9.72%	0.773	0.781	-1.11%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$402.49	\$392.41	2.6%										
16	86052DC0460010	BlueChoice HMO Gold 500	HMO	Gold	On	1,083	\$431.00	\$392.81	9.72%	0.812	0.820	-0.98%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$422.92	\$411.81	2.7%										
17	86052DC0460011	BlueChoice HMO Platinum 0	HMO	Platinum	On	1,475	\$431.00	\$392.81	9.72%	0.923	0.931	-0.91%	0.958	0.957	0.10%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$511.57	\$498.05	2.7%										
18	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	Silver	On	666	\$431.00	\$392.81	9.72%	0.693	0.697	-0.47%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$344.48	\$333.80	3.2%										
19	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	Silver	On	552	\$431.00	\$392.81	9.72%	0.665	0.665	-0.10%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$330.11	\$318.70	3.6%										
20	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	500	\$431.00	\$392.81	9.72%	0.532	0.531	0.09%	0.958	0.957	0.10%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$256.38	\$247.10	3.8%										
21	86052DC0460015	HealthyBlue HMO Gold 1500	HMO	Gold	On	691	\$431.00	\$392.81	9.72%	0.822	0.822	-0.07%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$427.88	\$412.84	3.6%										
22	86052DC0460016	HealthyBlue HMO Platinum 500	HMO	Platinum	On	282	\$431.00	\$392.81	9.72%	0.887	0.886	0.07%	0.958	0.957	0.10%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$491.39	\$473.71	3.7%										
23	86052DC0460017	HealthyBlue HMO Platinum 1000	HMO	Platinum	On	95	\$431.00	\$392.81	9.72%	0.887	0.872	1.64%	0.958	0.957	0.10%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$491.39	\$466.42	5.4%										
24	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	499	\$431.00	\$392.81	9.72%	0.686	0.682	0.49%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$340.59	\$326.89	4.2%										
25	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	161	\$431.00	\$392.81	9.72%	0.627	0.626	0.18%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$311.34	\$299.74	3.9%										
26	86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	425	\$431.00	\$392.81	9.72%	0.679	0.714	-4.86%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$337.28	\$341.93	-1.4%										
27	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	191	\$431.00	\$392.81	9.72%	0.745	0.745	-0.08%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$387.81	\$374.21	3.6%										
28	86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	Platinum	On	1,661	\$431.00	\$392.81	9.72%	0.922	0.931	-1.01%	0.912	0.912	0.00%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$486.51	\$474.63	2.5%										
29	86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	Gold	On	1,000	\$431.00	\$392.81	9.72%	0.808	0.820	-1.41%	0.912	0.912	0.00%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$400.85	\$392.44	2.1%										
30	86052DC0480009	BlueChoice HMO Referral Bronze 5750	HMO	Bronze	On	197	\$431.00	\$392.81	9.72%	0.540	0.588	-8.08%	0.912	0.912	0.00%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$248.03	\$260.58	-4.8%										
31	86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	Gold	On	731	\$431.00	\$392.81	9.72%	0.868	0.878	-1.14%	0.912	0.912	0.00%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$430.54	\$420.33	2.4%										
32	86052DC0480011	BlueChoice HMO Referral Gold 80	HMO	Gold	On	247																																					

Key Drivers:

- 1.) Increases in allowed cost, assumed annual trend of 8.1%.
- 2.) Removal of the Health Insurer Fee in 2019.
- 3.) Assumed projection in the risk adjustment factor.

June 1, 2018

Mr. Efren Tanhehco  
Supervisory Health Actuary  
Department of Insurance, Securities and Banking



Re: CareFirst BlueChoice, Inc. Small Group Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2019 ACA plan rate filing submitted 6/1/2018. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2255
- d. **Date Submitted:** 6/1/2018
- e. **Proposed Effective Date:** 1/1/2019
- 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-131010730).
- 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 2019 is 3.2%.
- l. **Contact Information:**
  - a. Name: Dwayne Lucado, FSA, MAAA
  - b. Telephone Number: 410-998-7519
  - c. Email: [dwayne.lucado@Carefirst.com](mailto: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 6/1/2018.

Sincerely,

Dwayne  
Lucado

Digitally signed by Dwayne  
Lucado  
Date: 2018.06.01 12:18:05  
-04'00'

Dwayne Lucado, FSA, MAAA  
Assistant Actuary





Product-Plan Data Collection

Company Legal Name: BlueChoice, Inc.  
HIOS Issuer ID: 86052  
Effective Date of Rate Change(s): 1/1/2019

State: DC  
Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product ID:	BlueChoice Advantage 86052DC044																			
Metal:	Gold	Gold	Platinum	Silver	Gold	Platinum	Platinum	Silver	Bronze	Silver	Bronze	Gold	Silver	Silver	Silver	Gold	Silver	Silver	Gold	
AV Metal Value	0.816	0.815	0.916	0.717	0.820	0.908	0.887	0.712	0.618	0.699	0.650	0.793	0.718	0.720	0.697	0.943	0.890	0.716	0.763	0.818
AV Pricing Value	1.110	1.143	1.373	0.942	1.155	1.326	0.910	0.934	0.717	0.861	0.735	1.060	0.914	0.943	0.890	1.060	0.908	1.027	0.964	0.964
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
Plan Name	BlueChoice Advantage Gold 1000	BlueChoice Advantage Gold 300	BlueChoice Advantage Platinum 0	Advantage HSA/HRA Silver 1500	HealthyBlue Advantage Gold 1500	HealthyBlue Advantage Platinum 500	HealthyBlue Advantage Platinum 1000	Advantage HSA/HRA Silver 2000	Advantage HSA/HRA Silver 6000	BlueChoice Advantage Bronze 5750	BlueChoice Advantage Bronze 6000	Advantage HSA/HRA Gold 1500	BlueChoice Advantage Silver 4000	Advantage Silver 1500 Bluefund HSA	Advantage HSA/HRA Silver 2500	BlueChoice Advantage Silver 5000	BlueChoice Advantage Gold 3000	BlueChoice Advantage Silver 5000	BlueChoice Advantage Gold 1500	BlueChoice HMO Gold 1500
Plan ID (Standard Component ID):	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0440027	86052DC0440028	86052DC0440029
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2																				
Historical Rate Increase - Calendar Year - 1																				
Historical Rate Increase - Calendar Year 0																				
Effective Date of Proposed Rates	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019
Rate Change % (over prior filing)	-1.90%	-2.02%	-2.71%	-0.37%	-1.20%	-1.20%	0.00%	0.87%	1.34%	-5.11%	-0.02%	-0.37%	0.53%	0.00%	-2.25%	-2.13%	-2.11%			
Cum/Time Rate Change % (over 12 mos prior)	4.80%	4.66%	3.94%	6.43%	5.48%	5.48%	0.00%	7.75%	9.42%	8.25%	1.36%	6.80%	1.73%	6.43%	7.38%	0.00%	0.00%	4.42%	4.55%	4.57%
Proj'd Per Rate Change % (over Expir. Period)	15.70%	15.90%	10.85%	26.73%	14.30%	9.59%	-100.00%	24.69%	29.87%	24.43%	8.96%	24.47%	9.30%	25.17%	#DIV/D!	#DIV/D!	#DIV/D!	9.01%	10.18%	6.16%
Product Rate Increase %																				

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0440027	86052DC0440028	86052DC0440029
Input/output	\$2.82	\$2.80	\$2.87	\$2.85	\$2.86	\$2.41	\$3.94	\$0.00	\$3.87	\$3.58	\$3.79	\$0.47	\$3.87	\$0.78	\$3.26	\$3.52	\$0.00	\$0.00	\$2.29	\$2.48	\$3.01
Outpatient	\$2.23	\$2.24	\$2.22	\$2.08	\$2.78	\$2.79	\$2.20	\$0.00	\$3.44	\$3.29	\$3.41	\$0.03	\$3.35	\$0.17	\$2.79	\$3.10	\$0.00	\$0.00	\$1.73	\$1.20	\$2.31
Professional	\$5.26	\$5.33	\$5.32	\$5.30	\$6.15	\$6.39	\$7.33	\$0.00	\$7.37	\$6.86	\$7.23	\$0.72	\$7.33	\$1.27	\$6.16	\$6.69	\$0.00	\$0.00	\$4.23	\$4.59	\$5.57
Prescription Drug	\$4.93	\$5.03	\$5.06	\$5.28	\$5.47	\$5.86	\$6.72	\$0.00	\$6.36	\$5.77	\$6.18	\$1.26	\$6.46	\$1.85	\$5.48	\$5.81	\$0.00	\$0.00	\$4.08	\$4.39	\$5.33
Other	\$0.97	\$0.99	\$0.99	\$1.02	\$1.09	\$1.16	\$1.33	\$0.00	\$1.28	\$1.17	\$1.25	\$0.22	\$1.29	\$0.93	\$1.09	\$1.17	\$0.00	\$0.00	\$0.80	\$0.86	\$1.04
Capitation	\$0.20	\$0.21	\$0.22	\$0.28	\$0.16	\$0.21	\$0.24	\$0.00	\$0.15	\$0.10	\$0.13	\$0.17	\$0.18	\$0.21	\$0.16	\$0.14	\$0.00	\$0.00	\$0.19	\$0.20	\$0.24
Administration	\$3.49	\$3.80	\$4.04	\$5.66	\$2.01	\$3.32	\$3.81	\$0.00	\$1.05	\$0.09	\$0.64	\$4.61	\$1.96	\$5.44	\$2.01	\$1.24	\$0.00	\$0.00	\$3.60	\$3.67	\$4.42
Taxes & Fees	\$12.39	\$13.05	\$13.48	\$16.47	\$10.67	\$13.37	\$15.34	\$0.00	\$10.25	\$7.57	\$9.34	\$0.95	\$11.90	\$11.53	\$10.68	\$9.85	\$0.00	\$0.00	\$11.43	\$11.98	\$14.48
Risk & Profit Charge	\$7.65	\$8.03	\$8.27	\$9.93	\$6.81	\$8.35	\$9.58	\$0.00	\$6.76	\$5.19	\$6.22	\$5.32	\$7.67	\$6.61	\$6.82	\$6.43	\$0.00	\$0.00	\$6.97	\$7.32	\$8.86
Total Rate Increase	\$76.77	\$74.41	\$6.99	\$4.10	\$12.72	\$11.06	\$12.67	\$0.00	\$17.63	\$18.29	\$17.99	\$6.18	\$15.93	\$6.17	\$12.76	\$15.49	\$0.00	\$0.00	\$4.87	\$5.70	\$6.98
Member Cost Share Increase	\$6.62	\$7.51	\$7.52	\$3.65	\$11.02	\$7.34	\$3.98	\$0.00	\$13.20	\$14.39	\$11.89	\$13.21	\$8.44	\$10.95	\$10.90	\$11.77	\$0.00	\$0.00	\$6.64	\$6.72	\$3.27

Average Current Rate PMPM	\$472.76	\$494.42	\$509.72	\$616.47	\$413.17	\$511.00	\$586.34	\$0	\$404.62	\$305.85	\$371.01	\$338.45	\$463.19	\$413.57	\$386.59	\$430.80	\$452.09	\$546.76	\$430.80	\$452.09	\$546.76
Projected Member Months	429,339	19,039	23,574	28,142	18,501	29,689	16,310	0	10,328	4,392	2,961	740	7,842	1,276	8,992	48	1,380	1,192	5,786	13,057	18,038

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0440027	86052DC0440028	86052DC0440029
Plan Adjusted Index Rate	\$437.99	\$433.72	\$445.81	\$559.83	\$336.05	\$456.76	\$546.61	\$535.58	\$338.65	\$249.59	\$312.62	\$304.94	\$384.94	\$377.91	\$340.58	\$0	\$0	\$0	\$399.67	\$415.47	\$521.63
Member Months	410,658	17,486	21,534	24,584	25,057	37,099	10,997	4,421	11,042	3,133	2,770	270	2,770	2,786	0	0	0	5,468	14,534	18,366	
Total Premium (TP)	\$173,704.455	\$7,699,556	\$8,476,060	\$12,863,119	\$7,827,559	\$16,241,318	\$5,847,672	\$2,230,941	\$3,658,866	\$745,043	\$1,067,512	\$87,637	\$1,270,556	\$101,014	\$811,280	\$0	\$0	\$0	\$2,056,716	\$5,776,269	\$8,890,453
EHB Percent of TP, [see instructions]	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%
Total Allowed Claims (TAC)	\$149,434,856	\$7,054,757	\$7,816,454	\$9,657,077	\$8,307,192	\$15,058,107	\$5,319,776	\$2,399,692	\$4,516,914	\$732,840	\$809,316	\$24,467	\$1,246,764	\$39,842	\$899,379	\$0	\$0	\$0	\$1,142,407	\$4,648,233	\$6,037,863
EHB Percent of TAC, [see instructions]	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%
Allowed Claims which are not the issuer's obligation: Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$21,549,027	\$1,009,386	\$1,020,801	\$824,085	\$2,290,220	\$1,664,958	\$410,301	\$210,393	\$1,150,177	\$336,703	\$274,866	\$14,145	\$295,956	\$18,450	\$298,594	\$0	\$0	\$0	\$215,460	\$580,784	\$408,757
Portion of above payable by HHS on behalf of insured person, as %	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Incurred claims, payable with issuer funds	\$127,885,829	\$6,045,371	\$6,795,652	\$8,832,991	\$6,016,972	\$13,393,149	\$4,909,475	\$2,189,299	\$3,366,737	\$396,137	\$534,450	\$10,123	\$950,808	\$21,393	\$600,786	\$0	\$0	\$0	\$926,947	\$4,067,449	\$5,629,106
Net Amt of Reim	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Adjustment Transfer Amount	-\$8,388,144.21	-\$292,544.12	-\$1,080,710.71	-\$3,098.31	-\$665,393.76	-\$1,601,739.41	-\$430,006.51	-\$396,818.44	-\$395,148.24	-\$167,376.10	-\$503,715.89	-\$52,720.69	-\$516,174.21	-\$54,852.82	-\$315,199.47	\$0.00	\$0.00	\$0.00	-\$635,412.37	-\$577,749.23	-\$1,003,828.16
Incurred Claims PMPM	\$331.42	\$345.73	\$315.58	\$359.30	\$240.13	\$446.44	\$495.20	\$390.90	\$326.44	\$192.94	\$38.23	\$265.81	\$80.12	\$215.64	#DIV/0!	#DIV/0!	#DIV/0!	\$169.52	\$279.86	\$306.50	
Allowed Claims PMPM	\$363.89	\$403.45	\$362.98	\$392.82	\$331.53	\$405.89	\$483.75	\$542.79	\$409.07	\$233.91	\$292.17	\$90.62	\$348.55	\$349.22	\$322.82	#DIV/0!	#DIV/0!	#DIV/0!	\$208.93	\$319.82	\$328.75
EHB portion of Allowed Claims, PMPM	\$361.79	\$401.12	\$360.89	\$390.55	\$329.62	\$403.55	\$480.96	\$539.66	\$406.71	\$232.56	\$290.49	\$90.10	\$346.54	\$348.36	\$320.96	#DIV/0!	#DIV/0!	#DIV/0!	\$207.72	\$317.97	\$326.86

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID)	Total	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0440027	86052DC0440028	86052DC0440029
Plan Adjusted Index Rate	\$484.98	\$501.82	\$516.71	\$620.57	\$425.89	\$522.06	\$599.01	\$0.00	\$422.25	\$324.14	\$388.99	\$332.27	\$479.12	\$413.04	\$426.32	\$402.08	\$410.27	\$464.17	\$435.67	\$457.78	\$553.74
Member Months	429,339	19,039	23,574	28,142	18,501	29,689	16,310	-	10,328	4,392	2,961	740	7,842	1,276	8,992	48	1,380	1,192	5,786	13,057	18,038
Total Premium (TP)	\$208,222.400	\$9,554,233	\$12,180,902	\$17,464,008	\$7,879,385	\$15,499,566	\$9,769,882	\$0	\$4,861,049	\$1,423,623	\$1,151,813	\$245,881	\$3,757,281	\$527,037	\$3,831,491	\$19,300	\$488,137	\$553,296	\$2,499,838	\$5,977,274	\$9,808,036
EHB Percent of TP, [see instructions]																					
state mandated benefits portion of TP that are other than EHB	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	100.00%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$176,344.53	\$179,986	\$59,682,670	\$11,558,990	\$7,599,031	\$12,194,316	\$6,699,090	\$0	\$4,242,073	\$1,803,349	\$1,216,187	\$303,944	\$3,220,985	\$524,008	\$3,693,330	\$15,713	\$484,667	\$489,596	\$2,356,798	\$5,362,969	\$7,408,841
EHB Percent of TAC, [see instructions]																					
state mandated benefits portion of TAC that are other than EHB	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	100.00%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%

Allowed Claims which are not the issuer's obligation	\$33,565,992	\$1,593,433	\$1,744,301	\$864,685	\$2,215,322	\$2,093,152	\$716,423	\$0	\$1,262,331	\$801,700	\$429,198	\$130,841	\$772,342	\$163,994	\$1,074,050	\$6,529	\$153,888	\$129,017	\$535,457	\$1,008,059	\$570,897
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total incurred claims, payable with issuer funds	\$142,778,626	\$6,226,553	\$7,938,370	\$10,694,224	\$5,383,689	\$10,101,164	\$5,982,668	\$0	\$2,979,741	\$1,002,248	\$786,989	\$173,103	\$2,448,643	\$360,104	\$2,619,281	\$13,187	\$330,779	\$360,580	\$1,821,341	\$4,354,910	\$6,837,943
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	-\$8,168,666	-\$827,992	-\$1,025,215	\$597,593	-\$568,269	-\$1,291,152	\$346,341	\$0	-\$317,231	-\$340,444	-\$90,949	-\$57,361	-\$341,043	-\$39,193	-\$276,195	-\$1,474	-\$36,244	-\$51,839	-\$249,541	-\$567,839	\$383,035

# 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-131468251
Submission Date	6/1/2018
Product Name	BlueChoice

Market Type: ☐ Individual ☒ Small Group  
Rate Filing Type: ☒ Rate Increase ☐ New Filing

### Scope and Range of the Increase:

The  % increase is requested because:

The main drivers of the 2019 rate change are a) decreased morbidity and b) trend of 8.1%, c.) the assumed projected risk adjustment factor and d.) the removal of the Health Insurer Fee in 2019.

This filing will impact:

# of policyholder's  # of covered lives

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  %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved  %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved  %

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 2017, a total of \$173.7 million in premium was collected and \$127.9 million in claims were paid out, along with \$8.4 million paid in risk adjustment, for a loss ratio of 78.5%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$195.8 million in premium and paid out \$147.3 million in claims and paid \$12.0 million in risk adjustment for a loss ratio of 81.4%.

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 80.0%.

## Components of Increase

The request is made up of the following components:

<b>Trend Increases –</b>	8.1	% of the	3.2	% 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	2.7	% of the	3.2	% 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	5.3	% of the	3.2	% total filed increase.

<b>Other Increases –</b>	(4.5)	% of the	3.2	% 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	3.2	% 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	-0.04	% of the	3.2	% 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	-2.6	% of the	3.2	% 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	2.0	% of the	3.2	% total filed increase.
5. Other – Defined as:				
Lower anticipated risk adjustment payments and removal of the Health Insurer Tax in 2019.				
This component is	(3.9)	% of the	3.2	% total filed increase.