SERFF Tracking #: UHLC-132330453 State Tracking #:

Company Tracking #:

State:	District of Columbia	Filing Company:	Optimum Choice, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizat - Other	ons - Health Maintenance (HMO)/HOrgl	02G.004E Small Group Only
Product Name:	DC-SG-OCI-2021-01		
Project Name/Number:	/		

Filing at a Glance

Company:	Optimum Choice, Inc.
Product Name:	DC-SG-OCI-2021-01
State:	District of Columbia
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.004E Small Group Only - Other
Filing Type:	Rate
Date Submitted:	05/01/2020
SERFF Tr Num:	UHLC-132330453
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	01/01/2021
Date Requested:	
Author(s):	Maria Ilea, Esther Drew, Michelle Lorenzo, Ryan Morgan, Hannah Sinner
Reviewer(s):	Dave Dillon (primary), Philip Barlow, Darniece Shirley, Efren Tanhehco, John Morgan
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

SERFF Tracking #: UHLC-132330453 State Tracking #:

Company Tracking #:

 State:
 District of Columbia
 Filing Company:
 Optimum Choice, Inc.

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

 Product Name:
 DC-SG-OCI-2021-01

 Project Name/Number:
 /

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact: 10.3%
Filing Status Changed: 05/02/2020	
State Status Changed:	Deemer Date:
Created By: Ryan Morgan	Submitted By: Ryan Morgan
Corresponding Filing Tracking Number:	

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null Include Exchange Intentions:

Filing Description: 2021 DC SG OCI Rate Filing

Company and Contact

Filing Contact Information

Filing Company Information

Optimum Choice, Inc.CoCode: 969404 Taft CourtGroup Code: 707Rockville, MD 20850Group Name:(301) 294-1578 ext. [Phone]FEIN Number: 52-1518174

State of Domicile: Maryland Company Type: HMO State ID Number: 96940

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

No

SERFF Tracking #:	UHLC-132330453	State Tracking #:	Co	ompany Tracking #:	
State:	District of Columbia		Filing Company:	Optimum Choice, Inc.	
TOI/Sub-TOI:	HOrg02G Group He	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other			
Product Name:	DC-SG-OCI-2021-0	01			
Project Name/Number:	/				

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Rate Sheets	Ryan Morgan	05/05/2020	05/05/2020

SERFF Tracking #:	UHLC-132330453	State Tracking #:	с	ompany Tracking #:	
State:	District of Columbia		Filing Company:	Optimum Choice, Inc.	
TOI/Sub-TOI:	HOrg02G Group Hea	alth Organizations - Health Mainte	enance (HMO)/HOrg02G.004E Small Gr	oup Only - Other	
Product Name:	DC-SG-OCI-2021-0	1			
Project Name/Number:	/				
Amendment L	etter				
Submitted Date:	05/05/	2020			
Comments:					
Amendina the filina t	o add rate sheets, as r	equested by Efren Tanheho	co.		

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes				
Satisfied - Item:	Rate Sheets			
Comments:				
Attachment(s):	DC_75753_OCI_2021_RRT.xls			

SERFF Tracking #:	UHLC-132330453	State Tracking #:	c	Company Tracking #:	
State:	District of Columbia	3	Filing Company:	Optimum Choice, Inc.	
TOI/Sub-TOI:	HOrg02G Group H	02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other			
Product Name:	DC-SG-OCI-2021-0	01			
Project Name/Number:	/				

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approval		
Rate Change Type:	Increase		
Overall Percentage of Last Rate Revision:	10.300%		
Effective Date of Last Rate Revision:	01/01/2020		
Filing Method of Last Filing:	Review & Approval		
SERFF Tracking Number of Last Filing:	UHLC-131910009		

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:	Premium for	Maximum % Change (where req'd)	Minimum % Change : (where req'd):
Optimum Choice, Inc.	Increase	10.300%	10.300%	\$427,308	180	\$4,164,737	21.700%	6.000%

SERFF Tracking #: UHLC-132330453 State Tracking #:

Company Tracking #:

 State:
 District of Columbia
 Filing Company:
 Optimum Choice, Inc.

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

 Product Name:
 DC-SG-OCI-2021-01

 Project Name/Number:
 /

Rate Review Detail

COMPANY:

Company Name:	Optimum Choice, Inc.
HHS Issuer Id:	75753

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
НМО	75753DC001		583

Trend Factors:

New Policy Forms:

The current annual trend factor is 7.9% The proposed 2021 annual trend factor is 9.0%

FORMS:

COC21.SHOP.OCI.2018.SG.DC, SBN21.OCI.NET.2018.SG.DC.PL1, SBN21.OCI.NET.2018.SG.DC.PL4, SBN21.OCI.NET.2018.SG.DC.GO1ADV, SBN21.OCI.NET.2018.SG.DC.GO1, SBN21.OCI.NET.2018.SG.DC.GO22, SBN21.OCI.NET.2018.SG.DC.GO23, SBN21.OCI.NET.2018.SG.DC.GO25, SBN21.OCI.NET.2018.SG.DC.GO32, SBN21.OCI.NET.2018.SG.DC.GO25, SBN21.OCI.NET.2018.SG.DC.SL11, SBN21.OCI.NET.2018.SG.DC.SL11ADV, SBN21.OCI.NET.2018.SG.DC.SL21, SBN21.OCI.NET.2018.SG.DC.SL25, SBN21.OCI.NET.2018.SG.DC.SL26, SBN21.OCI.NET.2018.SG.DC.SL25, SBN21.OCI.NET.2018.SG.DC.SL26, SBN21.OCI.NET.2018.SG.DC.SL27, SBN21.OCI.NET.2018.SG.DC.SL26, SBN21.OCI.NET.0CI.2018.SG.DC, RID21.PVCS.NET.OCI.2018.SG.DC, RID21.RX.NET.OCI.2018.SG.DC, SBN21.RX.NET.OCI.2018.SG.1050%150, SBN21.RX.NET.OCI.2018.SG.104075, SBN21.RX.NET.OCI.2018.SG.10452030, SBN21.RX.NET.OCI.2018.SG.1050100150, SBN21.RX.NET.OCI.2018.SG.NONE

Affected Forms: Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Quarterly
Member Months:	8,344
Benefit Change:	Increase
Percent Change Requested:	Min: 6.0 Max: 21.7 Avg: 10.3

PRIOR RATE:

Total Earned Premium:	4,164,737.00
Total Incurred Claims:	3,309,742.00
Annual \$:	Min: 179.63 Max: 1,227.11 Avg: 499.13

REQUESTED RATE:

Projected Earned Premium:	4,592,045.00
Projected Incurred Claims:	3,643,742.00

SERFF Tracking #: UHLC-132330453 State Tracking #:

Company Tracking #:

 State:
 District of Columbia
 Filing Company:
 Optimum Choice, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only content

 Product Name:
 DC-SG-OCI-2021-01
 Image: Content

 Project Name/Number;
 /
 Image: Content

Annual \$:

Min: 212.72 Max: 1,302.43 Avg: 550.34

SERFF Tracking #:	UHLC-132330453	State Tracking #:	С	Company Tracking #:	
State:	District of Columbi	a	Filing Company:	Optimum Choice, Inc.	
TOI/Sub-TOI:	HOrg02G Group H	lealth Organizations - Health Mainte	nance (HMO)/HOrg02G.004E Small Gr	roup Only - Other	
Product Name:	DC-SG-OCI-2021-	-01			
Project Name/Number:	/				

Rate/Rule Schedule

ltem No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Filing Exhibits		Revised	Previous State Filing Number: UHLC-131910009 Percent Rate Change Request: 10.3	DC-SG-OCI-Exhibits 2021-01-v1.xlsx, DC- SG-OCI-Exhibits 2021- 01-v2.pdf,

SERFF Tracking #:	UHLC-132330453	State Tracking #:	Company Tracking #:						
State:	District of Columbia		Filing Company:	Optimum Choice, Inc.					
TOI/Sub-TOI:	HOrg02G Group He	ealth Organizations - Health Maint	enance (HMO)/HOrg02G.004E Small Gr	oup Only - Other					
Product Name:	DC-SG-OCI-2021-0	01							
Project Name/Number:	/								

Attachment DC-SG-OCI-Exhibits 2021-01-v1.xlsx is not a PDF document and cannot be reproduced

here.

Rate Factors

(1) Base Rate: \$791.46

(2) Benefit Plan Ratios

		НМО	Plans		
	Medical	Rx			
	Plan	Plan	Metal	Actuarial	Plan
Product	Name	Name	Level	Value	Ratio
HMO HSA	CC-ED	A88L	Gold	81.8%	0.5950
HMO HSA	CC-EE	A89L	Bronze	64.6%	0.4110
НМО	CC-EF	813	Gold	81.1%	0.6385
НМО	CC-EG	E57	Platinum	86.2%	0.6199
НМО	CC-EH	E57	Gold	81.8%	0.5486
НМО	CC-EI	E57	Silver	71.7%	0.4758
HMO HSA	CC-NI	814	Gold	81.9%	0.6138
НМО	CC-EJ	E55	Gold	80.9%	0.5716
НМО	CC-EK	E55	Gold	79.3%	0.5510
НМО	CC-EL	E55	Gold	77.2%	0.5274
НМО	CC-EM	814	Gold	81.4%	0.5610
НМО	CC-EN	814	Platinum	90.5%	0.7367
НМО	CC-EO	814	Platinum	90.1%	0.7545
HMO HSA	CC-EP	A88L	Silver	70.9%	0.5199
НМО	CC-EQ	E54	Silver	70.6%	0.4704
нмо	CC-ER	E55	Silver	71.9%	0.4976
HMO	CC-ES	E58L	Silver	71.1%	0.5139
HMO HSA	CC-NJ	814	Silver	71.0%	0.5359

(3) Effective Date Adjustment Factors (EDA's)

Effective Quarter	Trend
1st Quarter, 2020	1.000
2nd Quarter, 2020	1.022
3rd Quarter, 2020	1.044
4th Quarter, 2020	1.067

(4) Age Factors

Age	Factor	Age	Factor	Age	Factor
0-20	0.654	35	0.876	50	1.431
21	0.727	36	0.896	51	1.487
22	0.727	37	0.916	52	1.545
23	0.727	38	0.927	53	1.605
24	0.727	39	0.938	54	1.668
25	0.727	40	0.975	55	1.733
26	0.727	41	1.013	56	1.801
27	0.727	42	1.053	57	1.871
28	0.744	43	1.094	58	1.944
29	0.760	44	1.137	59	2.020
30	0.779	45	1.181	60	2.099
31	0.799	46	1.227	61	2.181
32	0.817	47	1.275	62	2.181
33	0.836	48	1.325	63	2.181
34	0.856	49	1.377	64 & older	2.181

DC Small Group - 2021 Portfolio - Optimum Choice, Inc.

								Ir	n-Networ	k			Out	of-Netv	vork	
	Plan Na	ame		Metal	Act'l	Plan	Dedu	Deductible		OOP M	aximum	Deductible			OOP M	aximum
Product	Medical	Rx	SCID	Level	Value	Ratio	Indiv.	Family	Coins	Indiv.	Family	Indiv.	Family	Coins	Indiv.	Family
HMO HSA	CC-ED	A88L	75753DC0030001-01	Gold 1	81.8%	0.5950	\$1,600	\$3,200	90%	\$4,000	\$8,000					
HMO HSA	CC-EE	A89L	75753DC0030002-01	Bronze 4	64.6%	0.4110	\$7,000	\$14,000	100%	\$7,000	\$14,000					
HMO	CC-EF	813	75753DC0010018-01	Gold 22	81.1%	0.6385	\$0	\$0	100%	\$7,900	\$15,800					
HMO	CC-EG	E57	75753DC0010079-01	Platinum 16	86.2%	0.6199	\$500	\$1,000	50%	\$5 <i>,</i> 000	\$10,000					
HMO	CC-EH	E57	75753DC0010080-01	Gold 33	81.8%	0.5486	\$500	\$1,000	50%	\$5,500	\$11,000					
HMO	CC-EI	E57	75753DC0010081-01	Silver 26	71.7%	0.4758	\$5,000	\$10,000	50%	\$8,550	\$17,100					
HMO HSA	CC-NI	814	75753DC0010082-01	Gold 1	81.9%	0.6138	\$1,600	\$3,200	90%	\$4,000	\$8,000					
HMO	CC-EJ	E55	75753DC0010063-01	Gold 23	80.9%	0.5716	\$1,500	\$3,000	80%	\$8,550	\$17,100					
HMO	CC-EK	E55	75753DC0010064-01	Gold 25	79.3%	0.5510	\$2,500	\$5,000	80%	\$8,550	\$17,100					
HMO	CC-EL	E55	75753DC0010074-01	Gold 32	77.2%	0.5274	\$3,500	\$7,000	80%	\$8,550	\$17,100					
HMO	CC-EM	814	75753DC0010042-01	Gold 8	81.4%	0.5610	\$2,000	\$4,000	80%	\$6,000	\$12,000					
HMO	CC-EN	814	75753DC0010056-01	Platinum 1	90.5%	0.7367	\$250	\$500	100%	\$2,500	\$5,000					
HMO	CC-EO	814	75753DC0010058-01	Platinum 4	90.1%	0.7545	\$0	\$0	100%	\$3,500	\$7,000					
HMO HSA	CC-EP	A88L	75753DC0030003-01	Silver 11	70.9%	0.5199	\$2 <i>,</i> 500	\$5,000	100%	\$7,000	\$14,000					
HMO	CC-EQ	E54	75753DC0010078-01	Silver 21	70.6%	0.4704	\$5 <i>,</i> 000	\$10,000	100%	\$8,550	\$17,100					
НМО	CC-ER	E55	75753DC0010075-01	Silver 25	71.9%	0.4976	\$6 <i>,</i> 750	\$13,500	70%	\$8,550	\$17,100					
НМО	CC-ES	E58L	75753DC0030004-01	Silver 27	71.1%	0.5139	\$2,000	\$4,000	100%	\$8,550	\$17,100					
HMO HSA	CC-NJ	814	75753DC0010083-01	Silver 11	71.0%	0.5359	\$2,500	\$5,000	100%	\$7,000	\$14,000					

<u>Exhibit 3</u>

-

Rate Changes - Base Rates, Benefit Plan Ratios and Effective Date Adjustment (EDA) Factors (from Exhibit 1)

														Yea	ar Over Ye	ar Rate Cha	ange
					Curre	ent - 4th Qu	arter 202	0 Rate	Proposed - 1st Quarter 2021 Rate			% Rate	Min: 6.0%		Max: 21.7%		
				E	ase	Plan	EDA	4Q2019	Index	Plan	1Q2021		Change	1Q20	2Q20	3Q20	4Q20
				F	ate	Ratio	Factor	Rate =	Rate	Ratio	Rate =		4Q19	to	to	to	to
Product	2020	2021	Rx		(a)	(b)	(c)	(axbxc)	(d)	(e)	(d x e)		to 1Q20	1Q21	2Q21	3Q21	4Q21
HMO	BH-CT	CC-ED	A88L	\$7	34.80	0.5781	1.059	\$449.72	\$791.46	0.5950	\$470.90		4.7%	10.9%	11.2%	11.4%	11.7%
HMO	BP-99	CC-EE	A89L	\$7	34.80	0.3738	1.059	\$290.79	\$791.46	0.4110	\$325.27		11.9%	18.4%	18.7%	19.0%	19.4%
HMO	BQ-AA	CC-EF	813	\$7	34.80	0.6157	1.059	\$478.97	\$791.46	0.6385	\$505.33		5.5%	11.7%	12.0%	12.3%	12.6%
HMO	BQ-AB	CC-EJ	E55	\$7	34.80	0.5477	1.059	\$426.07	\$791.46	0.5716	\$452.39		6.2%	12.4%	12.7%	13.0%	13.3%
HMO HSA	BQ-AC	CC-EK	E55	\$7	34.80	0.5157	1.059	\$401.17	\$791.46	0.5510	\$436.12		8.7%	15.1%	15.4%	15.7%	16.0%
HMO HSA	BQ-AD	CC-EL	E55	\$7	34.80	0.4895	1.059	\$380.79	\$791.46	0.5274	\$417.38		9.6%	16.0%	16.4%	16.6%	17.0%
HMO HSA	BQ-AF	CC-EM	814	\$7	34.80	0.5287	1.059	\$411.29	\$791.46	0.5610	\$443.98		7.9%	14.3%	14.6%	14.9%	15.2%
HMO HSA	BQ-AG	CC-EN	814	\$7	34.80	0.7275	1.059	\$565.94	\$791.46	0.7367	\$583.05		3.0%	9.1%	9.4%	9.6%	9.9%
HMO HSA	BQ-AH	CC-EO	814	\$7	35.80	0.7657	1.059	\$596.46	\$791.46	0.7545	\$597.17		0.1%	6.0%	6.3%	6.5%	6.8%
НМО	BQ-AI	CC-EP	A88L	\$7	36.80	0.4813	1.059	\$375.43	\$791.46	0.5199	\$411.45		9.6%	16.0%	16.3%	16.6%	16.9%
HMO	BQ-AJ	CC-EQ	E54	\$7	37.80	0.4180	1.059	\$326.50	\$791.46	0.4704	\$372.33		14.0%	20.7%	21.1%	21.3%	21.7%
HMO	BQ-AE	CC-ER	E55	\$7	38.80	0.4550	1.059	\$355.88	\$791.46	0.4976	\$393.86		10.7%	17.2%	17.5%	17.8%	18.1%
HMO		CC-EG	E57	Ν	ew Ben	efit Plan			\$791.46	0.6199	\$490.62						
НМО		CC-EH	E57	N	ew Ben	efit Plan			\$791.46	0.5486	\$434.17						
HMO		CC-EI	E57	N	ew Ben	efit Plan			\$791.46	0.4758	\$376.59						
HMO HSA		CC-NI	814	N	ew Ben	efit Plan			\$791.46	0.6138	\$485.78						
HMO		CC-ES	E58L	N	ew Ben	efit Plan			\$791.46	0.5139	\$406.75						

New 2021 Benefit Plans

		Metal	Plan
SCID	Product	Level	Name
75753DC0010079-01	HMO	Platinum 16	CC-EG
75753DC0010080-01	HMO	Gold 33	CC-EH
75753DC0010081-01	HMO	Silver 26	CC-EI
75753DC0010082-01	HMO HSA	Gold 1	CC-NI
75753DC0030004-01	HMO	Silver 27	CC-ES
75753DC0010083-01	HMO HSA	Silver 11	CC-NJ

Terminated 2020 Benefit Plans

There are no terminated 2019 benefit plans

2020 Benefit Plans with Plan Changes (Uniform Modification)

		Metal	2020	2021		Value of Benefi
SCID	Product	Level	Name	Name	Benefit Plan Changes	Change on Rat
					ER from D+C 50% to \$350 after ded	
					Op Surgery/ MRI from D+C/ \$500 for MRI to D&C (FS)	
					D&C to \$350 POD + D&C (HS)	
					INN OOPM from \$7900/\$15,600 to \$8600/\$17,200	
					INN Ded from \$1000/\$2000 to \$1500/\$3000	
					PCP from \$40 to \$50	
75753DC0010063-01	HMO	Gold 23	BQ-AB	CC-EJ	Spec from \$80 to \$100	0.6%
					ER from D+C to \$350 after ded	
					MRI from \$500 to D&C (FS)	
					OP/ MRI changed from D&C/ \$500 to \$350 POD + D&C	
					Xray from \$40 to \$50	
					Lab from D+C to 100%	
					INN Ded from \$2000/ \$4000 to \$2500/\$5000	
75753DC0010064-01	HMO	Gold 25	BQ-AC	CC-EK	OOPM from \$7,900/ \$15,800 to \$8,600/\$17,200	1.9%
					ER from Ded + 50% to \$350 after ded	
					MRI from \$500 to D&C (FS)	
					OP/ MRI changed from D&C/ \$500 to \$350 POD + D&CUC from \$25 to	
					\$60	
					INN OOPM from \$7900/\$15,600 to \$8550/\$17100	
75753DC0010074-01	НМО	Gold 32	BQ-AD	CC-EL	INN Ded from \$3000/\$6000 to \$3500/\$7000	2.2%
					ER from Ded + 50% to \$350 after ded	
					OP (HS) from D+C to D&C (-20%)	
					X-ray to \$50 from \$100	
					INN OOPM from \$8,150/\$16,300 to \$8,550/\$17,100	
75753DC0010075-01	НМО	Silver 25	BQ-AE	CC-ER	INN ded from \$6,500/\$13,000 to \$6,750/\$13,500	3.0%
75753DC0010018-01	HMO	Gold 22	BQ-AA	CC-EF	UC to \$60 from \$30	-0.3%
					ER from D+C to \$350 after ded	
					Xray to \$50 from \$60	
75753DC0010042-01	НМО	Gold 8	BQ-AF	CC-EM	UC from \$30 to \$60	0.6%
75753DC0010056-01	HMO	Platinum 1	BQ-AG	CC-EN	ER from \$250 to \$350UC from \$15 to \$60	0.7%
					ER from \$250 to \$350	
					UC from \$25 to \$60	
					Xray from \$30 to \$50	
75753DC0010058-01	НМО	Platinum 4	BQ-AH	CC-EO	OOPM from \$5,000/ \$10,000 to \$3,500/ \$7,000	-3.3%
					X-ray from \$90 to \$50	
					UC from \$45 to \$60	
					ER to \$350 after ded from \$500 after ded	
75753DC0010078-01	НМО	Silver 21	BQ-AJ	CC-EQ	OOPM from \$7,900/ \$15,000 to \$8,600/ \$17,200	0.6%
				1		

75753DC0030002-01	HMO HSA	Bronze 4	BP-99	CC-EE	INN Ded and INN OOPM from \$6,700/ \$13,400 to \$7,000/ \$14,000	-3.0%
					INN Ded from \$1400/\$2800 to \$1,600/ \$3,200. INN OOPM from	
75753DC0030001-01	HMO HSA	Gold 1	BH-CT	CC-ED	\$3,500/\$7,000 to \$4000/\$8000	-5.5%
					Applied PD to PCP and Specialist- PD PCP is \$25 subject to ded/ non-PD is	
					\$50 subject to ded; PD Spec to \$50 sub to ded and non-PD spec to \$100	
					subject to ded	
					UC to \$60 after ded from \$25 after ded	
					ER from \$300 after ded to \$350 after ded	
					INN Ded from \$2,750/\$5,500 to \$2,500/\$5,000	
75753DC0030003-01	HMO HSA	Silver 11	BQ-AI	CC-EP	INN OOPM from \$6,700/\$13,400 to \$7,000/ \$14,000	-3.5%

Unchanged 2020 Benefit Plans - Continued into 2021

There are no unchanged benefit plans

Formula & Example

<u>Exhibit 5</u>

Rate Calculation Formula

Monthly premium =

Base Rate

x Plan ratio

x Effective date adjustment (EDA) factor for plan effective or renewal date

x Sum of member age factors for the group

Rating Example

Benefit Plan: HMO HSA plan CC-ED with Rx A88L Effective Date: 1/1/21 Census:

		Member Ages					Age Factors				
-	<u>EE Age</u>	<u>Spouse Age</u>	Child #1	Child #2	•	EE	<u>Spouse</u>	Child #1	Child #2		
EE #1	43	41	10	15		1.094	1.013	0.654	0.654		
EE #2	35	36	5	9		0.876	0.896	0.654	0.654		
EE #3	53	55	19			1.605	1.733	0.654			

Total Members: 11

Sum of Age Factors: 10.487

Rate Calculation

Jalation		
	Rating Factor	Exhibit 1 Location
\$791.46	Base Rate	(1)
0.5950	Benefit Plan Ratio (CC-EI	D w A88L)(2)
1.000	EDA Factor (1Q20)	(3)
10.487	Group Age Factor	(4)
\$4,938.29		

Total Monthly Premium

Revenue Neutrality Adjustment from Benefit Plan Resloping to New Pricing Model

<u>Revenue Neutralit</u>	<u>y Aujustmen</u>		2019	2020	Current N Plan Ratios		New N Plan Ratios		Rate Change	<u>Exhibit 6</u> Revenue Nuetral
License Plan Nam	<u>ne Product</u>	<u>Rx Plan M</u>	<u>embers</u>	<u>Base Rate</u>	<u>Medical</u>	<u>PMPM</u>	<u>Medical</u>	<u>PMPM</u>	by Plan	<u>PMPM</u>
UHIC AT-YX	EPO	575	269	748.80	0.3914	293.11	0.4429	331.68	10.0%	322.38
UHIC BH-E3	EPO	575	471	748.80	0.3905	292.38	0.4420	330.93	10.0%	321.65
UHIC AT-Y6	EPO	723	239	748.80	0.6541	489.76	0.6777	507.44	0.7%	493.21
UHIC AT-YV	EPO	593	213	748.80	0.5580	417.83	0.5992	448.71	4.4%	436.13
UHIC AT-YZ	EPO	726	99	748.80	0.5504	412.10	0.5890	441.07	4.0%	428.70
UHIC AT-ZK	EPO	591	723	748.80	0.6005	449.62	0.6587	493.23	6.6%	479.40
UHIC AT-ZP	EPO	591	695	748.80	0.5712	427.72	0.6139	459.70	4.5%	446.81
UHIC AT-ZT	EPO	591	1691	748.80	0.6062	453.91	0.6435	481.87	3.2%	468.36
UHIC BH-E7	EPO	813	1003	748.80	0.6830	511.43	0.6785	508.07	-3.4%	493.83
UHIC BH-EZ UHIC BH-FE UHIC BH-FN	EPO EPO	816 819 816	861 1287 1524	748.80 748.80 748.80	0.6040 0.5723	452.27 428.51 422.41	0.6565 0.5899	491.59 441.71	5.6% 0.2%	477.81 429.33 424.78
UHIC BH-FN	EPO	816	1534	748.80	0.5788	433.41	0.5974	447.32	0.3%	434.78
UHIC BH-FR	EPO	816	1959	748.80	0.6135	459.39	0.6276	469.92	-0.6%	456.74
UHIC BH-FV	EPO	818	972	748.80	0.5357	401.16	0.5631	421.63	2.2%	409.81
UHIC AT-Y1	POS	726	386	748.80	0.5599	419.23	0.5988	448.35	3.9%	435.78
UHIC AT-Y7	POS	723	987	748.80	0.6609	494.85	0.6846	512.64	0.7%	498.27
UHIC AT-YS	POS	591	6660	748.80	0.6776	507.38	0.7267	544.16	4.2%	528.91
UHIC AT-ZI	POS	591	4777	748.80	0.5889	440.95	0.6295	471.36	3.9%	458.14
UHIC AT-ZJ	POS	591	1458	748.80	0.6631	496.52	0.7145	535.00	4.7%	520.00
UHIC AT-ZQ	POS	591	1247	748.80	0.5827	436.31	0.6256	468.44	4.4%	455.30
UHIC AT-ZU	POS	591	6123	748.80	0.6171	462.11	0.6547	490.21	3.1%	476.47
UHIC BH-E4	POS	813	2877	748.80	0.6898	516.51	0.6855	513.28	-3.4%	498.89
UHIC BH-E6	POS	816	2778	748.80	0.6163	461.45	0.6690	500.95	5.5%	486.90
UHIC BH-EY	POS	816	4520	748.80	0.6752	505.57	0.7242	542.27	4.3%	527.07
UHIC BH-FF UHIC BH-FM	POS	819 816	1559 2617	748.80 748.80 748.80	0.5821 0.5893	435.85 441.29	0.5999 0.6082	449.23 455.44	0.2% 0.3%	436.64 442.67
UHIC BH-FQ	POS	816	6275	748.80	0.6238	467.08	0.6381	477.84	-0.6%	464.44
UHIC BH-FS	POS	818	1432	748.80	0.5451	408.19	0.5728	428.90	2.1%	416.87
UHIC BH-FX	POS	816	8438	748.80	0.6019	450.72	0.6177	462.51	-0.3%	449.54
UHIC AT-ZX UHIC AT-ZY	EPO EPO	684 010	465 405	748.80 748.80 748.80	0.7481 0.7886	560.21 590.49	0.7669 0.8047	574.25 602.58	-0.3 % -0.4% -0.8%	558.15 585.68
UHIC BH-F2	EPO	814	2190	748.80	0.7706	577.04	0.7636	571.81	-3.7%	555.78
UHIC BH-F5	EPO	820	479	748.80	0.8146	609.97	0.8048	602.62	-4.0%	585.72
UHIC AD-69	POS	263	0	748.80	0.8322	623.17	0.8321	623.07	-2.8%	605.61
UHIC AJ-EX UHIC AT-YT	POS POS	ZV 590	0 2651	748.80 748.80 748.80	0.7891 0.7283	590.91 545.39	0.8057 0.7507	603.32 562.09	-2.8% -0.8% 0.2%	586.40 546.33
UHIC AT-ZA	POS	263	8321	748.80	0.8263	618.71	0.8275	619.65	-2.7%	602.28
UHIC AT-ZO	POS	684	8674	748.80	0.7599	568.98	0.7788	583.13	-0.4%	566.78
UHIC AT-ZR	POS	010	8590	748.80	0.8008	599.63	0.8171	611.82	-0.8%	594.66
UHIC AT-ZS	POS	010	9795	748.80	0.7838	586.90	0.8024	600.80	-0.5%	583.96
UHIC BH-E5	POS	845	6061	748.80	0.8579	642.39	0.8380	627.47	-5.1%	609.88
UHIC BH-F3	POS	820	11631	748.80	0.8267	619.05	0.8171	611.86	-3.9%	594.70
UHIC BH-FW	POS	814	9287	748.80	0.7822	585.74	0.7755	580.68	-3.6%	564.40
UHIC AT-Y2	EPO	726	45	748.80	0.4609	345.12	0.5041	377.47	6.3%	366.89
UHIC AT-Y4	EPO	726	100	748.80	0.4514	337.98	0.4976	372.62	7.2%	362.17
UHIC AT-Y8	EPO	724	43	748.80	0.5402	404.52	0.5772	432.19	3.8%	420.07
UHIC AT-YU	EPO	593	89	748.80	0.4598	344.31	0.5081	380.47	7.4%	369.80
UHIC AT-ZM	EPO	593	463	748.80	0.4673	349.93	0.5129	384.07	6.7%	373.30
UHIC AT-ZW	EPO	591	1281	748.80	0.5153	385.83	0.5755	430.97	8.6%	418.88
UHIC BH-FH	EPO	819	444	748.80	0.4723	353.66	0.4981	372.97	2.5%	362.51
UHIC BH-FY	EPO	818	885	748.80	0.4489	336.15	0.4987	373.44	8.0%	362.97
UHIC BH-FZ UHIC AL-DB	EPO POS	816 YM	859 0	748.80 748.80 748.80	0.5145 0.4920	385.24 368.40	0.5747 0.5436	430.33 407.03	8.6% 7.4%	418.26 395.62
UHIC AT-Y3	POS	726	133	748.80	0.4683	350.68	0.5118	383.21	6.2%	372.47
UHIC AT-Y5	POS	726	74	748.80	0.4588	343.56	0.5053	378.37	7.0%	367.76
UHIC AT-Y9	POS	724	489	748.80	0.5469	409.55	0.5841	437.34	3.8%	425.08
UHIC AT-ZZ	POS POS	591 593	2662 896	748.80 748.80 748.80	0.5262 0.4769	394.02 357.11	0.5868 0.5227	439.34 391.38	8.4% 6.5%	427.06 380.41
UHIC BH-FI UHIC BH-FT UHIC BH-FU	POS POS POS	819 818 816	490 1499 1149	748.80 748.80 748.80	0.4804 0.4578 0.5254	359.71 342.78 393.42	0.5064 0.5079 0.5859	379.22 380.29 438.74	2.5% 7.8%	368.59 369.63 426.44
uhic Bh-fu uhcma At-yw uhcma At-yy	HMO HMO	575 725	26 12	686.03 686.03	0.3234 0.3914 0.4198	268.54 287.96	0.5859 0.4429 0.4708	438.74 303.87 322.96	8.4% 10.0% 9.0%	426.44 295.35 313.91
UHCMA AT-ZB	HMO	575	293	686.03	0.3914	268.54	0.4429	303.87	10.0%	295.35
UHCMA AT-ZC	HMO	725	30	686.03	0.4198	287.96	0.4708	322.96	9.0%	313.91
UHCMA BH-E8	HMO	575	40	686.03	0.3905	267.87	0.4420	303.19	10.0%	294.69
UHCMA BH-E9	HMO	575	425	686.03	0.3738	256.41	0.4228	290.08	10.0%	281.95
UHCMA AT-ZE	HMO	591	94	686.03	0.6507	446.37	0.7017	481.41	4.8%	467.91
UHCMA AT-ZF	HMO	591	507	686.03	0.5780	396.52	0.6184	424.25	4.0%	412.36
UHCMA AT-ZL	HMO	591	81	686.03	0.6507	446.37	0.7017	481.41	4.8%	467.91
UHCMA AT-ZN	HMO	591	254	686.03	0.5780	396.52	0.6184	424.25	4.0%	412.36
UHCMA BH-E2	HMO	816	88	686.03	0.6039	414.30	0.6565	450.38	5.7%	437.75
UHCMA BH-F4	HMO	816	783	686.03	0.5920	406.14	0.6075	416.75	-0.3%	405.06
UHCMA BH-FB	HMO	816	201	686.03	0.5518	378.54	0.6092	417.91	7.3%	406.20
UHCMA BH-FC	HMO	816	1968	686.03	0.5683	389.87	0.5819	399.18	-0.5%	387.99
UHCMA BH-FG	HMO	819	227	686.03	0.5466	374.97	0.5705	391.36	1.4%	380.38
UHCMA BH-FK	HMO	819	760	686.03	0.5283	362.42	0.5503	377.51	1.2%	366.93
UHCMA AT-Z1	HMO	593	255	686.03	0.4673	320.59	0.5129	351.88	6.7%	342.01
UHCMA AT-ZD	HMO	591	306	686.03	0.4601	315.66	0.5157	353.81	8.9%	343.89
UHCMA AT-ZG	HMO	593	172	686.03	0.4673	320.59	0.5129	351.88	6.7%	342.01
UHCMA AT-ZH	HMO	591	171	686.03	0.5153	353.49	0.5755	394.84	8.6%	383.77
UHCMA BH-FA	HMO	816	463	686.03	0.4289	294.24	0.4813	330.20	9.1%	320.94
UHCMA BH-FD	HMO	818	332	686.03	0.4305	295.31	0.4781	327.97	7.9%	318.78
UHCMA BH-FJ	HMO	819	27	686.03	0.4636	318.07	0.4919	337.48	3.1%	328.02
UHCMA BH-FL	HMO	819	24	686.03	0.4489	307.94	0.4751	325.93	2.9%	316.79
UHCMA BH-FO	HMO	818	367	686.03	0.4489	307.97	0.4987	342.14	8.0%	332.54
UHCMA BH-FP	HMO	816	75	686.03	0.5145	352.95	0.5747	394.25	8.6%	383.20
OCI AT-1B	HMO	591	615	734.80	0.5712	419.73	0.6139	451.11	4.5%	438.46
OCI AT-Z3	HMO	723	333	734.80	0.6541	480.60	0.6777	497.95	0.7%	483.99
OCI AT-Z8	HMO	591	230	734.80	0.6507	478.11	0.7017	515.63	4.8%	501.17
OCI BH-CS	HMO	813	439	734.80	0.6544	480.86	0.6486	476.57	-3.7%	463.21
OCI BH-CT	HMO	816	25	734.80	0.5781	424.82	0.6284	461.75	5.6%	448.80
OCI BH-CU	HMO	819	84	734.80	0.5684	417.68	0.5827	428.16	-0.4%	416.15
OCI BH-CV	HMO	819	80	734.80	0.5437	399.48	0.5621	413.00	0.5%	401.42
OCI BH-CZ	HMO	816	525	734.80	0.5601	411.57	0.5762	423.41	0.0%	411.54
OCI AT-1A	HMO	684	1985	734.80	0.7481	549.73	0.7669	563.51	-0.4%	547.71
OCI AT-1C	HMO	010	695	734.80	0.7715	566.93	0.7900	580.49	-0.5%	564.21
OCI AT-Z9	HMO	010	593	734.80	0.7886	579.45	0.8047	591.31	-0.8%	574.73
OCI BH-CX	HMO	820	592	734.80	0.7976	586.04	0.7848	576.67	-4.4%	560.50
OCI BH-CY	HMO	814	1747	734.80	0.7594	558.04	0.7488	550.19	-4.2%	534.77
OCI AT-Z6	HMO	724	73	734.80	0.5402	396.95	0.5772	424.11	3.8%	412.21
OCI AT-Z7	HMO	591	245	734.80	0.5153	378.62	0.5755	422.91	8.6%	411.05
OCI BH-CW	HMO	816	87	734.80	0.4924	361.81	0.5499	404.05	8.5%	392.72
UHIC BH-E3	EPO	575	0	748.80	0.3905	292.38	0.4420	330.93	10.0%	321.65
UHIC BH-EZ	EPO	816	0	748.80	0.6040	452.27	0.6565	491.59	5.6%	477.81
UHIC BH-E6	POS	816	0	748.80	0.6163	461.45	0.6690	500.95	5.5%	486.90
UHIC BQ-AK	EPO	813	0	748.80	0.6546	490.15	0.6785	508.06	0.7%	493.81
UHIC BQ-AL	POS	A85	0	748.80	0.5556	416.05	0.6067	454.30	6.1%	441.56
UHIC BQ-AM	POS	813	0	748.80	0.6635	496.84	0.6855	513.27	0.4%	498.88
UHIC BQ-AN	POS	818	0	748.80	0.5699	426.71	0.6050	453.03	3.2%	440.33
UHIC BQ-AO	POS	816	0	748.80	0.6460	483.74	0.6990	523.40	5.2%	508.73
UHIC BQ-AQ	POS	845	0	748.80	0.8307	622.07	0.8363	626.20	-2.2%	608.65
UHIC BQ-AR	POS	A85	0	748.80	0.6717	502.95	0.7063	528.86	2.2%	514.03
UHIC BQ-AW	EPO	819	0	748.80	0.5543	415.10	0.5922	443.43	3.8%	431.00
UHIC BQ-AX	POS	819	0	748.80	0.5642	422.50	0.6023	451.01	3.8%	438.37
UHIC BQ-AY	POS	819	0	748.80	0.4921	368.52	0.5356	401.08	5.8%	389.84
UHIC BQ-AZ	EPO	819	0	748.80	0.4461	334.01	0.4944	370.23	7.7%	359.85
UHIC BQ-A2	POS	819	0	748.80	0.4540	339.98	0.5027	376.41	7.6%	365.85
UHIC BQ-A3	POS	814	0	748.80	0.7558	565.94	0.7755	580.68	-0.3%	564.40
UHIC BQ-A5	EPO	816	0	748.80	0.5694	426.36	0.6127	458.78	4.6%	445.92
UHIC BQ-A6	POS	816	0	748.80	0.5627	421.37	0.6063	454.02	4.7%	441.29
UHIC BQ-A7	EPO	818	0	748.80	0.5127	383.89	0.5631	421.63	6.8%	409.81
UHIC BQ-A8	POS	816	0	748.80	0.5627	421.37	0.6082	455.44	5.1%	442.67
UHIC BQ-A9	EPO	816	0	748.80	0.5522	413.48	0.5974	447.32	5.2%	434.78
UHIC BQ-BA	POS	816	0	748.80	0.5793	433.75	0.6229	466.40	4.5%	453.33
UHIC BQ-BB	EPO	814	0	748.80	0.7442	557.23	0.7636	571.80	-0.3%	555.77
UHIC BQ-BC	POS	818	0	748.80	0.5221	390.93	0.5728	428.90	6.6%	416.88
UHIC BQ-BD	EPO	820	0	748.80	0.7884	590.39	0.8048	602.61	-0.8%	585.71
UHIC BQ-BF	EPO	816	0	748.80	0.5029	376.61	0.5623	421.03	8.7%	409.22
UHIC BQ-BG	POS	816	0	748.80	0.5133	384.37	0.5729	429.02	8.5%	416.99
UHIC BQ-BJ UHIC BQ-BE UHIC BQ-BI	POS POS EPO	820 818 818	0 0 0	748.80 748.80 748.80	0.8011 0.4536 0.4449	599.83 339.68 333.16	0.8171 0.5005 0.4916	611.85 374.79 368.11	-0.9% 7.2%	594.70 364.28 357.78
UHIC BQ-BI UHCMA BQ-ET UHCMA BQ-AP	EPO HMO HMO	818 A89L_HSA A88L_HSA	0 0 0	686.03 686.03	0.3820 0.6180	333.16 262.04 423.95	0.4916 0.4329 0.6683	368.11 297.01 458.50	7.4% 10.2% 5.1%	357.78 288.69 445.65
UHCMA BQ-EU	HMO	A89L_HSA	0	686.03	0.3653	250.58	0.4138	283.90	10.1%	275.94
UHCMA BQ-AS	HMO	A88L_HSA	0	686.03	0.5892	404.21	0.6374	437.30	5.2%	425.04
UHCMA BQ-AT	HMO	A88L	0	686.03	0.5186	355.74	0.5607	384.68	5.1%	373.89
UHCMA BQ-AU	HMO	A88L_HSA	0	686.03	0.4683	321.24	0.5231	358.84	8.6%	348.78
UHCMA BQ-A4	HMO	A88L	0	686.03	0.5416	371.58	0.5858	401.86	5.1%	390.59
UHCMA BQ-BH	HMO	A88L_HSA	0	686.03	0.4899	336.05	0.5473	375.48	8.6%	364.95
UHCMA BQ-AV	HMO	A91L	0	686.03	0.4163	285.62	0.4620	316.91	7.8%	308.03
UHCMA BQ-BK	HMO	A91L	0	686.03	0.4345	298.05	0.4822	330.83	7.9%	321.56
OCI BP-99	HMO	575	0	734.80	0.3738	274.63	0.4228	310.70	10.0%	301.99
OCI BH-CT	HMO	816	0	734.80	0.5781	424.82	0.6284	461.75	5.6%	448.80
OCI BQ-AI	HMO	816	0	734.80	0.4814	353.71	0.5380	395.33	8.6%	384.25
OCI BQ-AA	HMO	813	0	734.80	0.6157	452.45	0.6392	469.70	0.9%	456.53
OCI BQ-AF	HMO	816	0	734.80	0.5287	388.50	0.5717	420.11	5.1%	408.34
OCI BQ-AG	HMO	814	0	734.80	0.7275	534.60	0.7434	546.22	-0.7%	530.91
OCI BQ-AH	HMO	820	0	734.80	0.7657	562.60	0.7791	572.48	-1.1%	556.43
OCI BQ-AJ	HMO	818	0	734.80	0.4180	307.12	0.4663	342.63	8.4%	333.03
OCI BQ-AB	HMO	819	0	734.80	0.5477	402.47	0.5828	428.25	3.4%	416.24
OCI BQ-AC	HMO	819	0	734.80	0.5157	378.90	0.5576	409.75	5.1%	398.26
OCI BQ-AD	HMO	819	0	734.80	0.4895	359.67	0.5318	390.75	5.6%	379.80
OCI BQ-AE	HMO	819	0	734.80	0.4550	334.33	0.4971	365.28	6.2%	355.04
		819 Total 2019 mer			160,629	55-1,53	5.7571	305.28		555.04

<u>Exhibit 6</u>

Total 2019 membership in ACA plans:	160,629	#		
Average rate PMPM using the current pricing model:	\$511.85	Current Revenue:	\$	82,217,862
Average rate PMPM using the new pricing model:	\$526.61	New Revenue:	\$	82,217,862
Revenue Neutrality Adjustment:	-2.8%	Change in Revenue:		0.0%

Cost Sharing Design of Plan

Plan Name	CC-ED	CC-EE	CC-EF	CC-EG	CC-EH	CC-EI	CC-NI	CC-EJ	CC-EK	CC-EL	CC-EM	CC-EN
Actuarial value and cost-sharing design of												
the plan (From the URRT)	0.680	0.522	0.810	0.786	0.696	0.604	0.778	0.725	0.699	0.669	0.711	0.934
Paid/Allowed Ratio (Cost-Sharing only)	0.618	0.474	0.736	0.650	0.632	0.549	0.708	0.659	0.635	0.608	0.647	0.772
Used Induced utilization factors	1.100	1.100	1.100	1.210	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.210
Calculated	0.680	0.522	0.810	0.786	0.696	0.604	0.778	0.725	0.699	0.669	0.711	0.934

Plan Name	CC-EO	CC-EP	CC-EQ	CC-ER	CC-ES	CC-NJ
Actuarial value and cost-sharing design of						
the plan (From the URRT)	0.957	0.660	0.597	0.631	0.652	0.680
Paid/Allowed Ratio (Cost-Sharing only)	0.791	0.634	0.574	0.607	0.627	0.654
Used Induced utilization factors	1.210	1.040	1.040	1.040	1.040	1.040
Calculated	0.957	0.660	0.597	0.631	0.652	0.680

<u>Exhibit 7</u>

<u>Exhibit A</u>

Member Months, Earned Premium & Incurred Claim Experience - OCI

		Earned	Incurred	Risk	Claim	Risk Adj.	Galaxy
Month	Members	Premium	Claims	Adjustment		Loss Ratio	Rx Rebate
Jan-17	818	372,602	244,133	-14.1%		76.3%	(12,296)
Feb-17	830	371,912	202,515	-14.1%	243.99	63.4%	(12,240)
Mar-17	840	374,057	255,331	-14.1%	303.97	79.5%	(13,332)
Apr-17	822	366,785	222,284	-14.1%	270.42	70.6%	(8,209)
May-17	832	367,817	284,072	-14.1%	341.43	90.0%	(9,480)
Jun-17	818	359,238	153,658	-14.1%	187.85	49.8%	(10,858)
Jul-17	826	360,187	219,347	-14.1%	265.55	70.9%	(7,104)
Aug-17	825	361,957	297,458	-14.1%	360.55	95.7%	(20,314)
Sep-17	848	365,205	210,862	-14.1%	248.66	67.3%	(20,840)
Oct-17	859	367,995	160,201	-14.1%	186.50	50.7%	(27,430)
Nov-17	866	372,488	211,533	-14.1%	244.26	66.1%	(6,660)
Dec-17	889	383,874	185,610	-14.1%		56.3%	(11,356)
Jan-18	916	390,987	383,982		419.19	99.6%	(8,210)
Feb-18	915	390,297	225,386		246.32	58.6%	(29,497)
Mar-18	921	389,710	240,214		260.82	62.5%	(33,023)
Apr-18	932	392,756	282,065		302.64	72.9%	(7,541)
May-18	942	391,389	330,219		350.55	85.6%	(9,213)
Jun-18	951	403,938	413,355	-1.4%	434.65	103.8%	(16,442)
Jul-18	908	390,283	193,160	-1.4%	212.73	50.2%	(18,529)
Aug-18	889	368,328	219,743		247.18	60.5%	(18,479)
Sep-18	889	365,390	195,720		220.16	54.3%	(19,929)
Oct-18	901	371,298	283,492		314.64	77.5%	(17,730)
Nov-18	882	361,360	221,694		251.35	62.2%	(13,698)
Dec-18	876	359,628	185,567		211.83	52.4%	(18,732)
Jan-19	797	337,632	179,785	-16.0%		63.4%	(18,759)
Feb-19	752	323,452	202,946	-16.0%		74.7%	(13,667)
Mar-19	748	322,587	173,768	-16.0%		64.1%	(17,511)
Apr-19	742	323,733	221,762	-16.0%		81.5%	(21,736)
May-19	682	297,871	184,367	-16.0%		73.7%	(23,128)
Jun-19	679	303,388	154,687	-16.0%		60.7%	(10,312)
Jul-19	674	302,652	232,699	-16.0%		91.5%	(16,705)
Aug-19	667	301,254	155,253	-16.0%		61.4%	(17,008)
Sep-19	664	304,627	130,655	-16.0%		51.1%	(9,302)
Oct-19	651	306,689	184,010	-16.0%		71.4%	(12,570)
Nov-19	661	312,894	161,849	-16.0%		61.6%	(12,637)
Dec-19	627	305,508	173,844	-16.0%		67.7%	(10,994)
2019 Total	8,344	3,742,289	2,155,624	-16.0%	258.34	68.6%	(184,329)

<u>Exhibit C</u>

DC Small Group - Estimated Federal MLR

	ΟCΙ	UHIC	UHCMA
1. Estimated Underwriting Loss Ratio	79.4%	79.4%	79.4%
2. Estimated Federal MLR Adjustments:			
a. Taxes, Reg Fees, & Assessments	4.8%	4.8%	4.8%
b. QI/HIT Medical Costs Added	0.8%	0.8%	0.8%
c. Credibility Adjustment	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Total Estimated MLR Adjustments	5.6%	5.6%	5.6%
3. Estimated Federal MLR = [1. x (1 + 2c.) x (1 + 2b.)] / (1 - 2a.)	84.1%	84.1%	84.1%



Healthcare Economics

WASHINGTON DC SMALL GROUP PRICING TREND DEVELOPMENT APRIL 2020 RATE FILING SUPPORT

	WASHINGTON DC SMALL GROUP PRICING TREND BY COMPONENT											
							Total	Retail	Weighted			
	Notes:	<u>Inpatient</u>	<u>Outpatient</u>	Professional	<u>Other</u>	Capitation	Medical	Pharmacy	<u>Aggregate</u>			
Component Summary												
Utilization / Service Mix	[1],[2]	1.5%	5.4%	3.5%	0.4%	0.0%	3.2%	6.3%	3.9%			
Unit Cost	[3]	4.8%	5.0%	2.9%	0.8%	5.6%	3.9%	4.8%	4.1%			
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
Benefit Leveraging	[4]	0.0%	1.0%	1.0%	0.3%	0.0%	0.6%	0.9%	0.7%			
<u>Margin</u>		<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	0.0%	<u>0.0%</u>			
Total Proposed Pricing Trend	[6]	6.4%	11.7%	7.6%	1.5%	5.6%	7.9%	12.5%	9.0%			
Service Weight - Washington Dc		19.8%	21.8%	25.2%	6.3%	2.5%	75.5%	24.5%	100.0%			

Notes:

[1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.

[2] Represents expected changes in intensity of services provided.

[3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;

[4] Impact of member cost-share leveraging on net claims cost trend.

[5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).

[6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

SERFF Tracking #:	UHLC-132330453	State Tracking #:	Company Tracking #:		
State:	District of Columbi	a	Filing Company:	Optimum Choice, Inc.	
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other				
Product Name:	DC-SG-OCI-2021-	-01			
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC_75753_Optimum Choice, IncSG_PartIII_2021Q1_v2.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC-SG-OCI-ActMemo-2021.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC_75753_Optimum Choice, IncSG_PartIII_2021Q1_v2.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	required documentation is not yet available.
• • • • • • •	
Attachment(s):	
Attachment(s): Item Status:	
Item Status:	Cover Letter
Item Status: Status Date:	
Item Status: Status Date: Satisfied - Item:	
Item Status: Status Date: Satisfied - Item: Comments:	Cover Letter
Item Status: Status Date: Satisfied - Item: Comments: Attachment(s):	Cover Letter

SERFF Tracking #:	UHLC-132330453	State Tracking #:		Company Tracking #:
State:	District of Columbia		Filing Company:	Optimum Choice, Inc.
TOI/Sub-TOI:	HOrg02G Group I	Health Organizations - Health Mainte	enance (HMO)/HOrg02G.004E Small G	Froup Only - Other
Product Name:	DC-SG-0CI-2021	-01		
Project Name/Number:	/			
Satisfied - Item:	DI	SB Actuarial Memorandum D	Dataset	
Comments:				
Attachment(s):	DC	C-SG-OCI-ActuarialDataset-2	2021-01.xlsx	
Item Status:				
Status Date:				
Bypassed - Item:	Di	strict of Columbia and Count	rywide Experience for the Last	5 Years (P&C)
Bypass Reason:	NA	A		
Attachment(s):				
Item Status:				
Status Date:				
Bypassed - Item:	Di	strict of Columbia and Count	rywide Loss Ratio Analysis (P&	C)
Bypass Reason:	NA	A		
Attachment(s):				
Item Status:				
Status Date:				
Satisfied - Item:	Ur	nified Rate Review Template		
Comments:				
Attachment(s):	20 20	21_OCI_URRT_v3.xlsm 21_OCI_URRT_v3.pdf		
Item Status:				
Status Date:				
Satisfied - Item:	Di	strict of Columbia Plain Lang	uage Summary	
Comments:				
Attachment(s):	DC	C-SG-OCI-PlainLanguageSu	mmary-2021.pdf	
Item Status:				
Status Date:				
Satisfied - Item:	Ra	ate Review Checklist		
Comments:				
Attachment(s):	DC	C-SG-Checklist-2021.pdf		
Item Status:				
Status Date:				

SERFF Tracking #:	UHLC-132330453	State Tracking #:	Con	npany Tracking #:	
State:	District of Columb		Filing Company:	Optimum Choice, Inc.	
TOI/Sub-TOI:	HOrg02G Group I	Health Organizations - Health Ma	aintenance (HMO)/HOrg02G.004E Small Grou	p Only - Other	
Product Name:	DC-SG-OCI-2021	-01			
Project Name/Number:	/				
Satisfied - Item:	A۱	/ Screenshots			
Comments:					
Attachment(s):	DC	CSG OCI - AV Screenshots	s.pdf		
Item Status:					
Status Date:					
Satisfied - Item:	Ri	sk Adjustment RATEE Dat	ta		
Comments:	W	ill be available later in May	/.		
Attachment(s):					
Item Status:					
Status Date:					
Satisfied - Item:	Ra	ate Sheets			
Comments:					
Attachment(s):	DC	C_75753_OCI_2021_RRT.	xls		
Item Status:					
Status Date:					

SERFF Tracking #:	UHLC-132330453	State Tracking #:	Co	mpany Tracking #:	
State:	District of Columbia	1	Filing Company:	Optimum Choice, Inc.	
TOI/Sub-TOI:	HOrg02G Group He	ealth Organizations - Health Main	tenance (HMO)/HOrg02G.004E Small Gro	up Only - Other	
Product Name:	DC-SG-OCI-2021-0	01			
Project Name/Number:	/				

Attachment DC-SG-OCI-ActuarialDataset-2021-01.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2021_OCI_URRT_v3.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC_75753_OCI_2021_RRT.xls is not a PDF document and cannot be reproduced here.

Federal Rate Filing Justification Part III Actuarial Memorandum and Certification

Optimum Choice, Inc. NAIC: 0707-96940 FEIN: 521518174

State of District of Columbia Rate Review

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Section 1: Purpose

The following is a rate filing prepared by Optimum Choice, Inc. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of District of Columbia. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold on the Small Business Health Options Program in District of Columbia for the 2021 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the District of Columbia Department of Insurance and Financial Services. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by D.C. Code section 31-3303.08(b) and D.C. Code section 2-534(a)(1). If the prohibition against disclosure by the Department of Insurance and Financial Services is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name:	Optimum Choice, Inc.	
State:	District of Columbia	
HIOS Issuer ID:	75753	
Market:	Small Business, 1-50	
Proposed Effective Date:	January 01, 2021	

Primary Contact Information	
Name:	Ryan Morgan, FSA, MAAA
Telephone Number:	414-443-4287
Email Address:	ryan_morgan2@uhc.com

Section 3: Proposed Rate Changes

The proposed change in rates for this filing is 10.3% compared to the prior filing. The proposed pricing trend is 9.0% annually.

The primary drivers of the proposed rate changes are the following:

- Changes in medical service costs
 - Increasing Cost of Medical Services Annual increases in reimbursement rates to health care providers such as hospitals, doctors and pharmaceutical companies.
 - Increased Utilization The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
 - Higher Costs from Deductible Leveraging Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
 - Cost shifting from the public to the private sector Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals do not generally cover all of the cost of care. The cost difference is being shifted to private health plans. Hospitals typically make up this difference by charging private health plans more.
 - Impact of New Technology Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
 - O UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
 - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.
 - State and/or Federal government imposed taxation and fees are additional significant factors that impact health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.
- Changes that vary by plan
 - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
 - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing by the estimated value of the benefits and the expected utilization differences due to differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience and Current Period Premium, Claims and Enrollment

Paid Through Date

The experience period is 1/1/2019 through 12/31/2019, with claims paid through 2/29/2020.

Current Date

The current enrollment and premium is reported as of 12/31/2019.

Support for Estimate of Incurred but not Reported Claims

Historical claims are categorized both by the month in which they were incurred and the month in which they were adjudicated. For incurral months with sufficient adjudicated claim experience, incurred claims are estimated by applying completion factors derived from the historical claims. Adjustments are made based on specific knowledge of the entity (e.g., catastrophic claims, pended claims, etc.). For incurral months where adjudicated claim experience is not sufficient to rely on completion factors, a PMPM is used to estimate incurred claims. PMPM estimates are based on expected claim seasonality patterns, monthly calendar days and work days, emerging claim trends, and other factors. The same completion factors are applied to both incurred and allowed claim amounts.

The same completion factors are applied to both incurred and allowed claims amounts.

Experience Period Risk Adjustment

Risk Adjustments for the experience period are not known at this time.

Our 2019 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by Optimum Choice, Inc. to be higher than the market. This results in an approximate adjustment of \$-72.14 PMPM.

Experience Period Index Rates

Experience Period Index Rates are defined as the allowed claims PMPM for Essential Health Benefits during the Experience Period. With the breakout of service level EHB claims, the information provided reflects a reasonable estimate of the EHBs.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

<u>Trend</u>

Two years of annual trend were applied to our 2019 experience to project it to the 2021 rating period. Our most recent analysis indicates unit cost trend of 3.9%, utilization trend of 4.1%, and leveraging trend of 0.7%. Please see Exhibit T for more detail.

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence the mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Section 7: Credibility Manual Rate Development

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

We have set our rate levels based on the combined DC experience on our small group licenses, which we believe to be credible.

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate.

Section 9: Development of Projected Index Rate

The experience period index rate is \$288.74 PMPM.

The Index Rate For the experience period is approximately 99.79% of allowed claims due to benefits in excess of EHBs. The reported percentage amount is based on experience data. The index rate of the experience period has been reported accordingly. The Index Rate in the projection period represents 99.79% of allowed claims due to the benefits in excess of EHBs.

The projected index rate of \$505.43 was calculated by trending and adjusting the experience period index rate to the projection period, including blending the experience with a manual rate if the experience was not fully credible. It is established in accordance with the requirements of 45 CFR §156.80(d). See sections 6, 7, and 8 of this memo for more details.

Section 10: Development of the Market Adjusted Index Rate

Risk Adjustment Payment/Charge

Optimum Choice, Inc. anticipates paying an average of \$22.88 PMPM for risk adjustment transfers in the state of District of Columbia for the 2021 plan year, which has been grossed up to \$27.63 PMPM on an allowed basis for purposes of calculating the Market Adjusted Index Rate. We are assuming the risk level of our business relative to that of our competitors for the 2021 plan year will be similar to what it was in the 2019 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2021 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2019 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

Exchange User Fees

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

The market adjusted index rate includes market-wide adjustments for reinsurance, risk adjustment transfers and exchange user fees (if any).

Index Rate	Net Federal or State Reinsurance	Risk Adjustment Payment/Charge	Exchange Fee Adjustment	Market Adjusted
	(allowed basis)	(allowed basis)	(allowed basis)	Index Rate
\$505.43	\$0.00	(\$27.63)	0.00%	\$533.06

The figures above may not tally exactly due to rounding of the display.

Section 11: Plan Adjusted Index Rate

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

UnitedHealthcare does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare's nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

<u>Provider network, delivery system and utilization management adjustment</u> Any adjustments for these items are included in the plan relativity factors.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, risk adjustment user fees, SG&A, quality improvements, federal income tax, and after-tax income. Risk adjustment transfers, net reinsurance recoveries and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results for 2019 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 2, Section III of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the administrative expenses, taxes and fees, and 1 minus the target loss ratio and the administrative expenses, taxes and fees.

The profit and risk margin results in an anticipated MLR that is above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

Taxes and fees are expected to be 4.8% and include premium tax, exchange fees (if any), risk adjustment user fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	0.8%
Premium Tax	2.0%
ACA Taxes: Insurer Fee	0.0%
ACA Taxes: PCORI Fee	0.0%
ACA Taxes: Risk Adjustment User Fee	0.0%
ACA Taxes: Exchange User Fee	1.0%
All Other Taxes & Fees	0.9%
Total	4.8%

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

Section 12: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 0.94, which equals one divided by the average age factor of the expected member distribution by age. The age factors used in this calculation are the HHS-specified age curve.

Geographic and Tobacco Calibration

Geographic and tobacco factors are not used in the rating of these products, and no calibration is needed.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Section 13: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate

- **x** Age Calibration Factor
- **x** Geographic Calibration Factor
- x Consumer Specific Age Rating Factor
- x Consumer Specific Geographic Rating Factor
- x Small Group Trend Adjustment
- = Consumer Adjusted Premium Rate

Section 14: Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2020 is 84.1%. Optimum Choice, Inc. agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

UHC has elected to report a single quality improvement activity (QIA) amount of 0.8% of premium in lieu of actual QIA expenditures. This action is allowed per the 2020 Final Notice of Benefit and Payment Parameters (NBPP). Issuers electing to use the 0.8% must do it consistently across all states and markets subject to MLR, including amongst all affiliated issuers.

Section 15: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

Copays Paid in Conjunction with Coinsurance

Some of our plan designs include copays that are paid in conjunction with coinsurance in the coinsurance range. This benefit design is not directly compatible with the AV calculator, so the alternate methodology described in 45 CFR 156.135(b)(2) was used for the AV calculation. In order to modify the AV calculator input for a copay paid in conjunction with coinsurance, the following formula was used to estimate the insurer's cost share.

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

The benefit was then marked as "Subject to Deductible" and "Subject to Coinsurance" with a "Coinsurance, if different" equal to the effective insurer coinsurance rate as calculated above. The copay was entered in the "Copay if separate" column.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level. For example, if the plan was expected to fall within a Silver Metal Tier, the average unit cost was calculated from the Silver continuance tables. All enrollees within a continuance table whose claims exceeded \$1,500 were included in the calculation of the average unit cost for each benefit type.

Benefits that Vary Based on Place of Service

For some types of services, our plan designs include different benefit levels based on the place of service (i.e. physician's office, free standing facility, or outpatient hospital facility). To incorporate this differentiation in benefits, the Tiered Network Option was selected within the AV calculator, and utilization was assigned to each tier based on historical experience of affiliated carriers.

Physician Tiering

Select plan designs include lower cost sharing when members utilize providers we designate as meeting cost and efficiency standards. The tiered network functionality of the AV calculator was utilized to account for the cost sharing differences. The utilization of providers was based on a UnitedHealthcare study of differences in cost sharing and their effectiveness at driving utilization patterns.

Per Occurrence Copays

Select plan designs have per occurrence copays where a copay is paid before coinsurance is applied between the deductible and maximum out of pocket. These copays accumulate to the maximum out of pocket. To reflect this type of benefit an effective insurer coinsurance rate was calculated based on the average unit cost of the service and member coinsurance rate. The calculation is as follows:

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

Some of the copays only apply to portions of the benefit categories that the AV calculator defines. For example, the Inpatient Hospital Services includes both physician and facility charges. To the extent the plan design per occurrence copay only applies to a portion of the services, the tiered Network functionality was utilized. The mix of services within the AV calculator benefit categories was based on historical experience.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level where available.

Zero Dollar Copay for Dependents Under Age 19

Some plan designs assume no PCP copay applies for children under the age of 19. These copays were converted to an effective copay based on UnitedHealthcare historical membership distributions.

Laboratory and X-Ray Services

Some plan designs include a copay for minor lab and x-ray services. These copays are applied on a per visit basis. The AV Calculator assumes that the copays are on a per procedure basis. Therefore, the copay amounts are adjusted to reflect the equivalent per procedure amount.

Section 16: Membership Projections

The 2021 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2021. Strictly for purposes of the URRT, we have projected membership by plan.

Section 17: Terminated Plans and Products

Historically, the prescription drug list (PDL), also referred to as a formulary, was not considered to be a component of a Product's "covered benefits," and plans covering the same package of benefits but using different PDLs could be considered part of the same Product and use a common HIOS Product ID. However, HHS revised its guidance, expanding a Product's covered benefits to include the PDL. Therefore, plans with different PDLs will now belong to different Products and have different HIOS Product IDs.

Our plan offerings in prior years included a mix of plans with the Advantage and Essential PDLs within the same HIOS Product ID. In light of the revised HHS guidance, Optimum Choice, Inc. is assigning new HIOS Plan IDs to plans with the Essential PDL to give them a separate HIOS Product ID. The change in HIOS Product ID and HIOS Plan ID does not indicate that the benefits covered by the plan have changed; it is merely an administrative change to align with HHS's clarification regarding PDLs and covered benefits.

See the appendix for a list of plans that were assigned a new HIOS Plan ID.

A list of terminated Single Risk Pool plans can be found in the appendix. Terminated plans will be mapped to another plan in the projection period for purposes of completing the URRT. The mapping is included in the appendix. It should be noted that this mapping is preliminary and may deviate based on business decisions and practices at a future date.

Section 18: Plan Type

A plan type of HMO has been selected, which describes the plans exactly.

Section 19: Reliance

In my professional judgment, the assumptions or methods described in the memorandum do not conflict with what I believe to be reasonable. Therefore, I have not included any reliances.

Section 20: Actuarial Certification

I, Ryan Morgan, FSA, MAAA, am a Director of Actuarial Services for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
 - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
 - Developed in compliance with the applicable Actuarial Standards of Practice.
 - Reasonable in relation to the benefits provided and population anticipated to be covered.
 - Neither excessive, deficient, nor unfairly discriminatory.
- 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.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their 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 exchanges, and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

Ryan Morgan

Ryan Morgan, FSA, MAAA Director, Actuarial Services 5/1/2020

Date

Actuarial Memorandum Optimum Choice, Inc., NAIC #96940 DC Small Group Rate Filing

May 1, 2020

This rate filing presents proposed premium rates effective January 1, 2021 through December 31, 2021 for medical and Rx benefit plans to be sold by the Optimum Choice, Inc. to small group employers.

The filing has been prepared as required by the "Reasonable Health Insurance Ratemaking and Health Care Reform Act of 2010", as well as current ACA rules and more recent guidance from the DC Department of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the DC Department of Insurance.

The benefit plans and rates are for non-grandfathered employers. The proposed rates and rate factors are in Exhibit 1, which also displays the metal level and actuarial value of each benefit plan. Benefit plan descriptions are in Exhibit 2. Exhibit 4 identifies new benefit plans being added in 2021, and 2020 benefit plans with plan changes (uniform modification).

Responding to the items in the DC Rate Filing Checklist:

<u>1. Purpose of Filing</u>. UnitedHealthcare is filing rates for the first time for 2021. The proposed 1st quarter 2021 rates are on average 9.9% higher than our 1st quarter 2020 rates. The rate changes vary by benefit plan as we have realigned our price relationships between plans. In addition, we are filing for quarterly rate increases as follows: 2Q20 + 2.2%, 3Q20 + 2.2%, 4Q20 + 2.2%. These quarterly rate increases are based our trend rate of 9.0%. The average year-over-year renewal rate change is +10.3%, the minimum change on this entity is +6.0%, and the maximum change on this entity is +21.7%. Please see Exhibit 3 for detail on the rate changes.

2) Form Numbers. The form numbers are as follows: COC21.SHOP.OCI.2018.SG.DC, SBN21.OCI.NET.2018.SG.DC.PL1, SBN21.OCI.NET.2018.SG.DC.PL4, SBN21.OCI.NET.2018.SG.DC.GO1, SBN21.OCI.NET.2018.SG.DC.GO1, SBN21.OCI.NET.2018.SG.DC.GO2, SBN21.OCI.NET.2018.SG.DC.GO23, SBN21.OCI.NET.2018.SG.DC.GO25, SBN21.OCI.NET.2018.SG.DC.GO32, SBN21.OCI.NET.2018.SG.DC.GO33, SBN21.OCI.NET.2018.SG.DC.SL11, SBN21.OCI.NET.2018.SG.DC.SL21, SBN21.OCI.NET.2018.SG.DC.SL25, SBN21.OCI.NET.2018.SG.DC.SL26, SBN21.OCI.NET.2018.SG.DC.SL27, SBN21.OCI.NET.2018.SG.DC.SL26, SBN21.OCI.NET.2018.SG.DC.SL27, SBN21.OCI.NET.2018.SG.DC.BR4, RID21.PDS.NET.OCI.2018.SG.DC, SBN21.RX.NET.OCI.2018.SG.1050% 150, SBN21.RX.NET.OCI.2018.SG.104075, SBN21.RX.NET.OCI.2018.SG.10452030, SBN21.RX.NET.OCI.2018.SG.10452030, SBN21.RX.NET.OCI.2018.SG.1050100150, SBN21.RX.NET.OCI.2018.SG.NONE

3) HIOS Product ID. The HIOS product ID for our HMO product is: 75753DC001, 75753DC003.

4) Effective Date. 1/1/2021.

5) Market. The benefit plans will be offered in the small employer group market.

<u>6) Status of Forms</u>. The forms are open to new sales and are for non-grandfathered groups.

<u>7) Benefits/Metal Levels</u>. The benefits by plan are summarized in Exhibit 2. The metal level for each benefit plan is indicated in Exhibit 1.

<u>7.1) AV Value</u>. The actuarial value for each plan design using the HHS provided AV calculator is indicated in Exhibit 1. For plan designs that do not fit into the AV calculator, certification of the methodology and input used is in Exhibit B.

8) Average Rate Increase Requested

Incremental:

1Q21/4Q20: +3.7% 2Q21/1Q21: +2.2% 3Q21/2Q21: +2.2% 4Q21/3Q21: +2.2%

Year-over-year renewal:

1Q21/1Q20: +9.9% 2Q21/2Q20: +10.2% 3Q21/3Q20: +10.4% 4Q21/4Q20: +10.7% Average year-over-year renewal: +10.3%

9) Maximum Rate Increase Requested

Incremental:

1Q21/4Q20: +14.0% 2Q21/1Q21: +2.2% 3Q21/2Q21: +2.2% 4Q21/3Q21: +2.2%

Year-over-year renewal: +21.7%

10) Minimum Rate Increase Requested

Incremental:

1Q21/4Q20: +0.1% 2Q21/1Q21: +2.2% 3Q21/2Q21: +2.2% 4Q21/3Q21: +2.2%

Year-over-year renewal: +6.0%

<u>11) Absolute Maximum Premium Increase</u>. The absolute maximum year-over-year renewal increase, including one year of aging (20 to 21, which is an 11.1% increase in age factor), is +35.2%.

<u>12) Average Renewal Rate Increase for a Year</u>. The average renewal rate change by HIOS product ID is: 75753DC001 +10.2%, 75753DC003 +15.8%.

13) Rate Change History.

10/1/20: +1.9% 7/1/20: +2.0% 4/1/20: +1.9% 1/1/20: +3.2% 10/1/19: +2.7% 7/1/19: +2.6% 4/1/19: +2.6% 1/1/19: +1.1% 10/1/18: +1.7% 7/1/18: +1.7% 1/1/18: +1.7% 1/1/18: -3.0% 10/1/17: +2.5% 4/1/17: +2.5% 1/1/17: -5.7%

<u>14) Exposure</u>. As of February 2020:Policies: 180Certificates: 405Covered Lives: 583

15) Member Months. See Exhibit A.

16) Past Experience. See Exhibit A.

17) Index Rate. See URRT.

17.1) Rate Development.

The base experience is shown in Exhibit A.

We are proposing to set our 1st quarter 2021 on average 3.7% higher than our current 4th quarter 2020 rates, and then apply quarterly rate increases in each of the last three quarters of 2021. The quarterly rate increases are equivalent to an annual 9.0% trend rate. These rates will yield a 79.4% underwriting ratio (claims divided by premium).

The 2021 base rate of \$788.98 is calculated as follows: (2020 Base Rate) x (2020 Trend) x (1/1/2021 Base Rate Change) x (Revenue Neutral Base Rate Adjustment) 2021 Base Rate = (\$734.80) x (1.079) x (1.027) x (0.972) = \$791.46

<u>18) Credibility Assumption</u>. We have set our rate levels based on the combined DC experience on our small group licenses, which we believe is credible.

<u>19) Trend Assumption</u>. See Exhibit T. At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for DC rate development.

<u>20) Cost Sharing Changes</u> and <u>21) Benefit Changes</u>. Changes to member cost sharing were required for certain benefit plans. Use of the new federal Actuarial Value (AV) Calculator led to some benefit plans falling outside the allowed +2% /-4% AV metal ranges. Benefit plan changes were made to move these plans back into the allowed AV ranges. The benefit changes for these plans, and the estimated cost value of the changes, is shown in Exhibit 4.

22) Plan Relativities. We refined the medical plan price relativities to reflect the most recent methodology update using the most recent available models. The medical plan price relativities were developed using our pricing model ARC (Actuarial Relativity Calculator). The ARC model is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan into ARC. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed using our ARC Pricing model: this model, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Using the new ARC model (used for both medical and Rx price relativities), we set the new 2021Q1 base rates to be 2.8% lower than the 2020 base rate. The calculation of the -2.8% is demonstrated in Exhibit 6.

<u>23) Rating Factors</u>. We are resetting our 1^{st} quarter 2021 Effective Date Adjustment (EDA) factors to 1.000. Rating factors are displayed on Exhibit 1

23.1) Wellness Programs. No wellness programs are included in this rate filing.

<u>24) Distribution of Rate Increases</u>. The distribution of rate increases is shown in the DISB Actuarial Memorandum Dataset.

<u>25) Claim Reserve Needs</u>. The incurred period used for the base period is 1/1/19 through 12/31/19, using claims paid through 2/29/2020. The claim reserve amounts are included in Exhibit A. A description of our reserving methodology is included in the Part III Actuarial Memorandum.

<u>26) Administrative Costs of Programs that Improve Health Care Quality</u>. The Improving Health Care Quality costs in total for our small group licenses is 0.8% of premium.

<u>27) Taxes and Licensing or Regulatory Fees</u>. The amount of taxes, licenses, and fees subtracted from premium in the denominator of the medical loss ratio calculation is 4.8%. Differences from amounts in the Supplemental Health Care Exhibit are due to different amounts of PPACA fees by year, and different Federal Income Taxes due to different underwriting loss ratios.

<u>28) Medical Loss Ratio (MLR)</u>. The anticipated Federal MLR is 84.1%, which is greater than the 80% minimum. The estimated Federal MLR components, adjustments, and formula are as follows:

- 79.4% Underwriting loss ratio
- 0.8% QI/HIT Medical costs added
- 4.8% Taxes, regulatory fees and assessments

MLR formula: $[(UW LR) \times (1 + QIT)] / (1 - taxes)$

<u>29) Risk Adjustment</u>. Based on analysis done in conjunction with a national actuarial consulting firm, we estimate we will be a 4.9% risk adjustment payer in total for our small group licenses in 2019. However, due to changes made to the risk adjustment methodology by CMS, this same analysis further estimated that we will be a 0.6% larger payer in 2021 vs. 2019. Therefore, our rate

action contemplates that we will be a 5.5% risk adjustment payer across all of our small group licenses in 2021.

<u>30) Past and Prospective Loss Experience Within and Outside the State</u>. Only loss experience on DC plans, written on DC employers, was used in the development of the rates. This experience does include medical services provided outside DC, to employees of DC employers who live outside DC, or to DC residents who obtain medical services outside DC. We have set our rate levels based on the total overall experience of our small group licenses in DC, which we believe is credible, thus not requiring use of loss experience outside the state.

<u>31) A Reasonable Margin for Reserve Needs</u>. The profit margin assumed in the development of the proposed rates is 3.0% of premium. This assumption was derived as: 100% – projected underwriting loss ratio – projected expenses (including PPACA fees) as % of premium – projected taxes (including FIT) as % of premium. This methodology has not changed from prior filings.

<u>32) Past and Prospective Expenses</u>. The expenses assumed in the development of the proposed rates are as follows.

% of Premium Expense Category

3.5%	Salaries, wages, employment taxes, and other employee benefits
3.4%	Commissions
4.8%	Taxes, licenses, and other regulatory fees
1.8%	Cost containment programs / quality improvement activities
4.0%	All other administrative expenses
17.6%	Total

33) Any Other Relevant Factors Within and Outside the State. None.

<u>34) Other</u>. As of the 5/1/20, this filing assumes no pricing impact for COVID-19. As new information becomes available, we may submit a filing amendment to add a COVID-19 related impact.

35) Actuarial Certification.

I, Ryan Morgan, a Director at UnitedHealthcare, am an FSA and MAAA. I satisfy the 2019 continuing professional development requirements of the Academy and therefore am qualified to issue this 2020 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing. There are no conflicts of interest with regards to my production of this rate filing.

I certify 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 DC and all applicable Actuarial Standards of Practice, including ASOP No. 8, and the rates are not unfairly discriminatory.

Ryan Morgan

Ryan Morgan, FSA, MAAA Date: 5/1/2020

36) Part I Preliminary Justification for Grandfathered Plan Filings. Not applicable.

36.1) Unified Rate Review Template. This is provided via SERFF.

37) Part II Preliminary Justification. This is provided via SERFF.

38) DISB Actuarial Memorandum Dataset. This is provided via SERFF.

39) DC Plain Language Summary. This is provided via SERFF.

40) Summary of Components for Requested Rate Change: Please see Exhibit 3.

41) CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E'): This is not available at the time of filing, but will be added via SERFF.

42) Additional Requirements for Stand-Alone Dental Plans. Not applicable.

List of exhibits included in rate filing:

Exhibit 1: Rates and rate factors.
Exhibit 2: Benefit plan descriptions.
Exhibit 3: Rate factor changes.
Exhibit 4: Plan changes.
Exhibit 5: Rating example.
Exhibit 6: Benefit resloping adjustment.
Exhibit 7: Actuarial value and cost share.
Exhibit A: Member months, earned premium & incurred claim experience.
Exhibit C: Estimated Federal MLR
Exhibit T: Trend assumptions and development.

Please keep these rates confidential to the extent allowed by DC law.

If you have questions, or need any further information, please do not hesitate to contact me.

Sincerely,

Myan Morgan

Ryan Morgan, FSA, MAAA Director, Actuarial Services UnitedHealthcare

Federal Rate Filing Justification Part III Actuarial Memorandum and Certification

Optimum Choice, Inc. NAIC: 0707-96940 FEIN: 521518174

State of District of Columbia Rate Review

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Section 1: Purpose

The following is a rate filing prepared by Optimum Choice, Inc. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of District of Columbia. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold on the Small Business Health Options Program in District of Columbia for the 2021 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the District of Columbia Department of Insurance and Financial Services. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by D.C. Code section 31-3303.08(b) and D.C. Code section 2-534(a)(1). If the prohibition against disclosure by the Department of Insurance and Financial Services is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name:	Optimum Choice, Inc.
State:	District of Columbia
HIOS Issuer ID:	75753
Market:	Small Business, 1-50
Proposed Effective Date:	January 01, 2021

Primary Contact Information	
Name:	Ryan Morgan, FSA, MAAA
Telephone Number:	414-443-4287
Email Address:	ryan_morgan2@uhc.com

Section 3: Proposed Rate Changes

The proposed change in rates for this filing is 10.3% compared to the prior filing. The proposed pricing trend is 9.0% annually.

The primary drivers of the proposed rate changes are the following:

- Changes in medical service costs
 - Increasing Cost of Medical Services Annual increases in reimbursement rates to health care providers such as hospitals, doctors and pharmaceutical companies.
 - Increased Utilization The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
 - Higher Costs from Deductible Leveraging Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
 - Cost shifting from the public to the private sector Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals do not generally cover all of the cost of care. The cost difference is being shifted to private health plans. Hospitals typically make up this difference by charging private health plans more.
 - Impact of New Technology Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
 - O UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
 - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.
 - State and/or Federal government imposed taxation and fees are additional significant factors that impact health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.
- Changes that vary by plan
 - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
 - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing by the estimated value of the benefits and the expected utilization differences due to differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience and Current Period Premium, Claims and Enrollment

Paid Through Date

The experience period is 1/1/2019 through 12/31/2019, with claims paid through 2/29/2020.

Current Date

The current enrollment and premium is reported as of 12/31/2019.

Support for Estimate of Incurred but not Reported Claims

Historical claims are categorized both by the month in which they were incurred and the month in which they were adjudicated. For incurral months with sufficient adjudicated claim experience, incurred claims are estimated by applying completion factors derived from the historical claims. Adjustments are made based on specific knowledge of the entity (e.g., catastrophic claims, pended claims, etc.). For incurral months where adjudicated claim experience is not sufficient to rely on completion factors, a PMPM is used to estimate incurred claims. PMPM estimates are based on expected claim seasonality patterns, monthly calendar days and work days, emerging claim trends, and other factors. The same completion factors are applied to both incurred and allowed claim amounts.

The same completion factors are applied to both incurred and allowed claims amounts.

Experience Period Risk Adjustment

Risk Adjustments for the experience period are not known at this time.

Our 2019 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by Optimum Choice, Inc. to be higher than the market. This results in an approximate adjustment of \$-72.14 PMPM.

Experience Period Index Rates

Experience Period Index Rates are defined as the allowed claims PMPM for Essential Health Benefits during the Experience Period. With the breakout of service level EHB claims, the information provided reflects a reasonable estimate of the EHBs.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

<u>Trend</u>

Two years of annual trend were applied to our 2019 experience to project it to the 2021 rating period. Our most recent analysis indicates unit cost trend of 3.9%, utilization trend of 4.1%, and leveraging trend of 0.7%. Please see Exhibit T for more detail.

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence the mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Section 7: Credibility Manual Rate Development

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

We have set our rate levels based on the combined DC experience on our small group licenses, which we believe to be credible.

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate.

Section 9: Development of Projected Index Rate

The experience period index rate is \$288.74 PMPM.

The Index Rate For the experience period is approximately 99.79% of allowed claims due to benefits in excess of EHBs. The reported percentage amount is based on experience data. The index rate of the experience period has been reported accordingly. The Index Rate in the projection period represents 99.79% of allowed claims due to the benefits in excess of EHBs.

The projected index rate of \$505.43 was calculated by trending and adjusting the experience period index rate to the projection period, including blending the experience with a manual rate if the experience was not fully credible. It is established in accordance with the requirements of 45 CFR §156.80(d). See sections 6, 7, and 8 of this memo for more details.

Section 10: Development of the Market Adjusted Index Rate

Risk Adjustment Payment/Charge

Optimum Choice, Inc. anticipates paying an average of \$22.88 PMPM for risk adjustment transfers in the state of District of Columbia for the 2021 plan year, which has been grossed up to \$27.63 PMPM on an allowed basis for purposes of calculating the Market Adjusted Index Rate. We are assuming the risk level of our business relative to that of our competitors for the 2021 plan year will be similar to what it was in the 2019 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2021 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2019 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

Exchange User Fees

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

The market adjusted index rate includes market-wide adjustments for reinsurance, risk adjustment transfers and exchange user fees (if any).

Index Rate	Net Federal or State Reinsurance	Risk Adjustment Payment/Charge	Exchange Fee Adjustment	Market Adjusted	
	(allowed basis)	(allowed basis)	(allowed basis)	Index Rate	
\$505.43	\$0.00	(\$27.63)	0.00%	\$533.06	

The figures above may not tally exactly due to rounding of the display.

Section 11: Plan Adjusted Index Rate

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

UnitedHealthcare does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare's nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

<u>Provider network, delivery system and utilization management adjustment</u> Any adjustments for these items are included in the plan relativity factors.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, risk adjustment user fees, SG&A, quality improvements, federal income tax, and after-tax income. Risk adjustment transfers, net reinsurance recoveries and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results for 2019 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 2, Section III of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the administrative expenses, taxes and fees, and 1 minus the target loss ratio and the administrative expenses, taxes and fees.

The profit and risk margin results in an anticipated MLR that is above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

Taxes and fees are expected to be 4.8% and include premium tax, exchange fees (if any), risk adjustment user fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	0.8%
Premium Tax	2.0%
ACA Taxes: Insurer Fee	0.0%
ACA Taxes: PCORI Fee	0.0%
ACA Taxes: Risk Adjustment User Fee	0.0%
ACA Taxes: Exchange User Fee	1.0%
All Other Taxes & Fees	0.9%
Total	4.8%

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

Section 12: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 0.94, which equals one divided by the average age factor of the expected member distribution by age. The age factors used in this calculation are the HHS-specified age curve.

Geographic and Tobacco Calibration

Geographic and tobacco factors are not used in the rating of these products, and no calibration is needed.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Section 13: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate

- **x** Age Calibration Factor
- **x** Geographic Calibration Factor
- x Consumer Specific Age Rating Factor
- x Consumer Specific Geographic Rating Factor
- x Small Group Trend Adjustment
- = Consumer Adjusted Premium Rate

Section 14: Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2020 is 84.1%. Optimum Choice, Inc. agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

UHC has elected to report a single quality improvement activity (QIA) amount of 0.8% of premium in lieu of actual QIA expenditures. This action is allowed per the 2020 Final Notice of Benefit and Payment Parameters (NBPP). Issuers electing to use the 0.8% must do it consistently across all states and markets subject to MLR, including amongst all affiliated issuers.

Section 15: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

Copays Paid in Conjunction with Coinsurance

Some of our plan designs include copays that are paid in conjunction with coinsurance in the coinsurance range. This benefit design is not directly compatible with the AV calculator, so the alternate methodology described in 45 CFR 156.135(b)(2) was used for the AV calculation. In order to modify the AV calculator input for a copay paid in conjunction with coinsurance, the following formula was used to estimate the insurer's cost share.

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

The benefit was then marked as "Subject to Deductible" and "Subject to Coinsurance" with a "Coinsurance, if different" equal to the effective insurer coinsurance rate as calculated above. The copay was entered in the "Copay if separate" column.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level. For example, if the plan was expected to fall within a Silver Metal Tier, the average unit cost was calculated from the Silver continuance tables. All enrollees within a continuance table whose claims exceeded \$1,500 were included in the calculation of the average unit cost for each benefit type.

Benefits that Vary Based on Place of Service

For some types of services, our plan designs include different benefit levels based on the place of service (i.e. physician's office, free standing facility, or outpatient hospital facility). To incorporate this differentiation in benefits, the Tiered Network Option was selected within the AV calculator, and utilization was assigned to each tier based on historical experience of affiliated carriers.

Physician Tiering

Select plan designs include lower cost sharing when members utilize providers we designate as meeting cost and efficiency standards. The tiered network functionality of the AV calculator was utilized to account for the cost sharing differences. The utilization of providers was based on a UnitedHealthcare study of differences in cost sharing and their effectiveness at driving utilization patterns.

Per Occurrence Copays

Select plan designs have per occurrence copays where a copay is paid before coinsurance is applied between the deductible and maximum out of pocket. These copays accumulate to the maximum out of pocket. To reflect this type of benefit an effective insurer coinsurance rate was calculated based on the average unit cost of the service and member coinsurance rate. The calculation is as follows:

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

Some of the copays only apply to portions of the benefit categories that the AV calculator defines. For example, the Inpatient Hospital Services includes both physician and facility charges. To the extent the plan design per occurrence copay only applies to a portion of the services, the tiered Network functionality was utilized. The mix of services within the AV calculator benefit categories was based on historical experience.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level where available.

Zero Dollar Copay for Dependents Under Age 19

Some plan designs assume no PCP copay applies for children under the age of 19. These copays were converted to an effective copay based on UnitedHealthcare historical membership distributions.

Laboratory and X-Ray Services

Some plan designs include a copay for minor lab and x-ray services. These copays are applied on a per visit basis. The AV Calculator assumes that the copays are on a per procedure basis. Therefore, the copay amounts are adjusted to reflect the equivalent per procedure amount.

Section 16: Membership Projections

The 2021 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2021. Strictly for purposes of the URRT, we have projected membership by plan.

Section 17: Terminated Plans and Products

Historically, the prescription drug list (PDL), also referred to as a formulary, was not considered to be a component of a Product's "covered benefits," and plans covering the same package of benefits but using different PDLs could be considered part of the same Product and use a common HIOS Product ID. However, HHS revised its guidance, expanding a Product's covered benefits to include the PDL. Therefore, plans with different PDLs will now belong to different Products and have different HIOS Product IDs.

Our plan offerings in prior years included a mix of plans with the Advantage and Essential PDLs within the same HIOS Product ID. In light of the revised HHS guidance, Optimum Choice, Inc. is assigning new HIOS Plan IDs to plans with the Essential PDL to give them a separate HIOS Product ID. The change in HIOS Product ID and HIOS Plan ID does not indicate that the benefits covered by the plan have changed; it is merely an administrative change to align with HHS's clarification regarding PDLs and covered benefits.

See the appendix for a list of plans that were assigned a new HIOS Plan ID.

A list of terminated Single Risk Pool plans can be found in the appendix. Terminated plans will be mapped to another plan in the projection period for purposes of completing the URRT. The mapping is included in the appendix. It should be noted that this mapping is preliminary and may deviate based on business decisions and practices at a future date.

Section 18: Plan Type

A plan type of HMO has been selected, which describes the plans exactly.

Section 19: Reliance

In my professional judgment, the assumptions or methods described in the memorandum do not conflict with what I believe to be reasonable. Therefore, I have not included any reliances.

Section 20: Actuarial Certification

I, Ryan Morgan, FSA, MAAA, am a Director of Actuarial Services for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
 - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
 - Developed in compliance with the applicable Actuarial Standards of Practice.
 - Reasonable in relation to the benefits provided and population anticipated to be covered.
 - Neither excessive, deficient, nor unfairly discriminatory.
- 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.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their 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 exchanges, and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

Ryan Morgan

Ryan Morgan, FSA, MAAA Director, Actuarial Services 5/1/2020

Date



10701 West Research Drive, WI030-1000 Wauwatosa, WI 53226 Phone 414-443-4287 E-Mail: ryan_morgan2@uhc.com

May 1, 2020

Efren Tanhehco, Actuary DC Department of Insurance Securities & Banking 810 First Street, NE Suite 701 Washington, DC 20002

Re: Optimum Choice, Inc. Small Group Rate Filing

Dear Mr. Tanhehco:

This rate filing presents proposed premium rates effective January 1, 2021 through December 31, 2021 for medical and Rx benefit plans to be sold by Optimum Choice, Inc. to small group employers. The benefit plans and rates are for non-grandfathered employers.

A. Company Name: Optimum Choice, Inc.

B. NAIC Company Code: 96940

C. SERFF Tracking #: UHLC-132330453

- D. Date Filing Submitted: 5/1/2020
- E. Proposed Effective Date: 1/1/2021
- F. Type of Product: Medical and prescription drug insurance.

G. Market: Small group, employers with 50 or fewer eligible employees.

H. Scope and Purpose of Filing: 2021 rates for small group plans meeting the requirements of the Patient Protection and Affordable Care Act (PPACA).

I. Initial Filing or Rate Change: Initial filing for 2021, rate change to previously filed and approved 2020 rates.

J. Rates apply to existing DC policyholders.

K. Overall Premium Impact of Filing on DC Policyholders: An average 10.3% renewal rate increase.

L. Contact Information: Ryan Morgan, 414-443-4287, E-mail: ryan_morgan2@uhc.com.

If you have any questions, please do not hesitate to reach out.

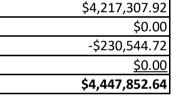
Sincerely,

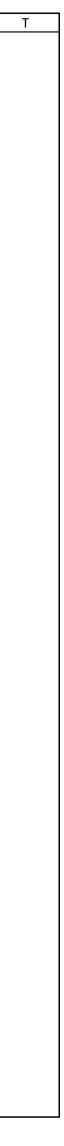
Ryan Morgan

Ryan Morgan, FSA, MAAA Director, Actuarial Services

	A B	C	D	F	F	G	Н			
	Unified Rate Review v5.1		-	_		-				
	Onnied Rate Review V3.1									To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P
2								1		To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
3	Company Legal Name:	Optimum Choice, Inc.						State:	DC	To validate, select the Validate button or Ctrl + Shift + I.
4	HIOS Issuer ID:	75753						Market:	Small Group	To finalize, select the Finalize button or Ctrl + Shift + F.
5	Effective Date of Rate Change(s):	1/1/2021								
<u> </u>										
0										
/	Market Level Calculations (Same for a	all Plans)								
9	Warket Level Calculations (Same for a									
10										
11	Section I: Experience Period Data									
12	Experience Period:	1	1/1/2019	to	12/31/2019					
13	Experience renou.	L	1/1/2013	Total	PMPM					
14	Allowed Claims			\$2,411,172.86	\$288.97					
15	Reinsurance			\$0.00	\$0.00					
16	Incurred Claims in Experience Period			\$2,155,623.80	\$258.34					
17	Risk Adjustment			\$601,959.66	\$72.14					
18	Experience Period Premium			\$3,742,288.62	\$448.50					
19	Experience Period Member Months			8,344						
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22										
21	Section II: Projections									
22			Year 1	۲rend	Year 2 T	rend				
		Experience Period Index					Trended EHB Allowed Claims			
23	Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	РМРМ			
24	Inpatient Hospital	\$29.98	1.039	1.041	1.039	1.041	\$35.07			
25	Outpatient Hospital	\$77.49	1.039	1.041	1.039	1.041	\$90.65			
26	Professional	\$89.58	1.039	1.041	1.039	1.041	\$104.80			
27	Other Medical	\$1.84		1.041	1.039	1.041	\$2.15			
28	Capitation	\$14.06	1.039	1.041	1.039	1.041	\$16.45			
29	Prescription Drug	\$75.79	1.039	1.041	1.039	1.041	\$88.66			
30	Total	\$288.74			· · · · · · · · · · · · · · · · · · ·		\$337.78			
31							•			
32	Morbidity Adjustment				1.000					
33	Demographic Shift				1.000					
34	Plan Design Changes				0.981					
35	Other				1.074					
36	Adjusted Trended EHB Allowed Claims	s PMPM for	1/1/2021		\$355.89					
37					1					
38	Manual EHB Allowed Claims PMPM				\$505.43					
39	Applied Credibility %				0.00%					
40						Decises and Devied Totals				
41	Destant desta Dete for		4/4/2024			Projected Period Totals	1			
42	Projected Index Rate for		1/1/2021		\$505.43	\$4,217,307.92				
43	Reinsurance				\$0.00 \$27.62	\$0.00				
44	Risk Adjustment Payment/Charge				-\$27.63 <u>0.00%</u>	-\$230,544.72				
45	Exchange User Fees Market Adjusted Index Rate				\$533.06	<u>\$0.00</u> \$4,447,852.64				
40					00.5555	4,447,002،04 ب4	1			
48	Projected Member Months				8,344					
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 40 41 42 43 44 45 46 47 48 49										
	Information Nat Dalassahla ta th	o Dublic Unloss Authentical bu	I awy. This information has not been	publically disclosed and may be a	iviloged and confidential. It is far into	anal government use ashi asd	ust not he discominated distribut	od or cont	d to porcers ==	to authorized to receive the information. Unauthorized disclosure may result in
E0	mormation Not Releasable to th	ie Public Unless Authorized by	Law: This information has not been	publically disclosed and may be pr		ernal government use only and m full extent of the law.	ust not be disseminated, distributo	eu, or copie	eu to persons no	t authorized to receive the information. Unauthorized disclosure may result in
50 51					prosecution to the	iun exterit of the law.				
21										

Utilization	Trended EHB Allowed Claims PMPM
1.04	
1.04	1 \$90.65
1.04	1 \$104.80
1.04	1 \$2.15
1.04	1 \$16.45
1.04	1 <u>\$88.66</u>
	\$337.78





Product-Plan Data Collection

Company Legal Name:	

HIOS Issuer ID: Effective Date of Rate Change(s):

Optimum Choice, Inc. 75753 1/1/2021

> CC-EO 75753DC0010058 75753DC0010 Platinum

> > 0.901 Renewing HMO Yes

1/1/2021 6.58%

Product/Plan Level Calculations

Field # Section I: General Pro	oduct and Plan Information		
1.1 Product Name			
1.2 Product ID			
1.3 Plan Name		Products	CC-EN
1.4 Plan ID (Standard Cor	nponent ID)	75753DC0010000	75753DC0010056
1.5 Metal		Not Applicable	Platinum
1.6 AV Metal Value		0.000	0.905
1.7 Plan Category		Terminated	Renewing
1.8 Plan Type		НМО	НМО
1.9 Exchange Plan?		No	Yes
1.10 Effective Date of Prop	oosed Rates	1/1/2021	1/1/2021
1.11 Cumulative Rate Chai	nge % (over 12 mos prior)	0.00%	9.52%
1.12 Product Rate Increase	2 %		
1.13 Submission Level Rate	e Increase %		

	2.1 Plan ID (Standard Component ID)	Total	75753DC0010000	75753DC0010056	75753DC0010058	75753DC0010079	75753DC0010018 7	5753DC0010042 757	53DC0010063 757	53DC0010064 7575	3DC0010074 7575	3DC0010080 757	53DC0010082 7575	53DC0010075 7575	53DC0010078 7575	3DC0010081 7575	3DC0010083 757	53DC0030001 757	53DC0030003 7575	'53DC0030004 757	753DC0030
\$2,411,173	2.2 Allowed Claims	\$2,411,173	\$195,669	\$912,367	\$694,110	\$0	\$325,205	\$229,227	\$8,038	\$10,990	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,478	\$34,089	\$0	
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	2.4 Member Cost Sharing	\$255,549	\$29,168	\$89,462	\$30,614	\$0	\$29,761	\$51,162	\$1,249	\$4,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$633	\$19,299	\$0	
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$2,155,624	2.6 Incurred Claims	\$2,155,624	\$166,501	\$822,906	\$663 <i>,</i> 496	\$0	\$295,443	\$178,065	\$6,788	\$6,790	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$845	\$14,790	\$0	
\$601,960	2.7 Risk Adjustment Transfer Amount	\$601,960	\$0	\$330,126	\$103,123	\$0	\$52,393	\$82,640	\$5,506	\$4,864	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,148	\$22,159	\$0	
\$3,742,289	2.8 Premium	\$3,742,289	\$394,591	\$1,835,940	\$573 <i>,</i> 503	\$0	\$291,377	\$459,586	\$30,623	\$27,051	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6 <i>,</i> 384	\$123,235	\$0	
8,344	2.9 Experience Period Member Months	8,344	997	3,731	1,185	0	772	1,135	85	80	0	0	0	0	0	0	0	25	334	0	
	2.10 Current Enrollment	627	0	320	100	0	74	84	10	9	0	0	0	0	0	0	0	7	23	0	
	2.11 Current Premium PMPM	\$487.26	\$0.00	\$529.33	\$508.70	\$0.00	\$416.62	\$429.58	\$337.10	\$319.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$305.08	\$432.88	\$0.00	, ,
	2.12 Loss Ratio	49.62%	42.20%	37.99%	98.06%	#DIV/0!	85.94%	32.84%	18.79%	21.28%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	11.22%	10.17%	#DIV/0!	#C
	Per Member Per Month																				
	2.13 Allowed Claims	\$288.97	\$196.26	\$244.54	\$585.75	#DIV/0!	\$421.25	\$201.96	\$94.56	\$137.37	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$59.12	\$102.06	#DIV/0!	#D
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#D
	2.15 Member Cost Sharing	\$30.63	\$29.26	\$23.98	\$25.83	#DIV/0!	\$38.55	\$45.08	\$14.70	\$52.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$25.32	\$57.78	#DIV/0!	#D
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	#DIV/0!	#D
	2.17 Incurred Claims	\$258.34	\$167.00	\$220.56	\$559.91	#DIV/0!	\$382.70	\$156.89	\$79.86	\$84.87	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$33.79	\$44.28	#DIV/0!	#D
	2.18 Risk Adjustment Transfer Amount	\$72.14	\$0.00	\$88.48	\$87.02	#DIV/0!	\$67.87	\$72.81	\$64.78	\$60.80	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$45.91	\$66.34	#DIV/0!	#D
	2.19 Premium	\$448.50	\$395.78	\$492.08	\$483.97	#DIV/0!	\$377.43	\$404.92	\$360.27	\$338.13	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$255.35	\$368.97	#DIV/0!	#D

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		75753DC0010000	75753DC0010056	75753DC0010058	75753D
3.2 Market Adjusted Index Rate					
3.3 AV and Cost Sharing Design of Plan		0.0000	0.9342	0.9568	
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	
3.5 Benefits in Addition to EHB		1.0000	1.0008	1.0008	
Administrative Costs					
3.6 Administrative Expense		0.00%	11.85%	11.85%	
3.7 Taxes and Fees		0.00%	4.80%	4.80%	
3.8 Profit & Risk Load		0.00%	3.00%	3.00%	
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	
3.10 Plan Adjusted Index Rate		\$0.00	\$620.27	\$635.27	
3.11 Age Calibration Factor	0.9400				
3.12 Geographic Calibration Factor	1.0000				
3.13 Tobacco Calibration Factor	1.0000				
3.14 Calibrated Plan Adjusted Index Rate		\$0.00	\$583.05	\$597.15	

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	75753DC0010000 75	5753DC0010056 75	753DC0010058	75753DC0010079	75753DC0010018	75753DC0010042	75753DC0010063 7	25753DC0010064	75753DC0010074	75753DC0010080	75753DC0010082	75753DC0010075	75753DC0010078	75753DC0010081	75753DC0010083	75753DC0030001	75753DC0030003	75753DC0030004 75	5753DC0030002
4.2 Allowed Claims	\$4,226,015	\$0	\$1,546,604	\$549,465	\$85,804	\$563,467	7 \$812,498	\$91,569	\$88,178		\$33,430	\$33,430	\$16,490) \$16,490	\$16,477	\$16,477				\$25,085
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$0	\$() \$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$726,875	\$0	\$175,036	\$50,388	\$21,774	\$87,073	\$\$208,959	\$22,262	\$23,837	\$10,085	\$9,146	\$6,259	\$4,997	7 \$5,625	\$5,487	\$4,100) \$16,215	\$60,967	\$4,607	\$10,056
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$0	\$0	\$0	\$0	\$0	\$() \$0	\$0	\$() \$0	\$0	\$0	\$0
4.6 Incurred Claims	\$3,499,140	\$0	\$1,371,568	\$499,077	\$64,030	\$476,394	\$603,538	\$69,308	\$64,341	\$23,345	\$24,284	\$27,171	\$11,494	\$10,865	\$10,990	\$12,37	7 \$39,698	\$\$163,762	\$11,870	\$15,029
4.7 Risk Adjustment Transfer Amount	-\$190,891	\$0	-\$66,391	-\$23,587	-\$3,683	-\$26,607	-\$38,366	-\$4,324	-\$4,164	-\$1,579	-\$1,579	-\$1,579	-\$824	4 -\$824	-\$824	-\$824	4 -\$2,379	-\$11,233	-\$824	-\$1,304
4.8 Premium	\$4,592,045	\$0	\$1,800,009	\$654,964	\$84,031	\$625,155	\$ \$791,997	\$90,953	\$84,443	\$30,635	\$31,867	\$35,656	\$15,085	5 \$14,260	\$14,423	\$16,243	3 \$52,099	\$214,924	\$15,577	\$19,724
4.9 Projected Member Months	8,344	0	2,902	1,031	161	. 1,163	3 1,677	189	182		69	69	36	5 36	36	36	5 104	491	36	57
4.10 Loss Ratio	79.51%	#DIV/0!	79.12%	79.05%	79.69%	79.59%	80.08%	80.01%	80.15%	80.34%	80.17%	79.73%	80.59%	6 80.86%	80.81%	80.27%	6 79.84%	80.40%	80.46%	81.59%
Per Member Per Month															•					
4.11 Allowed Claims	\$506.47	#DIV/0!	\$532.94	\$532.94	\$532.94	\$484.49	\$484.49	\$484.49	\$484.49	\$484.49	\$484.49	\$484.49	\$458.07	7 \$458.07	\$457.70	\$457.70	\$537.62	\$457.70	\$457.70	\$440.09
4.12 Reinsurance	\$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	\$0.00) \$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$87.11	#DIV/0!	\$60.32	\$48.87	\$135.24	\$74.87	\$124.60	\$117.79	\$130.97	\$146.16	\$132.55	\$90.71	\$138.80	\$156.25	\$152.43	\$113.89	9 \$155.91	. \$124.17	\$127.98	\$176.43
4.14 Cost Sharing Reduction	\$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	\$0.00) \$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$419.36	#DIV/0!	\$472.63	\$484.07	\$397.70	\$409.63	\$\$359.89	\$366.71	\$353.52	\$338.33	\$351.94	\$393.78	\$319.27	7 \$301.82	\$305.27	\$343.80	\$381.71	. \$333.53	\$329.71	\$263.66
4.16 Risk Adjustment Transfer Amount	-\$22.88	#DIV/0!	-\$22.88	-\$22.88	-\$22.88	-\$22.88	-\$22.88	-\$22.88	-\$22.88	-\$22.88	-\$22.88	-\$22.88	-\$22.88	3 -\$22.88	-\$22.88	-\$22.88	3 -\$22.88	-\$22.88	-\$22.88	-\$22.88
4.17 Premium	\$550.34	#DIV/0!	\$620.27	\$635.27	\$521.93	\$537.54	\$472.27	\$481.23	\$463.97	\$443.99	\$461.85	\$516.75	\$419.02	2 \$396.11	\$400.64	\$451.19	\$500.95	\$437.73	\$432.68	\$346.04

							DC Small Group	To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F. To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q. To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.							
DC001 Plans												DC003	Plans		
				75753DC001				75753DC003							
CC-EG	CC-EF	CC-EM	CC-EJ	CC-EK	CC-EL	CC-EH	CC-NI	CC-ER	CC-EQ	CC-EI	CC-NJ	CC-ED	CC-EP	CC-ES	CC-EE
753DC0010079	75753DC0010018	75753DC0010042	75753DC0010063	75753DC0010064	75753DC0010074	75753DC0010080	75753DC0010082	75753DC0010075	75753DC0010078	75753DC0010081	75753DC0010083	75753DC0030001	75753DC0030003	75753DC0030004	75753DC0030002
Platinum	Gold	Silver	Silver	Silver	Silver	Gold	Silver	Silver	Bronze						
0.862	0.811	0.814	0.809	0.793	0.772	0.818	0.819	0.719	0.706	0.717	0.710	0.818	0.709	0.711	0.646
New	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	Renewing	Renewing	New	New	Renewing	Renewing	New	Renewing
НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО
No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
0.00%	12.16%	14.76%	12.87%	15.57%	16.52%	0.00%	0.00%	18.29%	21.73%	0.00%	0.00%	11.31%	16.82%	0.00%	18.91%
10.02%											15.8	4%			
10.26%															

\$533.06

8	0.7861	0.8096	0.7113	0.7248	0.6988	0.6687	0.6956	0.7783	0.6311	0.5966	0.6039	0.6801	0.6799	0.6598	0.6522	0.5216
0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
8	1.0008	1.0008	1.0008	1.0008	1.0008	1.0008	1.0008	1.0008	1.0008	1.0008	1.0000	1.0000	1.1106	1.0000	1.0000	1.0000
%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%	11.85%
%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
7	\$521.93	\$537.54	\$472.27	\$481.23	\$463.97	\$443.99	\$461.85	\$516.75	\$419.02	\$396.11	\$400.64	\$451.19	\$500.95	\$437.73	\$432.68	\$346.04

						0.9400				
						1.0000				
						1.0000				
\$490.62	\$505.28	\$443.93	\$452.36	\$436.13	\$417.35	\$434.14	\$485.75	\$393.88	\$372.35	\$376.60

)	\$424.12	\$470.89	\$411.46	\$406.72	\$325.28

Rating Area	Rating Factor
Rating Area 1	1.0000

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas I Select only the Rating Areas you are offering plans within and add a factor for each area. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.

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	Optimum Choice	e Inc.
SERFF tracking number	UHLC-1323304	53
Submission Date	May 1, 2020	
Product Name	Medical and Pre	escription Drug Insurance
Market Type	O Individual	• Small Group
Rate Filing Type	Rate Increase	O New Filing

Scope and Range of the Increase:

The 10.3% increase is requested because:

The biggest driver of our rate increase is trend.

This filing will impact:

of policyholder's 180

of covered lives 583

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 10.3 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 6.0 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 21.7%

Individuals within the group may vary from the aggregate of the above increase components as a result of:

The group's rate is based on the benefit plan selected and the attained ages of the members at the beginning of the policy period.

Financial Experience of Product

The overall financial experience of the product includes:

Decline in membership, increase in trend.

The rate increase will affect the projected financial experience of the product by: The projected loss ratio using the Federal prescribed MLR methodology is 84.1%

Components of Increase

The request is made up of the following components:

Trend Increases - 7.9 % of the 10.3 % 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 4.2 % of the 10.3 % 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 3.6 % of the 10.3 % total filed increase.

Other Increases – 2.3 % of the 10.3 % 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 % of the % 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 -0.8 % of the 10.3% total filed increase.

 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 % of the % 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 % of the % total filed increase.

5. Other – Defined as:

Base rate increase = 2.7%, increase in future trend (impacts later quarters more): 0.4%

Note: Components are multiplicative, so sum may differ from total rate increase %.

This component is 3.1 % of the 10.3 % total filed increase.

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	Actuarial Memo		
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Actuarial Memo		
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Actuarial Memo		
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	Actuarial Memo		
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Actuarial Memo		
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	Actuarial Memo		
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	Actuarial Memo		

Number	Data Element	Requirement Description	Individual and Small Group			
			Has the Data Element Been Included?	Location of the Data Element		
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	Exhibit 1		
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Actuarial Memo		
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	Actuarial Memo		
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	Actuarial Memo		
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	Actuarial Memo		
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	Actuarial Memo		
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	Actuarial Memo		
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Actuarial Memo		

Number	Data Element	Requirement Description	Individual and Small Group			
			Has the Data Element Been Included?	Location of the Data Element		
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Exhibit A		
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	Exhibit A		
17	Index Rate	Provide the index rate.	Yes	Actuarial Memo		
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	Actuarial Memo		
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.	Yes	Actuarial Memo		
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 T		
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.	Yes	Actuarial Memo Exhibít 4		
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	Actuarial Memo Exhibit 4		

Number	Data Element	Requirement Description	Individual and Small Group			
			Has the Data Element Been Included?	Location of the Data Element		
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.	Yes	Actuarial Memo Exhíbit 3		
		For initial filings, provide the derivation of any new plan factors.				
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	Actuarial Memo Exhibit 1 Exhibit 3		
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	Yes	Actuarial Memo		
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	DISB Actuarial Memo Dataset		
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	Actuarial Memo Exhibit A Part III Act'l Memo		
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	Actuarial Memo		

Number	Data Element	Requirement Description	Individual/and Small Group			
			Has the Data Element Been Included?	Location of the Data Element		
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memo		
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	Actuarial Memo		
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	Actuarial Memo		

Number	Data Element	Requirement Description	Individual and Sma	Individual and Small Group		
			Has the Data Element Been Included?	Location of the Data Element		
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Actuarial Memo		
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 company's surplus position.	Yes	Actuarial Memo		

Number	Data Element	Requirement Description	Individual and Sm	nall Group	
			Has the Data Element Been Included?	Location of the Data Element	
32	Past and Prospective Expenses	 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. Provide the assumed administrative costs in the following categories: Salaries, wages, employment taxes, and other employee benefits Commissions Taxes, licenses, and other regulatory fees Cost containment programs / quality improvement activities All other administrative expenses Total 	Yes	Actuarial Memo	
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 Memo	
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memo	
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 Memo	

Number	Data Element	Requirement Description	Individual and Small Group		
			Has the Data Element Been Included?	Location of the Data Element	
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/a	N/a	
36.1	Unified Rate Review Template (Non- Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	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	Separate Document in SERFF	
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only .	Yes	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	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	Exhibit 3	

Number	Data Element	Requirement Description	Individual and Sm	all Gr●up
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	Supporting Docs in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	 Provide the following for stand-alone dental plan filings: Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	N/a	N/a

CERTIFYING SIGNATURE

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

Ryan Morgan (Print Name)

Myan Morgan (Signature)

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Page Number	Tracking Number	Plan Name	Run Number	Run AV	Run Weight	Final AV	Metal Level
	Gold 1 OCI - 2021	CC-ED	1	81.8%	100%	81.8%	
	Bronze 4 OCI - 2021	CC-EE	1	64.6%	100%		Bronze
	Gold 22 OCI_Copay - 2021	CC-EF	1	79.4%	71%	81.1%	
	Gold 22 OCI_Copay - 2021	CC-EF	2	85.3%	29%	01.1/0	Gold
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	Gold 33 OCI - 2021	CC-EH	1	81.8%	100%	81.8%	Gold
	Silver 26 OCI - 2021	CC-EI	1	71.7%	100%	71.7%	
	Gold 1 OCI - 2021 ADV PDL	CC-NI	1	81.9%	100%	81.9%	
	Gold 23 OCI_Primary Advantage - 2021	CC-EJ	1	82.5%	18%	80.9%	
	Gold 23 OCI_Primary Advantage - 2021	CC-EJ	2	79.3%	42%	00.570	Golu
	Gold 23 OCI_Primary Advantage - 2021	CC-EJ	3	81.8%	40%		
	Gold 25_OCI Primary Advantage - 2021	CC-EK	1	80.9%	18%	79.3%	Gold
	Gold 25_OCI Primary Advantage - 2021	CC-EK	2	77.9%	42%	79.370	Golu
	Gold 25_OCI Primary Advantage - 2021 Gold 25_OCI Primary Advantage - 2021	CC-EK	2	80.2%	42 <i>%</i> 40%		
	Gold 32_OCI Primary Advantage - 2021	CC-EL	1	78.5%	40%	77.2%	Gold
	Gold 32_OCI Primary Advantage - 2021 Gold 32_OCI Primary Advantage - 2021	CC-EL	2	76.0%	42%	11.270	Golu
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		CC-EM	3	81.8%	40%	00 59/	Diatinum
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	Platinum 4 OCI - 2021	CC-EO	1	90.0%	9%	90.1%	Platinum
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	Silver 11 OCI - 2021	CC-EP	1	72.6%	15%	70.9%	Silver
	Silver 11 OCI - 2021	CC-EP	2	72.8%	3%		
	Silver 11 OCI - 2021	CC-EP	3	69.3%	36%		
	Silver 11 OCI - 2021	CC-EP	4	71.8%	35%		
	Silver 11 OCI - 2021	CC-EP	5	69.4%	6%		
	Silver 11 OCI - 2021	CC-EP	6	72.0%	6%		
	Silver 21 OCI - 2021	CC-EQ	1	70.0%	13%	70.6%	Silver
	Silver 21 OCI - 2021	CC-EQ	2	72.7%	5%		
	Silver 21 OCI - 2021	CC-EQ	3	69.9%	58%		
	Silver 21 OCI - 2021	CC-EQ	4	72.5%	24%		
	Silver 25_OCI Primary Advantage - 2021	CC-ER	1	72.1%	18%	71.9%	Silver
	Silver 25_OCI Primary Advantage - 2021	CC-ER	2	71.9%	82%		
	Silver 27 OCI - 2021	CC-ES	1	71.0%	13%	71.1%	Silver
	Silver 27 OCI - 2021	CC-ES	2	73.9%	5%		
	Silver 27 OCI - 2021	CC-ES	3	70.3%	61%		
	Silver 27 OCI - 2021	CC-ES	4	73.1%	21%		
	Silver 11 OCI - 2021_ADV_PDL	CC-NJ	1	72.8%	15%	71.0%	Silver
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	Silver 11 OCI - 2021_ADV_PDL	CC-NJ	5	0.694631	6%		
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Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		1 Plan Benefit D	esign	7	Tier	2 Plan Benefit De	sign			
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Deductible (\$)			\$7,000.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$7,000.00							
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Mental/Behavioral Health and Substance Use Disorder Outpatient	•	~								
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Speech Therapy	2	2								
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Preventive Care/Screening/Immunization			100%	\$0.00						
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Apply Skilled Nursing Facility Copay per Day?	V	Annual Contril	oution Amount:			Tier Utilization:				
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Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	Gold 💌									
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Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate		ctible?
Medical	All	All			All	All			I All	All
Emergency Room Services				\$600.00						
All Inpatient Hospital Services (inc. MH/SUD)				\$1,500.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and						_				
X-rays)				\$40.00						
Specialist Visit				\$80.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				400.00		_			_	
Services				\$80.00						
Imaging (CT/PET Scans, MRIs)				\$350.00						
Speech Therapy				\$40.00						
				\$40.00						
Occupational and Physical Therapy				340.00						
Preventive Care/Screening/Immunization			100%	\$0.00						
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging				\$60.00						
Skilled Nursing Facility				\$1,500.00		Ē				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$700.00						
Outpatient Surgery Physician/Surgical Services	V	7								
Drugs										
Generics				\$10.00						
Preferred Brand Drugs		<u> </u>		\$50.00	ē				Ē	
Non-Preferred Brand Drugs				\$100.00						
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Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	CC-EF						
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	75753DC001001	8-01					
Set a Maximum Number of Days for Charging an IP Copay?	 Image: A start of the start of		Issuer HIOS ID:	75753						
# Days (1-10):	3			2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1		_ /						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		-								
Calquiate										

Calculate Ca Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 79.38% 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: Final 2021 AV Calculator

0.0469 seconds

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	
Apply Skilled Nursing Facility Copay per Day?	~				1st	Tier Utilization:	
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd	Tier Utilization:	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•		
Desired Metal Tier	Gold 👻						
	Tier 1 Plan Benefit Design				Tier	2 Plan Benefit I	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00					
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%					
MOOP (\$)	\$7,9	00.00					
MOOP if Separate (\$)							
			-				
Click Here for Important Instructions		Tie	er 1			Ti	ier 2
Turn of Donofit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different
Medical	All All	All			All	All	
Emergency Room Services				\$600.00			

	Deddetible:	comsurance:	unterent	separate	Deddettble: comsulance:	unterent separate	ueuu	cible:
Medical	🗌 All	🗌 All			Ali Ali		🗌 All	All
Emergency Room Services				\$600.00				
All Inpatient Hospital Services (inc. MH/SUD)	v	•						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00				
X-rays)				400.00				
Specialist Visit				\$80.00				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$80.00				
Services							-	-
Imaging (CT/PET Scans, MRIs)				\$350.00				
Speech Therapy				\$40.00				
				\$40.00				
Occupational and Physical Therapy								
Preventive Care/Screening/Immunization			100%	\$0.00				
Laboratory Outpatient and Professional Services								
X-rays and Diagnostic Imaging				\$60.00				
Skilled Nursing Facility				\$1,500.00				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	✓						
Outpatient Surgery Physician/Surgical Services	v	I						
Drugs	All	All			Ali Ali		All	All
Generics				\$10.00				
Preferred Brand Drugs				\$50.00				
Non-Preferred Brand Drugs				\$100.00				
Specialty Drugs (i.e. high-cost)				\$50.00				

Tier 1 Tier 2 Copay applies only after deductible?

Specialty Drugs (i.e. high-cost

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Consura?
 Copays? #Copays (1-10):

Plan Description:
 Plan HOS ID:
 75753DC0010018-01

 Issuer HIOS ID:
 75753

 2021_1j
 1

Error: Result is outside of [-4, +2] percent de minimis variation. 85.35%

Calculate Cal Status/Error Messages: Actuarial Value: Metal Tier:

Output

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.0488 seconds

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	5	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?			ver Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•					
Desired Metal Tier	Platinum 🔻									
		1 Plan Benefit D	esign	1	Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$500.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	100.00%								
MOOP (\$)	\$5,0	00.00								
MOOP if Separate (\$)										
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if		es only after
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?
Medical	All	All		4500.00	All					
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)				\$500.00 \$500.00					<u>H</u>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$500.00	- · · · · ·					
X-rays)		~	100%							
Specialist Visit				\$50.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				,50.00		<u> </u>				
Services		~	100%							
Imaging (CT/PET Scans, MRIs)	~	7								
Speech Therapy			100%							
Specco melopy										
Occupational and Physical Therapy		V	100%							
Preventive Care/Screening/Immunization			100%	\$0.00						
Laboratory Outpatient and Professional Services			100%							
X-rays and Diagnostic Imaging	Ē		100%							
Skilled Nursing Facility				\$500.00						
	.	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	_									
Outpatient Surgery Physician/Surgical Services	2	2								
Drugs	🗌 All	All			All	🗌 All				All
Generics				\$5.00						
Preferred Brand Drugs				\$50.00						
Non-Preferred Brand Drugs		I	50%							
Specialty Drugs (i.e. high-cost)				\$50.00						
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	CC-EG						
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID: Issuer HIOS ID:	75753DC001007 75753	9-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		4		2021_1j						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		4								
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Values	96 26%									

Actuarial Value: Metal Tier:

Calculation Successful. 86.26% 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.

Additional Notes: Calculation Time: Final 2021 AV Calculator

0.0391 seconds

User Inputs for Plan Parameters	_				-			
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption	
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Tiered	Network Plan?		
Apply Skilled Nursing Facility Copay per Day?		Appual Contrib	oution Amount:		1st ⁻	Fier Utilization:		
Use Separate MOOP for Medical and Drug Spending?		Annual Continu	Jution Amount.		2nd	Fier Utilization:		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•			
Desired Metal Tier	Platinum 👻							
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit [Design	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$500.00	\$0.00						
Coinsurance (%, Insurer's Cost Share)	50.00%	100.00%						
MOOP (\$)	\$5,0	00.00						
MOOP if Separate (\$)								
			-					
Click Here for Important Instructions		Tie	r 1			Ti	er 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate
Medical	🗌 All	🗌 All			All	All		
Emergency Room Services				\$500.00				
All Inpatient Hospital Services (inc. MH/SUD)	•	•						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_	_	100%		_	_		
X-rays)		•	100%					
Specialist Visit				\$50.00				
Mental/Behavioral Health and Substance Use Disorder Outpatient	_		4000/		1 _	_		
Services		v	100%					
Imaging (CT/PET Scans, MRIs)	2	I			1 🗆			

Speech Therapy • 100% -------~ 100% П Occupational and Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging 100% 100% 100% **·** Skilled Nursing Facility \$500.00 п Outpatient Facility Fee (e.g., Ambulatory Surgery Center) -✓ • Outpatient Surgery Physician/Surgical Services • r*** Drugs All All Generics Preferred Brand Drugs Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost) \$5.00 \$50.00 • 50% \$50.00 Plan Description:

 Name:
 CC-EG

 Plan HIOS ID:
 75753DC0010079-01

 Issuer HIOS ID:
 75753

 2021_1j

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

Tier 1Tier 2Copay applies only after

deductible?

- C

🗌 All

Error:

Status/Error Messages: Actuarial Value: Metal Tier:

Output

Error: Result is outside of [-4, +2] percent de minimis variation. 85.49%

Additional Notes:

Calculation Time: Final 2021 AV Calculator

Calculate

deductible range.

0.041 seconds

User Inputs for Plan Parameters											
Use Integrated Medical and Drug Deductible?				HSA/HRA Option			red Network Op				
Apply Inpatient Copay per Day?			HSA/HRA Employ	yer Contribution	? 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?			Annual Contril	oution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?						2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		•									
Desired Metal Tier	Gold		1 Plan Benefit De	•	1						
		edical	Drug	Combined	-	Medical	2 Plan Benefit D Drug	Combined			
Deductible (\$)		00.00	\$0.00	Combined		wieurcai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)		00.00	100.00%								
MOOP (\$)	5.		00.00			-	1				
MOOP if Separate (\$)		1.7-									
						-					
Click Here for Important Instructions			Tie					er 2		Tier 1	Tier 2
Type of Benefit		ject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if	Copay applie	
		uctible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical		All	AI								
Emergency Room Services	<]	V								
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>		v								ļ
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)]			\$50.00						
X-rays) Specialist Visit		1	2								
Mental/Behavioral Health and Substance Use Disorder Outpatient											<u> </u>
Services]	~	100%							
Imaging (CT/PET Scans, MRIs)		1									
Speech Therapy	Ē	1			\$50.00						
										Π	
Occupational and Physical Therapy					\$50.00		<u> </u>				
Preventive Care/Screening/Immunization				100%	\$0.00						
Laboratory Outpatient and Professional Services			✓	100%							
X-rays and Diagnostic Imaging	Ľ				\$50.00						
Skilled Nursing Facility]	2			ā	ā				ā
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)]	•								
Outpatient Surgery Physician/Surgical Services		1	2								
Drugs		All					All				
Generics]			\$5.00						
Preferred Brand Drugs	Ē]			\$50.00						
Non-Preferred Brand Drugs			•	50%							
Specialty Drugs (i.e. high-cost)]			\$50.00						
Options for Additional Benefit Design Limits:			-	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?				Name:	CC-EH						
Specialty Rx Coinsurance Maximum:				Plan HIOS ID:	75753DC001008	80-01					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):				Issuer HIOS ID:	75753 2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			1		2021_1						
# Visits (1-10):											
Begin Primary Care Deductible/Coinsurance After a Set Number of											
Copays?											
# Copays (1-10):]								
Output											
Calculate Status/Error Messages:	Coloria	ation Succe	occful								
Status/Error Messages: Actuarial Value:	81.82%		essiul.								
Metal Tier:	Gold	,									
Wetdi Hei.		One or mo	ore services are p	ot subject to the	eductible and b	ave no conav	Any service with	this cost-sharing	structure is o	overed at 100% by	the plan in the
Additional Notes:		tible range		st subject to the t		ave no copay.	, service with	and cost-stidility	,	5+C. Cu at 100% Dy	are plan in the
Auditorial Notes.											

Calculation Time: Final 2021 AV Calculator

0.0371 seconds

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ered Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	?		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
Desired Metal Ter		r 1 Plan Benefit De	sign	7	Tio	r 2 Plan Benefit I	Docign			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$5,000.00	\$0.00	combined		mearea	Diug	combined			
Coinsurance (%, Insurer's Cost Share)	50.00%	100.00%								
MOOP (\$)	\$8,5	50.00								
MOOP if Separate (\$)										
		-			1		-			
Click Here for Important Instructions		Tie					er 2	a	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applie deduc	
Medical			unterent	separate	All	All	unierent	separate		
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)								•••••••••••••••••••••••••••••••••••••••		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				4						
X-rays)				\$50.00						
Specialist Visit		7		\$92.14						
Mental/Behavioral Health and Substance Use Disorder Outpatient		7	100%							
Services			10070							
Imaging (CT/PET Scans, MRIs)	2	2								
Speech Therapy				\$50.00						
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization			100%	\$0.00						
Laboratory Outpatient and Professional Services			100%	\$0.00		Ħ				ļ
X-rays and Diagnostic Imaging	l ö	2	100/0	\$108.46					Ō	
Skilled Nursing Facility	2									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	•	7						·····		
Drugs					All					
Generics				\$5.00						
Preferred Brand Drugs				\$50.00						
Non-Preferred Brand Drugs		I	50%							
Specialty Drugs (i.e. high-cost)				\$50.00						
Options for Additional Benefit Design Limits:		-	Plan Descriptio							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	CC-EI						
Specialty Rx Coinsurance Maximum		-	Plan HIOS ID: Issuer HIOS ID:	75753DC001008	31-01					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10)			Issuer HIOS ID:	75753 2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		-		2021_1j						
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?	_									
# Copays (1-10)										
Output		-								
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value:	71.75%									
Metal Tier:	Silver									
		ore services are n	ot subject to the	deductible and h	ave no copay.	Any service wit	n this cost-sharing	g structure is co	vered at 100% by	the plan in the
Additional Notes:	deductible range	2.								
Calculation Time:	0.0391 seconds									

0.0391 seconds

User Inputs for Plan Parameters	~				-					
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network O	Dion			
Apply Inpatient Copay per Day?		ISA/HRA Emplo	yer Contribution	? L		Network Plan? Tier Utilization:				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:							
Use Separate MOOP for Medical and Drug Spending?					200	Fier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
Desired Metal Her		Plan Benefit D	!	-	Tine	2 Plan Benefit [a slava			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	Ivieurcai	Diug	\$1,600.00	-	wieurcai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)			90.00%							
MOOP (\$)			\$4,000.00	-						
MOOP if Separate (\$)			\$4,000.00							
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	
Medical	✓ All	🖌 All			All	All			All	Al
Emergency Room Services	•	>								
All Inpatient Hospital Services (inc. MH/SUD)	✓	I								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	7	•								
X-rays)		_								
Specialist Visit	v	2								
Mental/Behavioral Health and Substance Use Disorder Outpatient	~	•								
Services		_			_				—	_
Imaging (CT/PET Scans, MRIs)	v	2								
Speech Therapy	2									
	~	~								
Occupational and Physical Therapy		_								
Preventive Care/Screening/Immunization	v		100%	\$0.00						_
Laboratory Outpatient and Professional Services					┨ ⊢ ⊣					
X-rays and Diagnostic Imaging		 ✓ ✓ 								
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	v								
Outpatient Surgery Physician/Surgical Services	I	I								
Drugs	🖌 All	All			All	All			🖌 All	All
Generics	~			\$10.00					~	
Preferred Brand Drugs	V			\$40.00					V	
Non-Preferred Brand Drugs	✓			\$75.00					✓	
Specialty Drugs (i.e. high-cost)	 Image: A start of the start of			\$100.00					✓	
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	CC-NI						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	75753DC001008	32-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	75753						
# Days (1-10):				2021_1j						
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):										
Output										
Calculate										
	Calculation Succes	sful.								
	81.93%									
Metal Tier:	Gold									

Additional Notes:

0.041 seconds

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan	Š
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st T	lier Utilization	: 53%
Use Separate MOOP for Medical and Drug Spending?		Annual Contrit	button Amount:		2nd 1	lier Utilization	47%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Gold 👻						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00			\$1,500.00	\$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%			80.00%	100.00%	
MOOP (\$)	\$8,5	50.00			\$8,5	50.00	
MOOP if Separate (\$)							
Click Here for Important Instructions		Tie	r1			т	ier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if

	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	ble?
Medical	All 🗌	All			🗌 All	All			All	🗌 All
Emergency Room Services	•			\$350.00	>			\$350.00	>	•
All Inpatient Hospital Services (inc. MH/SUD)	•	2			v	•				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		~	100%			~	100%			
Specialist Visit				\$72.85				\$100.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services		2	100%			•	100%			
Imaging (CT/PET Scans, MRIs)	I	2			I	v				
Speech Therapy	.	2			2	2				
Occupational and Physical Therapy	2	V			V	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		•	100%			✓	100%			
X-rays and Diagnostic Imaging				\$50.00				\$50.00		
Skilled Nursing Facility	v	I								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓			~	•				
Outpatient Surgery Physician/Surgical Services	I	•			•	2				
Drugs	🗌 All	🗌 All			🗌 All	🗌 All			🗌 All	All
Generics				\$5.00				\$5.00		
Preferred Brand Drugs	v			\$40.00	v			\$40.00	v	2
Non-Preferred Brand Drugs	•			\$75.00	•			\$75.00	✓	✓
Specialty Drugs (i.e. high-cost)	v			\$100.00	>			\$100.00	~	~
Options for Additional Benefit Design Limits:		_	Plan Description:							

Specialty Drugs (i.e. high-cost)
Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments?
Set a Maximum Number of Days for Charging an IP Copay?
Begin Primary Care Cost-Sharing After a Set Number of Visits?

Begin Primary Care Deductible/Coinsurance After a Set Number of
Consur2

Copays? #Copays (1-10): Output

Calculate

Name: CC-EJ Plan HIOS ID: 75753DC0010063-01 Issuer HIOS ID: 75753 2021_1j

Error: Result is outside of [-4, +2] percent de minimis variation. 82.53%

Status/Error Messages: Actuarial Value: 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.

Tier 1 Tier 2 Copay applies only after

Copay, if

0.0625 seconds

User Inputs for Plan Parameters						Tiered Network Option				
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization:	53%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd	1st Tier Utilization: 53% 2nd Tier Utilization: 47% Tier 2 Plan Benefit Design dical Drug Combined 00.00 \$250.00 \$250.00				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•		er Utilization: 53% er Utilization: 47% Plan Benefit Design Drug Combined \$250.00 100.00%			
Desired Metal Tier										
	Tier	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$1,500.00	\$250.00			\$1,500.00	\$250.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%			80.00%	100.00%				
MOOP (\$)	\$8,5	50.00			\$8,5	50.00				
MOOP if Separate (\$)										
			-							
Click Here for Important Instructions		Tie	er 1			Ti	ier 2			
Turn of Donofit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if			
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different			
Medical	All	All								
Emergency Room Services	>			\$350.00	~			_		

Emergency Room Services	>			\$350.00	7			\$350.00	✓	>
All Inpatient Hospital Services (inc. MH/SUD)	>	•			✓	•				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		•	100%			•	100%			
Specialist Visit				\$72.85				\$100.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services		•	100%			•	100%			
Imaging (CT/PET Scans, MRIs)	2	2	34%	\$350.00	v	2	34%	\$350.00		
Speech Therapy	2	2			I	.				
Occupational and Physical Therapy	•	•			Y	•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		•	100%			•	100%			
X-rays and Diagnostic Imaging				\$50.00				\$50.00		
Skilled Nursing Facility	2	I				I				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	◄	✓	25%	\$350.00	•	◄	25%	\$350.00		
Outpatient Surgery Physician/Surgical Services	V	2			•	2				
Drugs	All 🗌	All			All	All			All	All
Generics				\$5.00				\$5.00		
Preferred Brand Drugs	2			\$40.00	I			\$40.00	✓	2
Non-Preferred Brand Drugs	~			\$75.00	•			\$75.00	✓	>
Specialty Drugs (i.e. high-cost)	7			\$100.00	~			\$100.00	•	•
Options for Additional Benefit Design Limits:			Plan Description	1:						

Copays? # Copays (1-10): Output

Name: CC-EJ_POST_ Plan HIOS ID: 75753DC0010063-01 Issuer HIOS ID: 75753

2021_1j

Calculate Status/Error Messages: Actuarial Value:

Metal Tier: Additional Notes:

Calculation Successful. 79.28%

Gold Sold 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).

Tier 1Tier 2Copay applies only after

deductible?

🗌 All

Calculation Time:

0.0723 seconds

User Inputs for Plan Parameters									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?	~		
Apply Skilled Nursing Facility Copay per Day?		Annual Contrik	oution Amount:		1st	Fier Utilization:	53%		
Use Separate MOOP for Medical and Drug Spending?		Annual continu	Sution Anount.		2nd	Fier Utilization:	47%		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•				
Desired Metal Tier	Gold 👻								
	Tier	r 1 Plan Benefit De	esign		Tier	Tier 2 Plan Benefit Design			
	Medical	Drug	Combined		Medical	Drug	Combined		
Deductible (\$)	\$1,500.00	\$250.00			\$1,500.00	\$250.00			
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%			80.00%	100.00%			
MOOP (\$)	\$8,5	50.00			\$8,5	50.00			
MOOP if Separate (\$)									
	Tier 1 Tier 2								
Click Here for Important Instructions		Tie	er 1			Tie	er 2		
	Subject to	Tie Subject to	er 1 Coinsurance, if	Copay, if	Subject to		er 2 Coinsurance, if	Copay, if	
Type of Benefit	Deductible?	Subject to Coinsurance?		Copay, if separate	Deductible?			Copay, if separate	
	Deductible?	Subject to	Coinsurance, if		Deductible?	Subject to	Coinsurance, if		
Type of Benefit Medical Emergency Room Services	Deductible?	Subject to Coinsurance?	Coinsurance, if		Deductible?	Subject to Coinsurance?	Coinsurance, if		
Type of Benefit Medical	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate	
Type of Benefit Medical Emergency Room Services	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	
Type of Benefit Medical Emergency Room Services All Inpatient Hospital Services (Inc. MH/SUD)	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate	
Type of Benefit Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	
Type of Benefit Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Deductible?	Subject to Coinsurance?	Coinsurance, if different 100%	separate \$350.00	Deductible?	Subject to Coinsurance?	Coinsurance, if different 100%	separate \$350.00	
Type of Benefit Medical Emergency.Room.Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate \$350.00	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate \$350.00	
Type of Benefit Medical Emergency Room Services All Inpatient Hospital Services (Inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient	Deductible?	Subject to Coinsurance?	Coinsurance, if different 100%	separate \$350.00	Deductible?	Subject to Coinsurance?	Coinsurance, if different 100%	separate \$350.00	
Type of Benefit Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Deductible?	Subject to Coinsurance? All V V	Coinsurance, if different 100% 100%	separate \$350.00 \$72.85	Deductible?	Subject to Coinsurance?	Coinsurance, if different 100% 100%	separate \$350.00 \$100.00	

	2 7				•				_
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		34%	\$350.00	2	2	34%	\$350.00		
2	2			2	2				
				~	•				
		100%	\$0.00			100%	\$0.00		l
	v	100%			v	100%			
			\$50.00				\$50.00		
	•			•	.				
	•			~	~				
•	•			•	I				
All 🗌	All			All	All			All	AI 🗌
			\$5.00				\$5.00		
2			\$40.00	>			\$40.00	✓	2
•			\$75.00	~			\$75.00	>	•
~			\$100.00	>			\$100.00	>	~
	_	Plan Description	:						
			Image: 100% Image:	IO0% S0.00 ✓ 100% ✓ 100% ✓ 100% ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	Y Y 100% 50.00 100% 100% 100% 100% Y Y	Y Y Y 100% 50.00 1 100% 100% 1 100% 1 1	V V V V 100% 50.00 100% V 100% V 100% V 100% V 100% V S50.00 V 100% V V V V V V V V V V V V V V V V V V V V V V S5.00 1 V S5.00 I I V S5.00 I I V S5.00 I I V S75.00 V I V S100.00 V I	V V 100% 50.00 100% 100%	Y Y Y

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

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

Copays? #Copays (1-10): Output

Name: CC-EJ_POST_ Plan HIOS ID: 757530C0010063-01 Issuer HIOS ID: 75753 2021_1j

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Calculation Successful. 81.79%

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.

Tier 1Tier 2Copay applies only after

deductible?

□ AII ☑

Additional Notes: Calculation Time:

0.0801 seconds

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O		
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Tiered	Network Plan?	✓	
Apply Skilled Nursing Facility Copay per Day?		Annual Contrik	oution Amount:		1st T	lier Utilization:	53%	
Use Separate MOOP for Medical and Drug Spending?		Annual Continu	Jution Amount.		2nd 1	lier Utilization:	47%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Gold 👻							
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit 🛙	Design	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$2,500.00	\$250.00			\$2,500.00	\$250.00		
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%			80.00%	100.00%		
MOOP (\$)	\$8,5	50.00			\$8,5	50.00		
MOOP if Separate (\$)								
			-				-	
Click Here for Important Instructions		Tie	r 1			Tie	er 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate
Medical	🗌 Ali	All			All			
Emergency Room Services	~			\$350.00	•			\$350.00
				\$350.00				\$350.00
Emergency Room Services	I		100%	\$350.00			100%	\$350.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)			100%			 	100%	\$350.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and			100%	\$350.00 \$58.28			100%	\$350.00 \$80.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		- - - -						
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit	V V Image: Constraint of the second seco	- - - - - - - - -	100%			 	100%	
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient		- - - -						
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V V Image: Constraint of the second seco	- - - - - - - - -				□ ✓ □ ✓		
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs)					V Image: Constraint of the second	> > > > > > > > >		
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs)		- - - - - - - - - - - - - - - - - - -			▼ ▼ □ □ ▼	> > > > > >		
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Speech Therapy					V Image: Constraint of the second	> > > > > > > > >		
Emergency Room Services All Inpatient Hospital Services (Inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational and Physical Therapy			100%	\$58.28		> > > > > > > > >	100%	\$80.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational and Physical Therapy Preventive Care/Screening/Immunization		· · · · · · · · · · · · · · · · · · ·	100%	\$58.28		y y y y y y y y	100%	\$80.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational and Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services			100%	\$58.28 \$0.00	Y 	y y y y y y y y	100%	\$80.00 \$0.00

• ~ • • • • Outpatient Surgery Physician/Surgical Services -- C Drugs 🗌 All 🗌 All All \$5.00 \$40.00 \$75.00 \$100.00 \$5.00 \$40.00 \$75.00 \$100.00 • S -

 </l -Plan Description:
 Name:
 CC-EK

 Plan HIOS ID:
 75753DC0010064-01

 Issuer HIOS ID:
 75753

2021_1j

Tier 1Tier 2Copay applies only after

deductible?

□ AII ☑

 Specialty Drugs (i.e. high-cost)

 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):

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Consura?
 Copays? # Copays (1-10):

Calculation Successful. 80.87%

Calculate Status/Error Messages: Actuarial Value:

Generics Preferred Brand Drugs Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)

Metal Tier:

Output

Additional Notes:

Calculation Time:

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.

0.0859 seconds

Licor Inputs for Dian Darameters									
User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tio	red Network Or	ntion		
Apply Inpatient Copay per Day?		-	ver Contribution?			Network Plan?			
Apply Skilled Nursing Facility Copay per Day?		нзя/нкя етпріо	yer contribution?			1st Tier Utilization: 53%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:						
	H				2110	2nd Tier Utilization: 47%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?									
Desired Metal Tier		101 0 (10			-				
		r 1 Plan Benefit De				2 Plan Benefit D			
	Medical	Drug	Combined		Medical	Drug	Combined		
Deductible (\$)	\$2,500.00	\$250.00			\$2,500.00	\$250.00			
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%			80.00%	100.00%			
MOOP (\$)	\$8,5	50.00			\$8,5	50.00			
MOOP if Separate (\$)									
			-		-				
Click Here for Important Instructions		Tie	er 1			Tir	ier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different		
Medical	_ All	All			All I				
Emergency Room Services	v			\$250.00					

Medical	🗌 All	🗌 Ali			🗌 All	🗌 All			🗌 All	🗌 Ali
Emergency Room Services	•			\$350.00	V			\$350.00	•	<
All Inpatient Hospital Services (inc. MH/SUD)	•	~			7	•				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		•	100%			V	100%			
Specialist Visit				\$58.28				\$80.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services		•	100%			V	100%			
Imaging (CT/PET Scans, MRIs)	v	2	34%	\$350.00	2	Z	34%	\$350.00		
Speech Therapy	I	2			~	I				
Occupational and Physical Therapy	Y	•			Y	•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		•	100%			✓	100%			
X-rays and Diagnostic Imaging				\$50.00				\$50.00		
Skilled Nursing Facility	I	2			2	I				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•	25%	\$350.00	•	•	25%	\$350.00		
Outpatient Surgery Physician/Surgical Services	•	2			2					
Drugs	🗌 All	All			All	All			All	All
Generics				\$5.00				\$5.00		
Preferred Brand Drugs	I			\$40.00	2			\$40.00	2	V
Non-Preferred Brand Drugs	✓			\$75.00	Y			\$75.00	•	✓
Specialty Drugs (i.e. high-cost)	~			\$100.00	Y			\$100.00	•	>
Options for Additional Benefit Design Limits:			Plan Descriptior							

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments?
Set a Maximum Number of Days for Charging an IP Copay?
#Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Usits?
#Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of
Consur2

Copays? #Copays (1-10): Output

 Plan HOS ID:
 C-EK_POST_

 Plan HIOS ID:
 757530C0010064-01

 Issuer HIOS ID:
 75753

 2021_1j
 2021_1j

Calculate

Status/Error Messages: Actuarial Value:

Metal Tier: Additional Notes: Calculation Successful. 77.88%

OGd OGIC 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: Final 2021 AV Calculator 0.0859 seconds

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption	
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?	•	
Apply Skilled Nursing Facility Copay per Day?		Annual Cantail	oution Amount:		1st 1	lier Utilization:	53%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contrit	button Amount:		2nd 1	lier Utilization:	47%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							-	
Desired Metal Tier	Gold 👻							
	Tier	Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design						
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$2,500.00	\$250.00			\$2,500.00	\$250.00		
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%			80.00%	100.00%		
MOOP (\$)	\$8,5	\$8,550.00 \$8,550.00						
MOOP if Separate (\$)								
MOOP if Separate (\$)								
MOOP if Separate (\$) <u>Click Here for Important Instructions</u>		Tie	r 1			Ti	er 2	
Click Here for Important Instructions	Subject to	Tie Subject to	r 1 Coinsurance, if	Copay, if	Subject to	Ti Subject to	er 2 Coinsurance, if	Copay, if
				Copay, if separate	Subject to Deductible?			Copay, if separate
Click Here for Important Instructions	Subject to Deductible?	Subject to	Coinsurance, if		Deductible?	Subject to	Coinsurance, if	separate
Click Here for Important Instructions Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if		Deductible?	Subject to Coinsurance?	Coinsurance, if	
Click Here for Important Instructions Type of Benefit Medical	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate
Click Here for Important Instructions Type of Benefit Medical Emergency Room Services	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate
Click Here for Important Instructions Type of Benefit Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate
Click Here for Important Instructions Type of Benefit Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate
Click Here for Important Instructions Type of Benefit Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different 100%	separate \$350.00	Deductible?	Subject to Coinsurance?	Coinsurance, if different 100%	separate \$350.00
Click Here for Important Instructions Type of Benefit Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate \$350.00	Deductible?	Subject to Coinsurance?	Coinsurance, if different	separate \$350.00

Services		~	100%			~	100%			
Imaging (CT/PET Scans, MRIs)	2	2	34%	\$350.00		2	34%	\$350.00		
Speech Therapy	2	2			7	.				
Occupational and Physical Therapy		V			•	•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		~	100%			•	100%			
X-rays and Diagnostic Imaging				\$50.00				\$50.00		
Skilled Nursing Facility	v	v			I	2				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			~	•				
Outpatient Surgery Physician/Surgical Services	2	2			•					
Drugs	🗌 All	All			🗌 All	🗌 All			🗌 All	AI 🗌
Generics				\$5.00				\$5.00		
Preferred Brand Drugs	v			\$40.00	~			\$40.00	Y	~
Non-Preferred Brand Drugs	•			\$75.00	~			\$75.00	Y	•
Specialty Drugs (i.e. high-cost)	•			\$100.00	>			\$100.00	>	~
Options for Additional Benefit Design Limits:			Plan Description	1:						

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Consura?
 Copays? # Copays (1-10):

Plan Description: Name: Plan HIOS ID: Issuer HIOS ID: .. CC-EK_POST_ 75753DC0010064-01 75753

2021_1j

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Output

Calculation Successful. 80.19%

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.

Tier 1Tier 2Copay applies only after

deductible?

 □ AII ☑

Additional Notes: Calculation Time:

0.0801 seconds

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption	
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?	· ·	
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st T	lier Utilization:	53%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	Sution Amount.		2nd 1	lier Utilization:	47%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•			
Desired Metal Tier	Gold 👻							
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$3,500.00	\$250.00			\$3,500.00	\$250.00		
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%			80.00%	100.00%		
MOOP (\$)	\$8,5	50.00			\$8,5	50.00		
MOOP if Separate (\$)								
Click Here for Important Instructions		Tie	er 1			Ti	ier 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if
Type of Bellent	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate
Medical	All	All			🗌 Ali	🗌 All		
Emergency Room Services	Ī			\$350.00	•			\$350.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)		All		\$350.00				\$350.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	N N		100%	\$350.00			100%	\$350.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)			100%				100%	
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit	Z		100%	\$350.00 \$72.85			100%	\$350.00 \$100.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		- - - -				□ ▼ □		
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V		100%				100%	
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient		- - - -				□ ▼ □		
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V							
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs)	Y Y 				V Image: Constraint of the second	> > - - - - - - - - - - - - - - - - - -		
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs)		- - - - - - - - - - - - - - - - - - -				> > > > > > > > >		
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Speech Therapy	Y 				Y Y Y Y	V V V V V V V V		
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational and Physical Therapy	Y V C C V V V		100%	\$72.85 \$0.00	Y 	· · · · · · · · · · · · · · · · · · ·	100%	\$100.00 \$0.00
Emergency Room Services All Inpatient Hospital Services (Inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational and Physical Therapy Preventive Care/Screening/immunization		· · · · · · · · · · · · · · · · · · ·	100%	\$72.85		· · · · · · · · · · · · · · · · · · ·	100%	\$100.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational and Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services	Y 		100%	\$72.85 \$0.00	Y 	· · · · · · · · · · · · · · · · · · ·	100%	\$100.00 \$0.00

Laboratory Outpatient and Professional Services		~	100%		-	100%		
X-rays and Diagnostic Imaging			\$80.00			\$80.00		
Skilled Nursing Facility	•	v		•				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	V		~	◄			
Outpatient Surgery Physician/Surgical Services	•	•		-	•			
Drugs		All		All				All
Generics			\$5.00			\$5.00		
Preferred Brand Drugs	2		\$40.00	~		\$40.00	2	✓
Non-Preferred Brand Drugs	>		\$75.00	~		\$75.00	7	✓
Specialty Drugs (i.e. high-cost)	>		\$100.00	>		\$100.00	Y	~

Generics Preferred Brand Drugs Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)

Copays? # Copays (1-10): Output

Plan Description: Name: CC-EL Plan HIOS ID: 75753DC0010074-01 Issuer HIOS ID: 75753

2021_1j

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Calculation Successful. 78.54%

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.

Tier 1Tier 2Copay applies only after

deductible?

□ AII ☑

Additional Notes: Calculation Time: Final 2021 AV Calculator

0.0762 seconds

User Inputs for Plan Parameters									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption		
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	~		
Apply Skilled Nursing Facility Copay per Day?		Annual Cantril			1st Tier Utilization: 53%				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	Annual Contribution Amount: 2nd Tier Utilization: 47%				47%		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?									
Desired Metal Tier	Gold 👻								
	Tie	r 1 Plan Benefit De	esign		Tier	Tier 2 Plan Benefit Design			
	Medical	Drug	Combined		Medical	Drug	Combined		
Deductible (\$)	\$3,500.00	\$250.00			\$3,500.00	\$250.00			
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%			80.00%	100.00%			
MOOP (\$)	\$8,5	50.00			\$8,5	50.00			
MOOP if Separate (\$)									
			-				-		
Click Here for Important Instructions		Tie	er 1			Ti	er 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if		
rype of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different		
Medical	All	All			All	🗌 All			

Medical		L All								
Emergency Room Services	~			\$350.00	~			\$350.00	N	K
All Inpatient Hospital Services (inc. MH/SUD)	~	✓			~	-				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		~	100%			v	100%			
X-rays)		Y	100%				100%			
Specialist Visit				\$72.85				\$100.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient		~	100%			v	100%			
Services			10070				100%			
Imaging (CT/PET Scans, MRIs)	v	v	34%	\$350.00	v	2	34%	\$350.00		
Speech Therapy	2	2			2	2				
	~	~			v	~				
Occupational and Physical Therapy	_				_					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		1
Laboratory Outpatient and Professional Services		v	100%			I	100%			
X-rays and Diagnostic Imaging				\$80.00				\$80.00		
Skilled Nursing Facility	I	v			I	.				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•	25%	\$350.00	~	•	25%	\$350.00		
Outpatient Surgery Physician/Surgical Services	•	•			-	-				
Drugs	🗌 All	All 🗌				🗌 All			🗌 All	
Generics				\$5.00				\$5.00		
Preferred Brand Drugs	v			\$40.00	•			\$40.00	2	v
Non-Preferred Brand Drugs	✓			\$75.00	•			\$75.00	>	•
Specialty Drugs (i.e. high-cost)	>			\$100.00	>			\$100.00	Y	7
Options for Additional Benefit Design Limits:		_	Plan Description							

Copays? # Copays (1-10):

Name: CC-EL_POST_ Plan HIOS ID: 75753DC0010074-01 Issuer HIOS ID: 75753

2021_1j

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Output

Calculation Successful. 76.01%

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).

Tier 1Tier 2Copay applies only after

deductible?

Additional Notes: Calculation Time:

0.0859 seconds

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption	
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?		
Apply Skilled Nursing Facility Copay per Day?			bution Amount:		1st T	Tier Utilization:	53%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contric	oution Amount:		2nd T	Tier Utilization:	47%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Gold 👻							
	Tie	r 1 Plan Benefit De	esign		Tier			
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$3,500.00	\$250.00			\$3,500.00	\$250.00		
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%			80.00%	100.00%		
MOOP (\$)	\$8,5	550.00			\$8,550.00			
MOOP if Separate (\$)								
			-		-	-	-	
Click Here for Important Instructions		Tie	er 1			Ti	ier 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate
Medical	All 🗌	All			All	All		
Emergency Room Services	•			\$350.00	✓			\$350.00
All Inpatient Hospital Services (inc. MH/SUD)	•	~			~	✓		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		7	100%			~	100%	
X-rays)		•	100%			2	100%	
Specialist Visit				\$72.85				\$100.00
Mental/Behavioral Health and Substance Use Disorder Outpatient		7	100%			~	100%	
Considera		×	10070			×.	10070	

Specialist visit				\$72.65				\$100.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient		~	100%			•	100%			
Services	_	Ľ	10070				100,0			
Imaging (CT/PET Scans, MRIs)	I	2	34%	\$350.00	v	•	34%	\$350.00		
Speech Therapy	~	2			~	2				
Occupational and Physical Therapy	2	•			2	•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		~	100%			~	100%			
X-rays and Diagnostic Imaging				\$80.00				\$80.00		
Skilled Nursing Facility	•	2			I	2				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~				~				
Outpatient Surgery Physician/Surgical Services	•	2			I	2				
Drugs	All 🗌	All				🗌 All			🗌 All	🗌 All
Generics				\$5.00				\$5.00		
Preferred Brand Drugs	✓			\$40.00	~			\$40.00	Y	✓
Non-Preferred Brand Drugs	•			\$75.00	•			\$75.00	Y	•
Specialty Drugs (i.e. high-cost)	>			\$100.00	>			\$100.00	Y	~

Specialty Drugs (i.e. high-cost)

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Consura?
 Copays? # Copays (1-10): Output

Plan Description: Name: CC-EL_POST_ Plan HIOS ID: 75753DC0010074-01 Issuer HIOS ID: 75753

2021_1j

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Calculation Successful. 77.95%

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.

Tier 1Tier 2Copay applies only after

deductible?

□ All

□ AII ☑

Additional Notes: Calculation Time:

0.0918 seconds

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	Tiered						
Apply Skilled Nursing Facility Copay per Day?						1st Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?						2nd Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 👻									
	Tier 1 Plan Benefit Design					Tier 2 Plan Benefit Design				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,000.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%								
MOOP (\$)	\$6,0	00.00								
MOOP if Separate (\$)										
			-				-			
Click Here for Important Instructions		Tie	er 1							
- (n (i)	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	All 🗌	All			🗌 All	🗌 All				
Emergency Room Services	7			\$350.00						
All Inpatient Hospital Services (inc. MH/SUD)	I									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_				_	_				
X-rays)				\$30.00						
Specialist Visit				\$60.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_									
Services				\$60.00						

Imaging (CT/PET Scans, MRIs)	~	~					
Speech Therapy				\$30.00			
Occupational and Physical Therapy				\$30.00			
Preventive Care/Screening/Immunization			100%	\$0.00			
Laboratory Outpatient and Professional Services		✓	100%				
X-rays and Diagnostic Imaging				\$50.00			
Skilled Nursing Facility	I	v					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•					
Outpatient Surgery Physician/Surgical Services	•	-					
Drugs	🗌 All	All			Ali Ali	🗌 All	All
Generics				\$10.00			
Preferred Brand Drugs				\$40.00			
Non-Preferred Brand Drugs				\$75.00			
Specialty Drugs (i.e. high-cost)				\$100.00			

Tier 1Tier 2Copay applies only after

deductible?

□ All

Specialty Drugs (i.e. high-cost)

Copays? # Copays (1-10):

Plan Description: Name: CC-EM Plan HIOS ID: 75753DC0010042-01 Issuer HIOS ID: 75753 2021_1j

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.

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Output

Error: Result is outside of [-4, +2] percent de minimis variation. 82.13%

Additional Notes:

Calculation Time:

0.0547 seconds

User Inputs for Plan Parameters	_								
Use Integrated Medical and Drug Deductible?			HSA/HRA Option		Tiered Network Opti	on			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	?	Tiered Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	Gold 🔻								
Desired Metal Tier		1 Plan Benefit D	!	1	Tier 2 Plan Benefit De	-1			
	Medical	Drug	Combined	-	Medical Drug	Combined			
Deductible (\$)	\$2,000.00	\$0.00	Combined		Medical Diug	combined			
Coinsurance (%, Insurer's Cost Share)	\$2,000.00	100.00%							
MOOP (\$)		00.00		-					
MOOP if Separate (\$)	\$0,0	00.00		-					
Click Here for Important Instructions		Tie	er 1		Tier	2		Tier 1	Tier 2
- (2 (1)	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to Subject to C	oinsurance, if	Copay, if	Copay applie	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible? Coinsurance?	different	separate	deduc	tible?
Medical	🗌 All	🗌 All			All All			All	All
Emergency Room Services	2			\$350.00				>	
All Inpatient Hospital Services (inc. MH/SUD)	•	•							
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$30.00					
X-rays)								_	_
Specialist Visit				\$60.00					
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$60.00					
Services								_	
Imaging (CT/PET Scans, MRIs)	•	•	47%	\$250.00					· · · · · · · · · · · · · · · · · · ·
Speech Therapy				\$30.00					
				\$30.00					
Occupational and Physical Therapy									
Preventive Care/Screening/Immunization			100%	\$0.00					/
Laboratory Outpatient and Professional Services			100%	\$50.00					
X-rays and Diagnostic Imaging	 			\$50.00					<u> </u>
Skilled Nursing Facility									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•	41%	\$250.00					
Outpatient Surgery Physician/Surgical Services	7	7							
Drugs									
Generics				\$10.00					
Preferred Brand Drugs				\$40.00				ā	
Non-Preferred Brand Drugs				\$75.00					
Specialty Drugs (i.e. high-cost)				\$100.00			1		
Options for Additional Benefit Design Limits:			Plan Description	1:					
Set a Maximum on Specialty Rx Coinsurance Payments?]	Name:	CC-EM_POST_					
Specialty Rx Coinsurance Maximum:]	Plan HIOS ID:	75753DC001004	42-01				
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	75753					
# Days (1-10):				2021_1j					
Begin Primary Care Cost-Sharing After a Set Number of Visits?									

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):

Calculate Ca Status/Error Messages: Actuarial Value: Metal Tier:

Output

Additional Notes:

Calculation Successful. 80.68%

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).

0.0371 seconds

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ered Network O				
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution		Tiered Network Plan?					
Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:			Tier Utilization: Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					200	Ther Othization:				
Desired Metal Tier										
Desired Webb He		r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,000.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$		00.00								
MOOP if Separate (\$))									
Click Here for Important Instructions		Tie	- 1		r	т	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	All	All			All	All			All	All
Emergency Room Services	~			\$350.00					~	
All Inpatient Hospital Services (inc. MH/SUD)	2									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$30.00						
X-rays)										
Specialist Visit				\$60.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$60.00						
Services Imaging (CT/PET Scans, MRIs)		 	47%	\$250.00						
Speech Therapy			47%	\$30.00				•••••••		·····
speech metapy										
Occupational and Physical Therapy				\$30.00						
Preventive Care/Screening/Immunization			100%	\$0.00						
Laboratory Outpatient and Professional Services		~	100%							
X-rays and Diagnostic Imaging				\$50.00						
Skilled Nursing Facility	•	•								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	2	2								
Drugs	🗌 All	All			All	All			🗌 Ali	All
Generics				\$10.00						
Preferred Brand Drugs				\$40.00						
Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)				\$75.00 \$100.00						
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	2	7	Name:	CC-EM_POST_						
Specialty Rx Coinsurance Maximum			Plan HIOS ID:	75753DC001004	2-01					
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10)	:			2021_1j						
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)										
Output		-								
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value:	81.76%									
Metal Tier:	Gold									
		ore services are no	ot subject to the	deductible and h	ave no copay.	Any service with	n this cost-sharin	g structure is co	overed at 100% by	the plan in the
Additional Notes:	deductible range	e.								
Calculation Time:	0.0469 seconds									

0.0469 seconds

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	?		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual contin	Sution Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		r 1 Plan Benefit De		_		2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share) MOOP (\$]		100.00%		-						
		00.00		_						
MOOP if Separate (\$)							1			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		ies only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		ctible?
Medical	All	All			All	All				All
Emergency Room Services				\$350.00						
All Inpatient Hospital Services (inc. MH/SUD)	•	v								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00						
X-rays)	_									
Specialist Visit				\$30.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00						
Services										
Imaging (CT/PET Scans, MRIs)		2								
Speech Therapy				\$15.00	.					
Operational and Device The serve				\$15.00						
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00	-					
Laboratory Outpatient and Professional Services			100%	ŞU.UU						
X-rays and Diagnostic Imaging	l H	- Ö		\$30.00	1 7	Ē			H	
Skilled Nursing Facility	- -			<u>, , , , , , , , , , , , , , , , , , , </u>	i	Ō				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~								
Outpatient Surgery Physician/Surgical Services	•	•								
Drugs	All	All			All	🗌 All			All	🗌 All
Generics				\$10.00						
Preferred Brand Drugs				\$40.00						
Non-Preferred Brand Drugs				\$75.00						
Specialty Drugs (i.e. high-cost)				\$100.00						
Options for Additional Benefit Design Limits:		-	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	CC-EN						
Specialty Rx Coinsurance Maximum		-	Plan HIOS ID:	75753DC001005	56-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		-		2021_1j						
#Visits (1-10)										
Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?										
#Copays (1-10)										
Output		-								
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value:	91.43%									
Metal Tier:	Platinum									
		ore services are no	ot subject to the	deductible and h	ave no copay.	Any service wit	h this cost-sharin	g structure is o	overed at 100% b	y the plan in the
Additional Notes:	deductible range	е.								
Calculation Time:	0.0625 seconds									
Final 2021 AV Colordates										

Calculation Time: Final 2021 AV Calculator

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?						red Network Op	_	
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🛛	Tiered Network Plan?			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:		
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier								
Desired Metal Her		r 1 Plan Benefit D	ocian	1	Tior	2 Plan Benefit D	Docign	
	Medical	Drug	Combined	-	Medical	Drug	Combined	
Deductible (\$)	\$250.00	\$0.00	combilicu		meanear	Diug	combilicu	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%						
MOOP (\$)	\$2.5	00.00						
MOOP if Separate (\$)				-				
			-					
Click Here for Important Instructions		Tie	er 1			Tie	er 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate
Medical	All	🗌 All			All	All		
Emergency Room Services				\$350.00				
All Inpatient Hospital Services (inc. MH/SUD)	Y	•						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00				
X-rays)	—	—				<u> </u>		<u> </u>
Specialist Visit				\$30.00				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00				
Services		 				_		
Imaging (CT/PET Scans, MRIs)	N		61%	\$250.00	<u> </u>	<u> </u>		
Speech Therapy				\$15.00				
Occupational and Physical Therapy				\$15.00				
Preventive Care/Screening/Immunization			100%	\$0.00				
Laboratory Outpatient and Professional Services			10070	<i>Q0.00</i>				
X-rays and Diagnostic Imaging	Ō	Ō		\$30.00				
Skilled Nursing Facility	2							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>	•	54%	\$250.00				
Outpatient Surgery Physician/Surgical Services	V	•						
Drugs	All				All	All		
Generics				\$10.00				
Preferred Brand Drugs				\$40.00	Ē			
Non-Preferred Brand Drugs				\$75.00				1
Specialty Drugs (i.e. high-cost)				\$100.00				
Options for Additional Benefit Design Limits:		_	Plan Description	1:				
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	CC-EN_POST_				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	75753DC001005	6-01			
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:					
# Days (1-10):		1		2021_1j				
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1						

Set a Maximum on Specialty Rx Coinsurance Payments?
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): Output

Calculate Status/Error Messages: Actuarial Value:

Metal Tier: Additional Notes: Calculation Successful. 89.75%

Day Jaw 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).

Tier 1Tier 2Copay applies only after deductible? 🗌 All

- C

All

Calculation Time: Final 2021 AV Calculator 0.0488 seconds

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ered Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	?		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	Platinum 🔻									
Desired Metal Tier		101 0 (10		-						
	Medical	r 1 Plan Benefit De Drug	Combined	-	Medical	r 2 Plan Benefit I Drug	Combined			
Deductible (\$)	\$250.00	\$0.00	Combined	-	wedical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)	\$250.00	100.00%								
MOOP (\$)		00.00								
MOOP if Separate (\$)	Υ Ζ , .	00.00								
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if Copay applies on		
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate		ctible?
Medical		All								
Emergency Room Services				\$350.00						
All Inpatient Hospital Services (inc. MH/SUD)	v	⊻								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00						
X-rays) Specialist Visit				\$30.00						
				\$30.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$30.00						
Imaging (CT/PET Scans, MRIs)		I	61%	\$250.00						
Speech Therapy			01%	\$15.00						
speech merapy				\$15.00						
Occupational and Physical Therapy				\$15.00						
Preventive Care/Screening/Immunization			100%	\$0.00						
Laboratory Outpatient and Professional Services		•								
X-rays and Diagnostic Imaging				\$30.00						
Skilled Nursing Facility	v	v								Ē
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	~								
Outpatient Surgery Physician/Surgical Services		7								
Drugs										
Generics				\$10.00						
Preferred Brand Drugs		— Ä		\$40.00					H H	i i i i i i i i i i i i i i i i i i i
Non-Preferred Brand Drugs				\$75.00						
Specialty Drugs (i.e. high-cost)	— — — — — — — — — — — — — — — — — — —			\$100.00					Π	
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?		7	Name:	CC-EN POST						
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	75753DC001005	6-01					
Set a Maximum Number of Days for Charging an IP Copay?		-	Issuer HIOS ID:	75753						
# Days (1-10):				2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	Π			_,						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		-								
Calculate										

Calculate Ca Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 90.90% 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.

Additional Notes: Calculation Time: Final 2021 AV Calculator

0.0723 seconds

User Inputs for Plan Parameters	_				-				
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O	otion		
Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day?		HSA/HRA Employ	er Contribution?			Network Plan? Tier Utilization:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:			Tier Utilization:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2110	ner otilization.			
Desired Metal Tier	Platinum 👻								
besited metal the	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design		
	Medical	Drug	Combined		Medical	Drug	Combined		
Deductible (\$)	\$0.00	\$0.00							
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%							
MOOP (\$)	\$3,5	500.00							
MOOP if Separate (\$)									
Click Here for Important Instructions		Tie	- 1		r	TL	er 2		Tier 1
Click Here for important instructions	Subject to	Subject to	Coinsurance. if	Copay, if	Subject to		coinsurance. if	Copay, if	Copay ap
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	copay ap de
Medical			unrerent	separate	All	All	unterent	separate	
Emergency Room Services				\$350.00					
All Inpatient Hospital Services (inc. MH/SUD)								•••••••••••••••••••••••••••••••••••••••	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				4					
X-rays)				\$15.00					
Specialist Visit				\$30.00					
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00					
Services		_		-					
Imaging (CT/PET Scans, MRIs)				\$75.00					
Speech Therapy				\$15.00					
				\$15.00					
Occupational and Physical Therapy			1000/	\$0.00					
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services			100%	ŞU.UU					
X-rays and Diagnostic Imaging	- <u> </u>	<u> </u>		\$50.00					
Skilled Nursing Facility				200.00					
								······	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$75.00					
Outpatient Surgery Physician/Surgical Services	•	2							
Drugs	All	All			All	All			🗌 All
Generics				\$10.00					
Preferred Brand Drugs				\$40.00					
Non-Preferred Brand Drugs				\$75.00					
Specialty Drugs (i.e. high-cost)				\$100.00					
Options for Additional Benefit Design Limits:	_	-	Plan Description						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	CC-EO					
Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?		-	Plan HIOS ID: Issuer HIOS ID:	75753DC00100	58-01				
# Days (1-10):			Issuer HIUS ID:						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?	Π	-		2021_1j					
#Visits (1-10):									
Begin Primary Care Deductible/Coinsurance After a Set Number of	Π	1							
Copays?									
# Copays (1-10):									
Output		-							
Calavilata									

Calculate Ca Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 89.97% Platinum NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Tier 1 Tier 2 Copay applies only after deductible?

All

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.043 seconds

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible	e? 🗌		HSA/HRA Option	s	Tie	ered Network C	Option			
Apply Inpatient Copay per Day		HSA/HRA Emplo	yer Contribution	?	Tiered	Network Plan	?			
Apply Skilled Nursing Facility Copay per Day		Annual Contri	bution Amount:			Tier Utilization				
Use Separate MOOP for Medical and Drug Spending		Annual Contri	batton Antount.		2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard										
Desired Metal Ti										
	Tie Medical	r 1 Plan Benefit D	esign Combined	_	Tier Medical	2 Plan Benefit	Design Combined			
Deductible (Drug \$0.00	Combined	-	Nedical	Drug	Combined			
Coinsurance (%, Insurer's Cost Shar		100.00%								
MOOP (500.00								
MOOP if Separate (1								
moor in separate (Ψ1		-							
Click Here for Important Instructions		Tie	er 1			т	ïer 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance	different	separate	deduc	ctible?
Medical	🗌 All	All			All	All			Ali	AI
Emergency Room Services				\$350.00						
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00						
X-rays)										
Specialist Visit				\$30.00		<u> </u>				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00						
Services Imaging (CT/PET Scans, MRIs)				\$75.00		-				
Speech Therapy				\$15.00						
Speech merapy										
Occupational and Physical Therapy				\$15.00						
Preventive Care/Screening/Immunization			100%	\$0.00						L
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging				\$50.00		Ē				
Skilled Nursing Facility		2			Ō					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		-								
						_				
Outpatient Surgery Physician/Surgical Services										
Drugs				\$10.00					All	All
Generics Preferred Brand Drugs	<u> </u>	H		\$40.00						
Non-Preferred Brand Drugs				\$75.00						
Specialty Drugs (i.e. high-cost)				\$100.00						
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payment	s? 🗆		Name:	CC-EO						
Specialty Rx Coinsurance Maximur			Plan HIOS ID:	75753DC001005	8-01					
Set a Maximum Number of Days for Charging an IP Copar	/? 🗌		Issuer HIOS ID:	75753						
# Days (1-10)):			2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visit	;? 🗌									
# Visits (1-10										
Begin Primary Care Deductible/Coinsurance After a Set Number										
Сорау										
# Copays (1-10	ı):	_								
Output Calculate										
Calculate										

Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 91.87% 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: Final 2021 AV Calculator

0.0469 seconds

User Inputs for Plan Parameters									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			lier Utilization:			
Use Separate MOOP for Medical and Drug Spending?					2nd	Fier Utilization:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?									
Desired Metal Tier	Platinum 💌								
		r 1 Plan Benefit De				2 Plan Benefit			
	Medical	Drug	Combined		Medical	Drug	Combined		
Deductible (\$)	\$0.00	\$0.00							
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%							
MOOP (\$)	\$3,5	00.00							
MOOP if Separate (\$)									
					1				
Click Here for Important Instructions			er 1				ier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	0
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	
Medical	All	All			All				1
Emergency Room Services				\$350.00					
All Inpatient Hospital Services (inc. MH/SUD)									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00					
X-rays)	—				-	<u> </u>			_
Specialist Visit				\$30.00					
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00					
Services		_		-					
Imaging (CT/PET Scans, MRIs)				\$150.00					ļ
Speech Therapy				\$15.00					
				\$15.00					
Occupational and Physical Therapy									
Preventive Care/Screening/Immunization			100%	\$0.00					
Laboratory Outpatient and Professional Services									ļ
X-rays and Diagnostic Imaging				\$50.00					
Skilled Nursing Facility		•							l
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$150.00					
	7	•							
Outpatient Surgery Physician/Surgical Services									
Drugs		All		440.00					
Generics Desferred Desert Deser				\$10.00 \$40.00					
Preferred Brand Drugs									
Non-Preferred Brand Drugs				\$75.00					
Specialty Drugs (i.e. high-cost)				\$100.00					
Options for Additional Benefit Design Limits:		7	Plan Description:						
Set a Maximum on Specialty Rx Coinsurance Payments?				CC-EO_POST_ 75753DC001005					
Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?		-	Plan HIOS ID: Issuer HIOS ID:		8-01				
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?	Π	-		2021_1j					
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		-							
Copays?									
#Copays (1-10):									
# Copays (1-10):		1							

Output Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 88.23% Platinum NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Tier 1 Tier 2 Copay applies only after deductible?

All

Γ

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.043 seconds

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network Op	tion			
Apply Inpatient Copay per Day?	_		ver Contribution	_		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?	=					lier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:			lier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Platinum 👻									
besited metal net		1 Plan Benefit De	sign	1	Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00	combined		mearea	5.05	combined			
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%								
MOOP (\$)		00.00				-				
MOOP if Separate (\$)	<i>\$3,5</i>	50.00								
			-							
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if		es only after
Type of benefit	Deductible?	Coinsurance?	different	separate			different	separate		ctible?
Medical	All All	All			All	All				AII
Emergency Room Services				\$350.00						
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00						
X-rays)					—					
Specialist Visit				\$30.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00						
Services					_					
Imaging (CT/PET Scans, MRIs)				\$150.00						
Speech Therapy				\$15.00						
				\$15.00						
Occupational and Physical Therapy				\$15.00						
Preventive Care/Screening/Immunization			100%	\$0.00						
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging				\$50.00						
Skilled Nursing Facility		•				Ē				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		~								
Outpatient Surgery Physician/Surgical Services	J	~								
Drugs	All	All All			All	All				
Generics				\$10.00						
Preferred Brand Drugs				\$40.00						
Non-Preferred Brand Drugs				\$75.00						
Specialty Drugs (i.e. high-cost)				\$100.00						
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	CC-EO_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	75753DC001005	8-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	75753						
# Days (1-10):				2021_1j						
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):		1								
Output Calculate										
Status/Error Messages:	Calculation Succe	reful								
Actuarial Value:	91.63%	aarul.								
Metal Tier:	Platinum									
wetdi ner.	NOTE: Service-sp	osific cost skaria	g is applying for	onvico(c) with f-	c/prof.com	onto ovorridia-	outpatient in and	for those	ruico(c)	
Additional Notaci	NOTE: Service-sp	eenne cost-silann	e is abbianig tot:	service(s) with la	c/proi compon	enta, overriding	outpatient inpu	is for those se	1102(5).	

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.0449 seconds

User Inputs for Plan Parameters						
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	Tiere	ed Network O	ption
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	Tiered N	letwork Plan?	K
Apply Skilled Nursing Facility Copay per Day?		Annual Cantail	oution Amount:	1st Ti	er Utilization:	58%
Use Separate MOOP for Medical and Drug Spending?		Annual Contric	button Amount:	2nd Ti	er Utilization:	42%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?						
Desired Metal Tier	Silver 👻					
	Tie	r 1 Plan Benefit De	esign	Tier 2	Plan Benefit	Design
	Tie Medical	r 1 Plan Benefit De Drug	esign Combined	Tier 2 Medical	Plan Benefit I Drug	Design Combined
Deductible (\$)		1				
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	Medical	1	Combined			Combined
	Medical	1	Combined \$2,500.00			Combined \$2,500.00
Coinsurance (%, Insurer's Cost Share)	Medical	1	Combined \$2,500.00 100.00%			Combined \$2,500.00 100.00%

Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?		Coinsurance, if different	Copay, if separate	Copay applie deduct	
Medical	▼ All	All			🖌 All				🗌 All	All
Emergency Room Services	•			\$350.00	✓			\$350.00		•
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	~			\$500.00	~	•
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Y			\$30.00	Y			\$60.00	•	•
Specialist Visit	•			\$72.85	I			\$100.00	I	2
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Y			\$60.00	v			\$60.00	•	•
Imaging (CT/PET Scans, MRIs)	2	2			v	•				
Speech Therapy	2			\$60.00	v			\$60.00	·	7
Occupational and Physical Therapy	Y			\$60.00	Y			\$60.00	2	~
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	•			~	•				
X-rays and Diagnostic Imaging	•	•			•	2				
Skilled Nursing Facility	V			\$500.00	I			\$500.00	I	•
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			•	•				
Outpatient Surgery Physician/Surgical Services	V	✓			•	•				
Drugs	▼ All	All			🖌 All					AI
Generics	>			\$10.00	~			\$10.00	~	•
Preferred Brand Drugs	V			\$45.00	I			\$45.00	2	2
Non-Preferred Brand Drugs	•	•	80%		~	•	80%			
Specialty Drugs (i.e. high-cost)	>	-	80%		~	•	80%			
Options for Additional Benefit Design Limits:			Plan Description:							

 Plan HOS ID:
 75753DC0030003-01

 Issuer HIOS ID:
 75753

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Calculate Cal Status/Error Messages: Actuarial Value: Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation. 72.58%

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.1035 seconds

User Inputs for Plan Parameters						
Use Integrated Medical and Drug Deductible?	~	1	ISA/HRA Options	Tiere	ed Network O	ption
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?	Tiered N	letwork Plan?	V
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib		1st Ti	er Utilization:	58%
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	ution Amount:	2nd Ti	er Utilization:	42%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?						
Desired Metal Tier	Silver 👻					
	Tie	r 1 Plan Benefit De	sign	Tier 2	Plan Benefit	Design
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		Drug	Combined \$2,500.00	Medical	Drug	Combined \$2,500.00
Deductible (\$) Coinsurance (%, Insurer's Cost Share)		Drug		Medical	Drug	
		Drug	\$2,500.00	Medical	Drug	\$2,500.00

Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1 Tier 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduct	
Medical	✓ All	All								
Emergency Room Services	2			\$350.00	•			\$350.00	✓	7
All Inpatient Hospital Services (inc. MH/SUD)	>	✓	100%		~	✓	100%			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~			\$30.00	~			\$60.00	~	v
X-rays)				330.00				300.00		
Specialist Visit	•			\$72.85	v			\$100.00	~	•
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$60.00				\$60.00	~	
Services	>			\$60.00	•			\$60.00	~	~
Imaging (CT/PET Scans, MRIs)	•	2			I	•				
Speech Therapy	>			\$60.00	2			\$60.00	~	?
	7	Π		\$60.00	~			\$60.00	v	~
Occupational and Physical Therapy	·			\$60.00	C.			\$60.00	E.	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	~			~	~				
X-rays and Diagnostic Imaging	•	•			•	•				
Skilled Nursing Facility	V			\$500.00	I			\$500.00	✓	•
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			-	~				
	7	v			2	7				
Outpatient Surgery Physician/Surgical Services					I All					
Drugs										
Generics	2			\$10.00		<u>L</u>		\$10.00		
Preferred Brand Drugs	2	<u></u>		\$45.00	2	<u></u>		\$45.00	<u> </u>	2
Non-Preferred Brand Drugs	N	_	80%		2	Image: A start of the start	80%			<u></u>
Specialty Drugs (i.e. high-cost)	V	~	80%		>	•	80%			

Plan Description:
 Plan HOS ID:
 75753DC0030003-01

 Issuer HIOS ID:
 75753

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Calculate Error: Result is outside of [-4, +2] percent de minimis variation. 72.80%

Cal Status/Error Messages: Actuarial Value: Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.0996 seconds

~		ISA/HRA Options		Tier	ed Network O	otion
	HSA/HRA Employ	er Contribution?		Tiered M	Network Plan?	>
	Annual Cantail	1st Tier Utiliza				58%
	Annual Contrib	ution Amount:		2nd T	ier Utilization:	42%
Silver 👻						
Tie	r 1 Plan Benefit De	sign		Tier 2	2 Plan Benefit [Design
Medical	Drug	Combined		Medical	Drug	Combined
		\$2,500.00				\$2,500.00
		100.00%				100.00%
		\$7,000.00				\$7,000.00
	Silver Tier	HSA/HRA Employ Annual Contrib	HSA/HRA Employer Contribution? Annual Contribution Amount: Selver Tier 1 Plan Benefit Design Medical Drug Combined S2,500.00 100.00%	HSA/HRA Employer Contribution?	HSA/HRA Employer Contribution? Tiered I Annual Contribution Amount: 2nd T Sheer V Tier 1 Plan Benefit Design Medical Drug Combined S2,500.00 100.00%	HSA/HRA Employer Contribution? Tiered Network Plan? Annual Contribution Amount: 2nd Tier Utilization: Sheer Tier 1 Plan Benefit Design Medical Drug Combined S2,500.00 100.00%

Click Here for Important Instructions		Tie	r1			Ti		Tier 1	Tier 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	only after
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	
Medical	✓ All	All								
Emergency Room Services	✓			\$350.00	•			\$350.00	•	•
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	~			\$500.00	~	~
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•			\$30.00	Y			\$60.00	~	•
Specialist Visit	•			\$72.85	I			\$100.00		•
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•			\$60.00	7			\$60.00	~	
Imaging (CT/PET Scans, MRIs)	2	2	46%	\$350.00	v	2	46%	\$350.00		
Speech Therapy	v			\$60.00	2			\$60.00	~	v
Occupational and Physical Therapy	Y			\$60.00	Y			\$60.00	2	7
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	~			~	-				
X-rays and Diagnostic Imaging	V	2			•	•				
Skilled Nursing Facility	v			\$500.00				\$500.00	v	2
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•	34%	\$350.00	~	•	34%	\$350.00		
Outpatient Surgery Physician/Surgical Services	•	•			-	-				
Drugs	✓ All	All			🖌 All	All			🗌 All	All
Generics	V			\$10.00	>			\$10.00	>	~
Preferred Brand Drugs	2			\$45.00	v			\$45.00	v	2
Non-Preferred Brand Drugs	V	✓	80%		•	✓	80%			
Specialty Drugs (i.e. high-cost)	>	~	80%		>	~	80%			
Options for Additional Benefit Design Limits:		_	Plan Description:							

 Specialty Drugs (i.e. high-cost)

 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):

 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):

Calculate

 Plan HOS ID:
 C:EP_POST_

 Plan HIOS ID:
 757530C003003-01

 Issuer HIOS ID:
 75753

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 2021_1j

Status/Error Messages: Actuarial Value:

Metal Tier: Additional Notes:

Output

Calculation Successful. 69.33%

50-50-70 Silver NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2021 AV Calculator

0.1152 seconds

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tiered Network Option			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered N	letwork Plan?	•	
Apply Skilled Nursing Facility Copay per Day?	Annual Contribution Amount:				1st Ti	58%		
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	button Amount:		2nd Ti	er Utilization:	42%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silver 👻							
	Tie	r 1 Plan Benefit De	esign		Tier 2	Plan Benefit	Design	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)			\$2,500.00				\$2,500.00	
Coinsurance (%, Insurer's Cost Share)			100.00%				100.00%	
MOOP (\$)			\$7,000.00				\$7,000.00	
MOOP if Separate (\$)								

Click Here for Important Instructions		Tie	er 1		Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	
Medical	✓ All	🗌 All			🗹 All					
Emergency Room Services	✓			\$350.00	•			\$350.00	✓	•
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	~			\$500.00	✓	✓
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~			\$30.00	~			\$60.00	~	v
X-rays)	—			\$30.00				300.00		
Specialist Visit	~			\$72.85	v			\$100.00	~	2
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$60.00				\$60.00	7	•
Services	2			300.00	•			300.00	⊻	2
Imaging (CT/PET Scans, MRIs)	~	2	46%	\$350.00	v	•	46%	\$350.00		
Speech Therapy	v			\$60.00	2			\$60.00	2	v
	2			\$60.00	~			\$60.00	v	v
Occupational and Physical Therapy				300.00				300.00	Ľ	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	✓			~	~				
X-rays and Diagnostic Imaging	•	I			.	•				
Skilled Nursing Facility	•			\$500.00	v			\$500.00	v	•
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	7	~			~					
Outpatient Fachity Fee (e.g., Ambulatory Surgery Center)	Ľ	Ľ			Ľ	Ľ				
Outpatient Surgery Physician/Surgical Services	>	•				•				
Drugs	✓ All	All			🖌 All					
Generics	~			\$10.00	✓			\$10.00	✓	✓
Preferred Brand Drugs	>			\$45.00	2			\$45.00	2	✓
Non-Preferred Brand Drugs	•	✓	80%		~	•	80%			
Specialty Drugs (i.e. high-cost)	>	~	80%		>	~	80%			
Ontions for Additional Benefit Design Limits:			Plan Description:							

 Yon-Preferred Branu Long

 Specialty Drugs (i.e. high-cost)

 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?

 # Upays (1-10):

 Begin Primary Care Cost-Sharing After a Set Number of Visits (1-10):

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

 # Copays (1-10):

 OWN

 Plan Description:

 Name:
 CC-EP_POST_

 Plan HIOS ID:
 75753DC0030003-01

 Issuer HIOS ID:
 75753

 2021_1j

Output
Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful. 71.82%

Silver NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.1094 seconds

~	HSA/HRA Options			Tier	ed Network O	ption
	HSA/HRA Employ	RA Employer Contribution?		Tiered M	Network Plan?	V
			1st Tier Utilizatio		58%	
	Annual Contric	ution Amount:		2nd T	ier Utilization:	42%
Silver 💌						
Tie	Tier 1 Plan Benefit Design			Tier 2	Plan Benefit	Design
Medical	Drug	Combined		Medical	Drug	Combined
		\$2,500.00				\$2,500.00
		100.00%				100.00%
		\$7,000.00				\$7,000.00
	Silver Tie Medical	HSA/HRA Employ Annual Contrib Silver Tier 1 Plan Benefit De Medical Drug	HSA/HRA Employer Contribution? Annual Contribution Amount: Silver Tier 1 Plan Benefit Design Medical Drug Combined \$2,550.00 100.00% \$7,000.00	HSA/HRA Employer Contribution?	HSA/HRA Employer Contribution? Tiered 1 Annual Contribution Amount: 2nd T Silver V Tier 1 Plan Benefit Design Medical Drug Combined S2, 500.00 100.00%	HSA/HRA Employer Contribution? Tiered Network Plan? Annual Contribution Amount: 1st Tier Utilization: Silver Tier 1 Plan Benefit Design Medical Drug Combined Medical 100.00% \$7,000.00

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	
Medical	✓ All	🗌 All			🖌 All					
mergency Room Services				\$350.00	K			\$350.00	•	•
II Inpatient Hospital Services (inc. MH/SUD)	✓	~	100%		~	✓	100%			
rimary Care Visit to Treat an Injury or Illness (exc. Preventive, an	- -			\$30.00	•			\$60.00	7	7
-rays)				\$30.00				300.00	—	_
pecialist Visit	✓			\$72.85	2			\$100.00	2	✓
lental/Behavioral Health and Substance Use Disorder Outpatient	~			\$60.00	~			\$60.00	~	~
ervices				300.00	J	—		300.00	•	
naging (CT/PET Scans, MRIs)	v	v	46%	\$350.00	v	•	46%	\$350.00		
peech Therapy	v			\$60.00	v			\$60.00	v	2
	~			\$60.00	~			\$60.00		~
ccupational and Physical Therapy	-			300.00				300.00		
reventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
aboratory Outpatient and Professional Services	~	✓			•	•				
-rays and Diagnostic Imaging	•	•			•	2				
killed Nursing Facility	✓			\$500.00	•			\$500.00	2	v
utpatient Facility Fee (e.g., Ambulatory Surgery Center)		•	34%	\$350.00		•	34%	\$350.00		
utpatient Surgery Physician/Surgical Services	•	•				•				
Drugs	✓ All	All			🖌 All	🗌 All			All	All
enerics	 Image: A start of the start of			\$10.00	•			\$10.00	>	•
referred Brand Drugs	I			\$45.00	•			\$45.00	7	2
on-Preferred Brand Drugs	•	•	80%		•	•	80%			
pecialty Drugs (i.e. high-cost)	•	~	80%		~	•	80%			
ptions for Additional Benefit Design Limits:			Plan Description:							

 Specialty Drugs (i.e. high-cost)

 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):

 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 HOS ID:
 C:EP_POST_

 Plan HIOS ID:
 757530C003003-01

 Issuer HIOS ID:
 75753

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Calculate

Status/Error Messages: Actuarial Value:

Output

Metal Tier: Additional Notes:

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

Calculation Time: Final 2021 AV Calculator

0.0938 seconds

Calculation Successful. 69.40%

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tiere	d Network O	ption
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiered Network Plan?		
Apply Skilled Nursing Facility Copay per Day?	Annual Contribution Amount:				1st Ti	er Utilization	58%
Use Separate MOOP for Medical and Drug Spending?		Annual Contric	oution Amount:		2nd Ti	er Utilization	42%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver 👻						
	Tie	r 1 Plan Benefit De	sign		Tier 2	Plan Benefit	Design
	Medical						
	iviedical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)		Drug	\$2,500.00		Medical	Drug	\$2,500.00
Deductible (\$) Coinsurance (%, Insurer's Cost Share)		Drug			Medical	Drug	
		Drug	\$2,500.00		Medical	Drug	\$2,500.00

Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deducti	
Medical	✓ All	All			🖌 All				🗌 Ali	
Emergency Room Services				\$350.00	✓			\$350.00	✓	•
All Inpatient Hospital Services (inc. MH/SUD)	>	✓	100%		~	✓	100%			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$30.00	~			\$60.00	~	~
X-rays) Specialist Visit	_ _			\$72.85	- -			\$100.00	 	 V
Mental/Behavioral Health and Substance Use Disorder Outpatient	<u> </u>			\$72.05				\$100.00		<u> </u>
Services	~			\$60.00	✓			\$60.00	~	~
Imaging (CT/PET Scans, MRIs)	•	2	46%	\$350.00	I	•	46%	\$350.00		
Speech Therapy	V			\$60.00	v			\$60.00	v	v
Occupational and Physical Therapy	V			\$60.00	•			\$60.00	~	~
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•	•			~	•				
X-rays and Diagnostic Imaging	•	2			•	•				
Skilled Nursing Facility	2			\$500.00	I			\$500.00		2
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	~			~	•				
Outpatient Surgery Physician/Surgical Services	V	v			•	<				
Drugs	✓ All	All			🖌 All	All			🗌 All	All
Generics	V			\$10.00	>			\$10.00	<	>
Preferred Brand Drugs	2			\$45.00	•			\$45.00		2
Non-Preferred Brand Drugs	•	•	80%		~	✓	80%			
Specialty Drugs (i.e. high-cost)	7	•	80%		•	~	80%			
Options for Additional Benefit Design Limits:		_	Plan Description:							

 Plan HOS ID:
 C:EP_POST_

 Plan HIOS ID:
 757530C003003-01

 Issuer HIOS ID:
 75753

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Calculate Cal Status/Error Messages: Actuarial Value: Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation. 72.00%

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.1055 seconds

Use Impost for Plan Parameters Its Al, HIA Coptions Treed Network Option Apply Siller Munisfracting Copay per Day? Its Al, HIA Coptions Treed Network Option Use Separate MOOP for Medical and Drug Spending? Its Al, HIA Coptions Treed Network Plan ? Its Tere Villization: Indicate IF Plan Webt Store Store V Standor? Its Tere Villization: And Tere Villization: And Tere Villization: Desired Metal IP Desired Metal IP Store Villization: And Tere Villization: And Tere Villization: Model IP Desired Metal IP Store Villization: And Tere Villization: And Tere Villization: Model IP Desired Metal IP Store Villization: Medication: Tere 2 Plan Benefit Design Model IP Desired Metal IP Store Villization: Medication: Tere 2 Plan Benefit Design Model IP Store Villization: Store Villization: Medication: Tere 2 Type of Benefit Deductible? Coinsurance? Tere 2 Deductible? Coinsurance? Tere 2 Image Store Villization: Dialization: Store Villization: Store Villization: Store Villization: Store Villization: Deductible? Coinsurance?										
Apply splited work plan is a split and Copy per Day is a split and Copy per Day is a split and contribution?						T i-				
Apply Skilled Nursing Facility Copy per Day? Undicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tref Desired Metal Tref Second Desired Metal Tref Desired Metal Tref Second Desired Metal Tref Desired Met										
Use Separate MOOP for Medical and Drug Seending? Annual Continuution Amount: 2nd Tier Utilization: Indicate if Plan Meets CSR or Expanded Bronz Av Standard? Desired Metal Tier Tier 2 Plan Benefit Design Deductible (S) Coinsurance (%, insurer's Cot Share) Status Medical Drug Combined Status MoOP (S) Status Status Medical Drug Combined MoOP (S) MOOP (S) Status Status Medical Drug Combined MoOP (S) Status Status Status Status Status Status Status Citck Here for important instructions Tier 1 Tier 1 Status Status <t< td=""><td></td><td></td><td>H3A/HKA EIIIpio</td><td>yer contribution?</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			H3A/HKA EIIIpio	yer contribution?						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?			Annual Contril	bution Amount:						
Desired Metal Time The 7 Pins famefit Design The 7 Pins famefit Design Optication (S) 0000/05 0000/05 0000/05 Coinsurance (%, Insurer's Cott Share) 0000/05 0000/05 0000/05 MOOP If Separate (S) 0000/05 0000/05 0000/05 Click Here for Important Instructions Ter 1 Subject to						2110	ner otmedtion.			
Ter 2 Pine Secret Design Medical Drug Combined Colisurance (%, ISXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
Medical Drug Combined S5,000,00% 100,00% 100,00% 100,00% MOOP If Separate (3) Sk550,00 100,00% 100,00% Click Here for Important Instruction: Ter 1 Ter 2 100,00% Figure 7 type of Benefit Deductible 7 Coinsurance, If Separate Separate 100,00% Finance 7 defined Deductible 7 Coinsurance, If Separate Separate 100,00% 100,00% Finance 7 defined Deductible 7 Coinsurance, If Separate 100,00%<	besited metal free		r 1 Plan Benefit De	esign	1	Tier	2 Plan Benefit [Design		
Coinsurance (%, Insurer's Cost Share) 100.00% 100.00% MOOP If Separate (5) 58,550.00 Citck Here for Important Instructions Ter 1 Ter 2 File Subject to Coinsurance, If Copay, If Deductible? Coinsurance, If Copay, If Deductible? Coinsurance? Subject to Coinsurance, If Copay, If Deductible? Coinsurance? Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Image: the separate instructions Separate: thirds: the separate instructions Image: the separate instructions					1					
MOOP (s) MOOP (f Separate (s) S8,550.00 Click Here for Important Instructions Tier 1 Tier 2 Ype of Benefit Subject to Deductible? Consurance, If Deductible? Consurance Payments? Figure 10 An Office Consurance Payments? Dispectible? Consurance Payments? Dispectible? Consurance Payments? Figure 20 An Office Consurance Payments? Dispectible? Consurance Payments? Dispectible? Consurance Payments? <t< td=""><td>Deductible (\$)</td><td>\$5,000.00</td><td>\$250.00</td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td></t<>	Deductible (\$)	\$5,000.00	\$250.00		1					
MOOP If Separate (3) Type of Benefit Tier 1 Tier 2 Medical All Subject to Deductible? Coinsurance, if Coinsurance, if Copay, if Deductible? Subject to Coinsurance, if Copay, if Deductible? Deductible? Coinsurance, if Copay, if Deductible? Coi	Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%							
Click Here for Important Instructions Titer 1 Titer 2 Type of Benefit Deductible? Coinsurance, if coinsurance, if copay, if Deductible? Subject to Coinsurance, if Copay, if Copay, if Deductible? Subject to Coinsurance, if Copay	MOOP (\$)	\$8,5	550.00							
Type of Benefit Subject to Deductible? Colnsurance, if colnsurance, if different Copy, if separate Subject to Deductible? Subject to Colnsurance, if colnsurance, colnsurance, if colnsurance, colnsurance, if colnsurance, colnsu	MOOP if Separate (\$)									
Oeductible? Coinsurance? different separate Deductible? Coinsurance? different separate Emergency Room Services ////////////////////////////////////	Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1
Medical All All Emergency Room Services V 3350.00 All Elinergency Room Services (inc. MH/SUD) V 5500.00 All Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) S90.00 All All Specialist Visit V S90.00 S90.00 S90.00 Mental/Behavioral Health and Substance Use Disorder Outpatient Services S90.00 S250.00 S250.00 Specialist Visit V S250.00 S45.00 S550.00 Coccupational and Physical Therapy S45.00 S45.00 S45.00 Coccupational and Physical Therapy S550.00 S50.00 S45.00 Coccupational and Physical Therapy S550.00 S50.00 Skilled Nursing Facility Outpatient Facility Fee (e.g., Ambulatory Surgery Center) V S50.00 S50.00 Outpatient Facility Fee (e.g., Ambulatory Surgery Center) V S250.00 S10.00 Outpatient Road Therapy S10.00 S10.00 S10.00 Preferred Brand Drugs All All All Generics S75.00 S10.00 S10.00 Preferred Brand Drugs All All All Set a Maximum Number of Days for Charging an IP Copay? Han Hol Site: 757	Type of Benefit									Copay ap
Emergency Room Services V \$350.00 All inpatient Hospital Services (inc. MH/SUD) V \$500.00 Primary Care Visit to Treat an injury or illnes (exc. Preventive, and X-rays) S45.00 \$45.00 Specialist Visit V \$500.00 \$45.00 Mental/Behavioral Health and Substance Use Disorder Outpatient \$90.00 \$90.00 \$90.00 Imaging (Cr/PET Scans, MRts) V \$250.00 \$90.00 \$90.00 Specialist Visit V \$250.00 \$9				different	separate			different	separate	de
All Inpatient Hospital Services (inc. MH/SUD) V \$500.00 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and L. Arays) \$45.00 \$45.00 Specialist Visit V \$90.00 \$90.00 Mental/Rehavioral Health and Substance Use Disorder Outpatient \$90.00 \$90.00 \$90.00 Imaging (CT/PET Scans, MRis) V \$250.00 \$90.00 \$90.00 Speech Therapy S45.00 \$90.00 \$90.00 \$90.00 Occupational and Physical Therapy S45.00 \$90.00 \$90.00 Preventive Care/Screening/Immunization \$90.00 \$90.00 \$90.00 Laboratory Outpatient and Professional Services V \$90.00 \$90.00 Skilled Nursing Facility V \$50.00 \$90.00 \$90.00 Outpatient Surgery Physician/Surgical Services V \$50.00 \$90.00 \$90.00 Skilled Nursing Facility V \$50.00 \$90.00 \$90.00 \$90.00 \$90.00 \$90.00 Outpatient Surgery Physician/Surgical Services V \$50.00 \$90.00 \$90.00 \$90.00 \$90.00 \$90.00 \$90.00 \$90.00					4250.00					All
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) 945.00 Specialist Visit 990.00 Mental/Behavioral Health and Substance Use Disorder Outpatient Services 590.00 Imaging (CT/PET Scans, MRIs) 9 Specialist Visit 9 Occupational and Physical Therapy 545.00 Occupational and Physical Therapy 9 Preventive Care /Screening/Immunization 100% Laboratory Outpatient and Professional Services 9 V-rays and Diagnostic Imaging 550.00 Skilled Nursing Facility 9 Outpatient Facility Fee (e.g., Ambulatory Surgery Center) 9 Outpatient Spread 9 Preferred Brand Drugs 10 Specialty Drugs 1 Ann - Ari 1 Set a Maximum on Specialty Rx Colnsurance Payments? 9 File Brand Drugs 1 Set a Maximum Number of Days for Charging an IP Copay? 1 Begin Primary Care Cost-Sharing After a Set Number of Visits? 1		<u> </u>								
ix-raysing imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Services imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Speciality And Status imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Speciality And Status imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Speciality And Status imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Occupational and Physical Therapy imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Orcupational and Physical Therapy imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Occupational and Physical Therapy imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Statis Upstatient and Professional Services imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Skiled Nursing Facility imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Skiled Nursing Facility Fee (e.g., Ambulatory Surgery Center) imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Outpatient And Physicial Services imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) imaging (Cr/PET Scans, MRs) Outpatient And Physicial Services im	······································				\$500.00	-				
Specialist Visit V S90.00 Mental/Behavioral Health and Substance Use Disorder Outpatient S90.00 Imaging (CT/PET Scans, MRIs) V S250.00 Special Therapy S45.00 S45.00 Occupational and Physical Therapy S45.00 S45.00 Occupational and Physical Therapy S45.00 S45.00 Occupational and Physical Therapy S45.00 S45.00 Variational Services V S45.00 S45.00 Variational Services Variational Services Variational Services S45.00 S45.00 Skilled Nursing Facility Variational Services Variationa					\$45.00					
Mental/Behavioral Health and Substance Use Disorder Outpatient \$90.00 Services \$90.00 Imaging (Cr/PET Scans, MRIs) \$250.00 Speech Therapy \$45.00 Occupational and Physical Therapy \$45.00 Decupational and Physical Therapy \$45.00 Preventive Care/Screening/Immunization 100% Laboratory Outpatient and Professional Services \$2 X-rays and Diagnostic Imaging \$50.00 Skilled Nursing Facility \$250.00 Outpatient And Professional Services \$2 Uutpatient And Professional Services \$2 Outpatient And Professional Services \$2 Outpatient And Professional Services \$250.00 Outpatient And Professional Services \$250.00 Outpatient And Professional Services \$250.00 Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$250.00 Outpatient Surgery Physician/Surgical Services \$2 Drugs \$10 Preferred Brand Drugs \$10 Non-Preferred Brand Drugs \$10.00 Set a Maximum on Specialty Rx Coinsurance Payments? \$100.00 Plan Description: Name:					¢00.00	-				
Services		•			390.00	······································				<u> </u>
Imaging (CT/PET Scans, MRIs) V S250.00 Speech Therapy S45.00 V Occupational and Physical Therapy S45.00 V Preventive Care/Screening/Immunization 100% S000 V Laboratory Outpatient and Professional Services V V V V-rays and Diagnostic Imaging V S50.00 V Skilled Nursing Facility V S500.00 V Outpatient Facility Fee (e.g., Ambulatory Surgery Center) V S500.00 V Outpatient Surgery Physicia/Surgical Services V V V Preferred Brand Drugs All All All All Options for Additional Benefit Design Limits: V S10.00 V V Set a Maximum on Specialty Rx Colnsurance Payments? Plan HIOS ID: 757530 V V V Set a Maximum Number of Days for Charging an IP Copay? #Days (1-10): Z021_1j Z021_1j Z021_1j					\$90.00					
Speech Therapy					\$250.00					~
Occupational and Physical Therapy Image: State of the state of						-				
Occupational and Physical Therapy 100% \$0.00 Laboratory Outpatient and Professional Services 0 100% \$0.00 Stilled Nursing Facility 0 \$50.00 0 Outpatient Facility Fee (e.g., Ambulatory Surgery Center) 0 \$250.00 0 Outpatient Surgery Physician/Surgical Services 0 \$250.00 0 Outpatient Surgery Physician/Surgical Services 0 \$250.00 0 Freferred Brand Drugs 0 \$10.00 0 Freferred Brand Drugs 0 \$300.00 0 Specialty Drugs (i.e. high-cost) 0 \$300.00 0 Options for Additional Benefit Design Limits: Plan Description: Name: CC-EQ Plan HIOS ID: 75730 2021_1 1 1 Begin Primary Care Cost-Sharing After a Set Number of Visits? 1 2021_1 2021_1	Specer melopy									
Improventive Care/Screening/Immunization Image: constant of the second seco	Occupational and Physical Therapy				\$45.00					
Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging X-rays and Diagnostic Imaging Stilled Mursing Facility Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physician/Surgical Services Drugs Outpatient Surgery Physician/Surgical Services Outpatient Generics Second Professional Services Non-Preferred Brand Drugs Specialty Professional Services Options for Additional Benefit Design Limits: Sec al Maximum on Specialty Rx Coinsurance Payments? 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?				100%	\$0.00					
X-rays and Diagnostic Imaging S50.00 Skilled Nursing Facility S500.00 Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Image: S500.00 Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Image: S500.00 Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Image: S500.00 Outpatient Surgery Physician/Surgical Services Image: S500.00 Preferred Brand Drugs Image: S500.00 Non-Preferred Brand Drugs Image: S500.00 Specialty Roc (i.e. high-cost) Image: S500.00 Options for Additional Benefit Design Limits: Plan Description: Set a Maximum on Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay? Begin Primary Care Cost-Sharing After a Set Number of Visits? Image: CC-EQ			~							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Image: Second Surgery Physician/Surgical Services Outpatient Surgery Physician/Surgical Services Image: Second Surgery Physician/Surgical Services Outpatient Surgery Physician/Surgical Services Image: Second Surgery Physician/Surgical Services Outpatient Surgery Physician/Surgical Services Image: Second Surgery Physician/Surgical Services Outpatient Surgery Physician/Surgical Services Image: Second Surgery Physician/Surgery Phys	X-rays and Diagnostic Imaging				\$50.00					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Image: Second Surgery Physician/Surgical Services Outpatient Surgery Physician/Surgical Services Image: Second Surgery Physician/Surgical Services Outpatient Surgery Physician/Surgical Services Image: Second Surgery Physician/Surgical Services Outpatient Surgery Physician/Surgical Services Image: Second Surgery Physician/Surgical Services Outpatient Surgery Physician/Surgical Services Image: Second Surgery Physician/Surgery Phys	Skilled Nursing Facility	•			\$500.00					2
Outpatient Surgery Physician/Surgical Services Image: C-EQ Drugs Image: C-EQ Specialty Projective Maximum Plan Description: Set a Maximum Number of Days for Charging an IP Copary Image: C-EQ Begin Primary Care Cost-Sharing After a Set Number of Visits? Image: Cost-Sharing After a Set Number of Visits?	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$250.00					~
Options for Additional Benefit Design Limits: All All All All All Specialty Drugs Image: All Imag										
Generics										
Preferred Brand Drugs Image: Strain					¢10.00					
Specialty Drugs (i.e. high-cost) Y \$100.00 Options for Additional Benefit Design Limits: Plan Description: Set a Maximum on Specialty Rx Coinsurance Payments? Name: Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: Segin Primary Care Cost-Sharing After a Set Number of Visits? 2021_1j			<u>H</u>							
Specialty Drugs (i.e. high-cost) Y \$100.00 Options for Additional Benefit Design Limits: Plan Description: Set a Maximum on Specialty Rx Coinsurance Payments? Name: Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: Segin Primary Care Cost-Sharing After a Set Number of Visits? 2021_1j										
Options for Additional Benefit Design Limits: Plan Description: Set a Maximum on Specialty Rx Coinsurance Payments? Name: CC-EQ. Specialty Rx Coinsurance Maximum: Plan HIGS ID: 7573DC0010078-01 Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: 75733 Begin Primary Care Cost-Sharing After a Set Number of Visits? 2021_1j										•
Set a Maximum on Specialty Rx Coinsurance Payments? Name: CC-EQ. Specialty Rx Coinsurance Maximum: Plan HIOS ID: 75753DC0010078-01 Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: 75753 # Days (1-10): 2021_1j				Plan Description						
Specialty Rx Coinsurance Maximum: Plan HIOS ID: 75753DC0010078-01 Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: 75753 #Days (1-10): #Days (1-10): 2021_1j		Π	7	•						
Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: 75753 # Days (1-10): 2021_1j						78-01				
# Days (1-10): 2021_1j Begin Primary Care Cost-Sharing After a Set Number of Visits?			-							
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
		Π								
	# Visits (1-10):									
Begin Primary Care Deductible/Coinsurance After a Set Number of			1							
Copays?	÷ ,									
# Copays (1-10):										
Output	Output		-							

Calculate Ca Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful. 69.97%

0.0469 seconds

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).

Tier 1 Tier 2 Copay applies only after deductible?

All

Additional Notes: Calculation Time: Final 2021 AV Calculator

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption	
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?		
Apply Skilled Nursing Facility Copay per Day?		Appual Contril	oution Amount:		1st ⁻	Tier Utilization:		
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	Jution Amount.		2nd	Tier Utilization:		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•		•	
Desired Metal Tier	Silver 💌							
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$5,000.00	\$250.00						
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%						
MOOP (\$)	\$8,5	50.00						
MOOP if Separate (\$)								
Click Here for Important Instructions		Tie						
		lie	r1			TI	ier 2	
Tuno of Popofit	Subject to	Subject to	r 1 Coinsurance, if	Copay, if	Subject to	Ti Subject to	Coinsurance, if	Copay, if
Type of Benefit	Subject to Deductible?			Copay, if separate	Subject to Deductible?	Subject to	-	Copay, if separate
Type of Benefit Medical		Subject to	Coinsurance, if	• •		Subject to	Coinsurance, if	
	Deductible?	Subject to Coinsurance?	Coinsurance, if	• •	Deductible?	Subject to Coinsurance?	Coinsurance, if	
Medical	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if	
Medical Emergency Room Services	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate \$350.00	Deductible?	Subject to Coinsurance?	Coinsurance, if	
Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate	Deductible?	Subject to Coinsurance?	Coinsurance, if	
Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate \$350.00	Deductible?	Subject to Coinsurance?	Coinsurance, if	
Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate \$350.00 \$45.00 \$90.00	Deductible?	Subject to Coinsurance?	Coinsurance, if	
Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate \$350.00 \$45.00	Deductible?	Subject to Coinsurance?	Coinsurance, if	
Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate \$350.00 \$45.00 \$90.00	Deductible?	Subject to Coinsurance?	Coinsurance, if	
Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Deductible?	Subject to Coinsurance?	Coinsurance, if	separate \$350.00 \$45.00 \$90.00 \$90.00	Deductible?	Subject to Coinsurance?	Coinsurance, if	Copay, if separate

Mental/Behavioral Health and Substance Use Disorder Outpatient			\$90.00			
Services			+			-
Imaging (CT/PET Scans, MRIs)	✓		\$250.00		~	
Speech Therapy			\$45.00			
Occupational and Physical Therapy			\$45.00			
Preventive Care/Screening/Immunization			100% \$0.00			
Laboratory Outpatient and Professional Services		7				
X-rays and Diagnostic Imaging			\$50.00			
Skilled Nursing Facility	•		\$500.00		✓	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~				
Outpatient Surgery Physician/Surgical Services	•	2				
Drugs	🗌 All	AI		All All	All	All
Generics			\$10.00			
Preferred Brand Drugs			\$40.00		✓	
Non-Preferred Brand Drugs	•		\$75.00		✓	
Specialty Drugs (i.e. high-cost)	>		\$100.00		✓	

Plan Description:

Tier 1Tier 2Copay applies only after

deductible?

□ All

•

Specialty Drugs (i.e. high-cost)

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

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

Copays? #Copays (1-10):

Name: CC-EQ. Plan HIOS ID: 75753DC0010078-01 Issuer HIOS ID: 75753 2021_1j

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.

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Output

Error: Result is outside of [-4, +2] percent de minimis variation. 72.68%

Additional Notes:

Calculation Time:

0.0645 seconds

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op	tion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	?		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			lier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Fier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver 🔻			-						
		1 Plan Benefit De		-		2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	\$5,000.00 100.00%	\$250.00 100.00%								
Consurance (%, insurer's cost share) MOOP (\$)		50.00								
MOOP if Separate (\$)	90, J	30.00								
WOOT IT Separate (5)										
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	All	All			All	All			All	All
Emergency Room Services	~			\$350.00					>	
All Inpatient Hospital Services (inc. MH/SUD)				\$500.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_			445.00		_			_	
X-rays)				\$45.00						
Specialist Visit	2			\$90.00					v	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$90.00						
Services				-					_	
Imaging (CT/PET Scans, MRIs)	2			\$500.00					2	
Speech Therapy				\$45.00						
				\$45.00						
Occupational and Physical Therapy		_								
Preventive Care/Screening/Immunization			100%	\$0.00						
Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging				\$50.00					H	
				\$500.00						
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$500.00					v	
Outpatient Surgery Physician/Surgical Services		2								
Drugs	All	All							All	All
Generics				\$10.00						
Preferred Brand Drugs				\$40.00					7	
Non-Preferred Brand Drugs	v			\$75.00					•	
Specialty Drugs (i.e. high-cost)	-			\$100.00					✓	
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	CC-EQ_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	75753DC001007	8-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	75753						
# Days (1-10):		4		2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):	_	4								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		1								

Calculate Status/Error Messages: Actuarial Value: Metal Tier:

Output

Calculation Successful. 69.85%

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

Additional Notes:

0.0488 seconds

Calculation Time: Final 2021 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	Silver 💌	HSA/HRA Employ Annual Contrib	HSA/HRA Options yer Contribution? oution Amount:		Tiered 1st 1 2nd 1	red Network O Network Plan? Fier Utilization: Fier Utilization:		
	-	r 1 Plan Benefit De				2 Plan Benefit I		
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$5,000.00	\$250.00						
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%						
MOOP (\$)	\$8,5	50.00						
MOOP if Separate (\$)								
Click Here for Important Instructions		Tie	r 1			ті	er 2	
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate
Type of Benefit Medical							different	separate
	Deductible?	Coinsurance?			Deductible?	Coinsurance?	different	separate
Medical	Deductible?	Coinsurance?		separate	Deductible?	Coinsurance?	different	separate
Medical Emergency Room Services	Deductible?	Coinsurance?		separate	Deductible?	Coinsurance?	different	separate
Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	Deductible?	Coinsurance?		separate \$350.00	Deductible?	Coinsurance?	different	separate
Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Deductible?	Coinsurance?		separate \$350.00 \$45.00	Deductible?	Coinsurance?	different	separate

Mental/Behavioral Health and Substance Use Disorder Outpatient				\$90.00			
Services				390.00			
Imaging (CT/PET Scans, MRIs)	v			\$500.00		2	
Speech Therapy				\$45.00			
Occupational and Physical Therapy				\$45.00			
Preventive Care/Screening/Immunization			100%	\$0.00			
Laboratory Outpatient and Professional Services		~					
X-rays and Diagnostic Imaging				\$50.00			
Skilled Nursing Facility	v			\$500.00		•	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•					
Outpatient Surgery Physician/Surgical Services	•	2					
Drugs		All			Ali Ali	All	All
Generics				\$10.00			
Preferred Brand Drugs	v			\$40.00		v	
Non-Preferred Brand Drugs	•			\$75.00		✓	
Specialty Drugs (i.e. high-cost)	>			\$100.00		~	
Options for Additional Benefit Design Limits:			Plan Description	:			

Tier 1Tier 2Copay applies only after

deductible?

All

□ All

•

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Consura?
 Copays? # Copays (1-10):

Plan Description: Name: CC-EQ_POST_ Plan HIOS ID: 75753DC0010078-01 Issuer HIOS ID: 75753

2021_1j

Calculate

Status/Error Messages: Actuarial Value: Metal Tier:

Output

Error: Result is outside of [-4, +2] percent de minimis variation. 72.47%

Additional Notes:

Calculation Time: Final 2021 AV Calculator 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.

0.0566 seconds

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	•
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:			1st T	ier Utilization:	53%
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	button Amount:		2nd 1	ier Utilization:	47%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•		
Desired Metal Tier	Silver 💌						
	Tier	1 Plan Benefit De	esign		Tier	Design	
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)	\$6,750.00	\$250.00			\$6,750.00	\$250.00	
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%			70.00%	100.00%	
MOOP (\$)	\$8,5	50.00			\$8,5	50.00	
MOOP if Separate (\$)							
Click Here for Important Instructions		Tie	r 1			Ti	er 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if
rype of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different

	Deductible?	Coinsurance?	amerent	separate	Deductible?	coinsurance?	amerent	separate	deduct	
Medical	All 🗌	All			All	🗌 Ali			All	
Emergency Room Services	V			\$350.00	>			\$350.00	V	•
All Inpatient Hospital Services (inc. MH/SUD)	>	~			~	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		v	100%			•	100%			
X-rays)			100%				100%			
Specialist Visit				\$72.85				\$100.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient		G	100%				100%			
Services		~	100%			•	100%			
Imaging (CT/PET Scans, MRIs)	v	~			~	v				
Speech Therapy	v	2			v	2				
		~				~				
Occupational and Physical Therapy					_					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		•	100%			•	100%			
X-rays and Diagnostic Imaging				\$120.00				\$120.00		
Skilled Nursing Facility	I	I			I	.				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•				•				
Outpatient Surgery Physician/Surgical Services	•	•			I	•				
Drugs	All	All			All	🗌 Ali			All	All
Generics				\$5.00				\$5.00		
Preferred Brand Drugs	v			\$40.00	v			\$40.00	2	2
Non-Preferred Brand Drugs	•			\$75.00	v			\$75.00	•	~
Specialty Drugs (i.e. high-cost)	>			\$100.00	>			\$100.00	>	•
Options for Additional Benefit Design Limits:			Plan Description:							

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

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

Copays? # Copays (1-10): Output

Name: CC-ER Plan HIOS ID: 75753DC0010075-01 Issuer HIOS ID: 75753 2021_1j

Calculate Status/Error Messages: Actuarial Value:

Error: Result is outside of [-4, +2] percent de minimis variation. 72.13%

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.

Tier 1Tier 2Copay applies only after

Copay, if

Calculation Time:

0.0957 seconds

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?		ŀ	HSA/HRA Options		Tie	red Network O	ption	
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Tiered	Network Plan?	~	
Apply Skilled Nursing Facility Copay per Day?		Annual Cantaile	oution Amount:		1st 1	lier Utilization:	53%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:		2nd 1	Fier Utilization:	47%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silver 👻							
	Tier	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit D	Design	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)	\$6,750.00	\$250.00			\$6,750.00	\$250.00		
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%			70.00%	100.00%		
MOOP (\$)	\$8,5	50.00			\$8,5	50.00		
MOOP if Separate (\$)								
Click Here for Important Instructions		Tie	r 1			Tie	er 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if
Type of Benefic	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate
Medical	🗌 All	🗌 All			All	All		
Medical Emergency Room Services		All		\$350.00	•	All		\$350.00
								·
Emergency Room Services	I		100%		.		100%	
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)			100%		•		100%	·
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	I		100%		.		100%	·
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		- - - -		\$350.00				\$350.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit			100%	\$350.00			100%	\$350.00
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient		- - - -		\$350.00				\$350.00

I	v			I	2				
•	V			•	•				
		100%	\$0.00			100%	\$0.00		
	•	100%			✓	100%			
			\$120.00				\$120.00		
.	2			I					
•	•	52%		•	•	52%			
I	2			-					
🗌 All	🗌 All			🗌 All					All
			\$5.00				\$5.00		
v			\$40.00	Z			\$40.00	Y	✓
•			\$75.00	✓			\$75.00	Y	✓
~			\$100.00	>			\$100.00	7	<
			V V Image: Constraint of the second	V V Image:	V V Image: Constraint of the state of	V V V V Image: Constraint of the state	V V V Image: Constraint of the	V V V V Image: Constraint of the con	V V V V 100% \$100% 100% \$0.00 V 100% 0 100% V 100% 0 \$10.00 V 100% 0 \$10.00 V 100% 0 \$10.00 V V V 0 V V V 0 V V V 0 All All All V \$40.00 V V \$40.00 V V \$575.00 V

Specialty Drugs (i.e. high-cost)

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Consura?
 Copays? # Copays (1-10):

Plan Description: Name: CC-ER_POST_ Plan HIOS ID: 75753DC0010075-01 Issuer HIOS ID: 75753

2021_1j

Calculate Status/Error Messages: Actuarial Value:

Metal Tier: Additional Notes:

Output

Calculation Successful. 71.85%

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).

Tier 1Tier 2Copay applies only after

deductible?

□ All

□ AII ☑

Calculation Time:

0.1035 seconds

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~	H	ISA/HRA Options		Tier	red Network Op	tion
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Tiered	Network Plan?	>
Apply Skilled Nursing Facility Copay per Day?	Annual Contribution Amount:			1st T	ier Utilization:	58%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	ution Amount:		2nd T	ier Utilization:	42%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver 👻						
	Ti -	101 0 (10	-				
	ne	r 1 Plan Benefit De	sign		lier	2 Plan Benefit D	esign
	Medical	Drug	Sign Combined		Medical	Drug	combined
Deductible (\$)			. 0		-		
Deductible (\$) Coinsurance (%, Insurer's Cost Share)			Combined		-		Combined
	Medical		Combined \$2,000.00		-		Combined \$2,000.00
Coinsurance (%, Insurer's Cost Share)	Medical		Combined \$2,000.00 100.00%		-		Combined \$2,000.00 100.00%

Click Here for Important Instructions		Tie	r 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical		All								All
Emergency Room Services	I			\$500.00	2			\$500.00	2	_
All Inpatient Hospital Services (inc. MH/SUD)	•			\$1,000.00	✓			\$1,000.00	•	~
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$30.00				\$60.00		
X-rays)				330.00				300.00		
Specialist Visit				\$87.42				\$120.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$60.00				¢c0.00	_	
Services				\$60.00				\$60.00		
Imaging (CT/PET Scans, MRIs)				\$500.00				\$500.00		
Speech Therapy				\$60.00				\$60.00		
				\$60.00				\$60.00		
Occupational and Physical Therapy				\$60.00				\$60.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		•				•				
X-rays and Diagnostic Imaging				\$50.00				\$50.00		
Skilled Nursing Facility	•			\$1,000.00	•			\$1,000.00	I	•
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$500.00				\$500.00		
Outpatient Surgery Physician/Surgical Services	•	2			2	•				
Drugs	All	🗌 All			🖌 All				🗌 All	
Generics	K			\$10.00	>			\$10.00	K	>
Preferred Brand Drugs	I	•	50%			•	50%			
Non-Preferred Brand Drugs	•	•	50%		•	•	50%			
Specialty Drugs (i.e. high-cost)	•	-	50%		-	-	50%			
Options for Additional Benefit Design Limits:			Plan Description:							
			•							

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Consura?
 Copays? # Copays (1-10):

Name: CC-ES Plan HIOS ID: 75753DC0030004-01 Issuer HIOS ID: 75753 2021_1j

Calculate Status/Error Messages: Actuarial Value:

Output

Metal Tier: Additional Notes: Calculation Successful. 70.99%

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

Calculation Time:

0.0898 seconds

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~	1	HSA/HRA Options		Tier	ed Network O	ption
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiered N	letwork Plan?	>
Apply Skilled Nursing Facility Copay per Day?	Annual Contribution Amount:			1st Ti	er Utilization:	58%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	2nd Ti	er Utilization:	42%		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver 👻						
	Tie	r 1 Plan Benefit De	sign		Tier 2	Plan Benefit	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$2,000.00				\$2,000.00
Coinsurance (%, Insurer's Cost Share)			100.00%				100.00%
MOOP (\$)			\$8,550.00				\$8,550.00
MOOP if Separate (\$)							

Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies deduct	
Medical		All								
Emergency Room Services	•			\$500.00	•			\$500.00	✓	~
All Inpatient Hospital Services (inc. MH/SUD)	>	✓	100%		~	✓	100%			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$30.00				\$60.00		
Specialist Visit				\$87.42				\$120.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$60.00				\$60.00		
Imaging (CT/PET Scans, MRIs)				\$500.00				\$500.00		
Speech Therapy				\$60.00				\$60.00		
Occupational and Physical Therapy				\$60.00				\$60.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		•				•				
X-rays and Diagnostic Imaging				\$50.00				\$50.00		
Skilled Nursing Facility	•			\$1,000.00	v			\$1,000.00	 Image: A start of the start of	•
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			•	•				
Outpatient Surgery Physician/Surgical Services	2	~			•	•				
Drugs	🖌 All	All			🖌 All	All			🗌 All	🗌 All
Generics	>			\$10.00	•			\$10.00	•	•
Preferred Brand Drugs	V	2	50%		I	•	50%			
Non-Preferred Brand Drugs	•	•	50%		~	•	50%			
Specialty Drugs (i.e. high-cost)	>	~	50%		>	~	50%			
Options for Additional Benefit Design Limits:			Plan Description:							

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Conavs?
 Copays? #Copays (1-10):

 Plan Description:

 Name:
 CC-ES

 Plan HIOS ID:
 75753DC0030004-01

 Issuer HIOS ID:
 75753

 2021_1j

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.

Calculate

Status/Error Messages: Actuarial Value: Metal Tier:

Output

Error: Result is outside of [-4, +2] percent de minimis variation. 73.93%

Additional Notes:

0.1035 seconds

Calculation Time: Final 2021 AV Calculator

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~	ŀ	ISA/HRA Options		Tier	red Network Op	tion
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Tiered	Network Plan?	>
Apply Skilled Nursing Facility Copay per Day?	Annual Contribution Amount:			1st T	ier Utilization:	58%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	ution Amount:		2nd T	ier Utilization:	42%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver 👻						
	Tie	r 1 Plan Benefit De	eian		Tior	2 Plan Benefit D	
		I I Flan benefit De	SIGIT		ner a	z Flan benefit D	esign
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			. 0		-		
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	Medical		Combined		-		Combined
	Medical		Combined \$2,000.00		-		Combined \$2,000.00
Coinsurance (%, Insurer's Cost Share)	Medical		Combined \$2,000.00 100.00%		-		Combined \$2,000.00 100.00%

Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	only after
□ All ▼		different							
2	All		separate		Coinsurance?	different	separate	deducti	
			\$500.00	I			\$500.00	>	
~			\$1,000.00	•			\$1,000.00	>	✓
			\$30.00				\$60.00		
			\$87.42				\$120.00		
			\$60.00				\$60.00		
v			\$750.00	•			\$750.00	2	•
			\$60.00				\$60.00		
			\$60.00				\$60.00		
		100%	\$0.00			100%	\$0.00		
	•				~				
			\$75.00				\$75.00		2
•			\$1,000.00	•			\$1,000.00	2	✓
•			\$654.72	•			\$654.72	V	•
	•			N	•				
	All								
			\$10.00				\$10.00	2	<
2	2	50%		2	2	50%			
-	~	50%		~	-	50%			
~	~	50%		>	~	50%			
		Plan Description:							
				□ \$30.00 □ \$87.42 □ \$60.00 ♥ \$750.00 \$60.00 \$60.00 ♥ \$750.00 \$60.00 \$60.00 ♥ \$60.00 ♥ \$60.00 ♥ \$60.00 ♥ \$60.00 ♥ \$50.00 ♥ \$50.00 ♥ \$1000 \$1000 \$10.00 ♥ \$10.00.00 ♥ \$10.00.00 ♥ \$10.00 ♥ \$10.00 ♥ \$0% ♥ \$0%					

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Consura?
 Copays? # Copays (1-10):

 Plan HOS ID:
 757530C030004-01

 Issuer HIOS ID:
 757533

 2021_1j
 2021_1j

Calculate Status/Error Messages: Actuarial Value:

Output

Metal Tier: Additional Notes: Calculation Successful. 70.27%

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:

0.0801 seconds

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~	H	ISA/HRA Options		Tier	ed Network O	ption
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiered N	letwork Plan	 Image: A state of the state of
Apply Skilled Nursing Facility Copay per Day?	Annual Contribution Amount:			1st Ti	er Utilization	58%	
Use Separate MOOP for Medical and Drug Spending?		2nd Ti	er Utilization	42%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver 💌						
	Tie	r 1 Plan Benefit De	sign		Tier 2	Plan Benefit	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$2,000.00				\$2,000.00
Coinsurance (%, Insurer's Cost Share)			100.00%				100.00%
Consurance (%, insurer's Cost share)							
MOOP (\$)			\$8,550.00				\$8,550.00

Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies deduct	ible?
Medical	All 🗌	All			All					
Emergency Room Services	✓			\$500.00				\$500.00	✓	~
All Inpatient Hospital Services (inc. MH/SUD)	>	✓	100%		~	✓	100%			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$30.00				\$60.00		
Specialist Visit				\$87.42				\$120.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$60.00				\$60.00		
Imaging (CT/PET Scans, MRIs)	•			\$750.00	I			\$750.00	v	2
Speech Therapy				\$60.00				\$60.00		
Occupational and Physical Therapy				\$60.00				\$60.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		•				•				
X-rays and Diagnostic Imaging	Y			\$75.00	•			\$75.00		2
Skilled Nursing Facility	•			\$1,000.00	v			\$1,000.00	 Image: A start of the start of	~
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			•	~				
Outpatient Surgery Physician/Surgical Services	•	~			•	•				
Drugs	🖌 All	All			🖌 All	🗌 All			🗌 All	All
Generics	V			\$10.00	~			\$10.00	~	~
Preferred Brand Drugs	2	2	50%		.		50%			
Non-Preferred Brand Drugs	V	✓	50%		~	•	50%			
Specialty Drugs (i.e. high-cost)	Y	~	50%		>	>	50%			
Options for Additional Benefit Design Limits:			Plan Description:							

 Specialty Drugs (i.e. high-cost)

 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?

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

 # Visits (1-10):

 Begin Primary Care Deductible/Coinsurance After a Set Number of Conavs?
 Copays? #Copays (1-10):

 Plan HOS ID:
 757530C030004-01

 Issuer HIOS ID:
 757533

 2021_1j
 2021_1j

Calculate

Status/Error Messages: Actuarial Value: Metal Tier:

Output

Error: Result is outside of [-4, +2] percent de minimis variation. 73.13%

Additional Notes:

Calculation Time: Final 2021 AV Calculator 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. 0.1094 seconds

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tier	ption	
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiered N	letwork Plan?	V
Apply Skilled Nursing Facility Copay per Day?	Annual Contribution Amount:				1st Tier Utilization: 58		
Use Separate MOOP for Medical and Drug Spending?		2nd Ti	er Utilization:	42%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver 👻						
	Tie	r 1 Plan Benefit De	esign		Tier 2	Plan Benefit	Design
	Tie Medical	r 1 Plan Benefit De Drug	esign Combined		Tier 2 Medical	Plan Benefit Drug	Design Combined
Deductible (\$)	Medical	1					
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	Medical	1	Combined				Combined
	Medical	1	Combined \$2,500.00				Combined \$2,500.00
Coinsurance (%, Insurer's Cost Share)	Medical	1	Combined \$2,500.00 100.00%				Combined \$2,500.00 100.00%

Click Here for Important Instructions		Tie	er 1		Tier 2				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies					
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct					
Medical	✓ All	All			🖌 All									
Emergency Room Services	•			\$350.00	✓			\$350.00	✓	•				
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	~			\$500.00	~	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	•			\$30.00	•			\$60.00	~	~				
X-rays)														
Specialist Visit	2			\$72.85	2			\$100.00	v	2				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$60.00	~			\$60.00						
		2				I			— — — — — — — — — — — — — — — — — — —					
Imaging (CT/PET Scans, MRIs)														
Speech Therapy	2			\$60.00	2			\$60.00	2	v				
Occupational and Physical Therapy	V			\$60.00	~			\$60.00	~	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00						
Laboratory Outpatient and Professional Services	•	•			~	•								
X-rays and Diagnostic Imaging	•	2			•	•								
Skilled Nursing Facility	2			\$500.00	•			\$500.00	.	•				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•			•	✓								
Outpatient Surgery Physician/Surgical Services	Y	2			•	2								
Drugs	✓ All	All			🖌 All				▼ All	🖌 All				
Generics	V			\$10.00	>			\$10.00	K	>				
Preferred Brand Drugs	2			\$40.00	2			\$40.00	v	v				
Non-Preferred Brand Drugs	•			\$75.00	•			\$75.00	•	•				
Specialty Drugs (i.e. high-cost)	Y			\$100.00	>			\$100.00	~	7				

 Plan Description:

 Name:
 CC-NJ

 Plan HIOS ID:
 75753DC0010083-01

 Issuer HIOS ID:
 75753

 2021_1j
 2021_1j
 Plan Description:

Calculate Cal Status/Error Messages: Actuarial Value: Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Error: Result is outside of [-4, +2] percent de minimis variation. 72.75%

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.1074 seconds

User Inputs for Plan Parameters									
Use Integrated Medical and Drug Deductible?	✓	H	HSA/HRA Options			Tiered Network Option			
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiered Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib		1st Ti	er Utilization	58%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	ution Amount:		2nd Ti	er Utilization	42%		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?									
Desired Metal Tier	Silver 👻								
	Tie	r 1 Plan Benefit De		Tier 2	Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined		
Deductible (\$)			\$2,500.00				\$2,500.00		
Coinsurance (%, Insurer's Cost Share)			100.00%				100.00%		
MOOP (\$)			\$7,000.00				\$7,000.00		
MOOP if Separate (\$)									

Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies deduct	
Medical	▼ All	All			🖌 All	🗌 All			🗌 All	
Emergency Room Services	✓			\$350.00	✓			\$350.00	~	•
All Inpatient Hospital Services (inc. MH/SUD)	Y	~	100%		~	~	100%			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•			\$30.00	•			\$60.00	~	V
Specialist Visit	2			\$72.85	I			\$100.00	v	v
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•			\$60.00	•			\$60.00	~	7
Imaging (CT/PET Scans, MRIs)	•	2				•				
Speech Therapy	V			\$60.00	v			\$60.00	v	2
Occupational and Physical Therapy	•			\$60.00	•			\$60.00	~	Y
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	✓			~	~				
X-rays and Diagnostic Imaging	Y	2			I	2				
Skilled Nursing Facility	2			\$500.00	•			\$500.00	I	•
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	◄	•			•	◄				
Outpatient Surgery Physician/Surgical Services	~	2			2	•				
Drugs	▼ All	All			🖌 All				🖌 All	🖌 Ali
Generics	V			\$10.00	~			\$10.00	~	•
Preferred Brand Drugs	2			\$40.00	I			\$40.00	2	2
Non-Preferred Brand Drugs	V			\$75.00	•			\$75.00	~	•
Specialty Drugs (i.e. high-cost)	Y			\$100.00	>			\$100.00	>	7

Plan Description:
 Plan HOS ID:
 757530C010083-01

 Issuer HIOS ID:
 75753

 2021_1j
 1

Calculate Error: Result is outside of [-4, +2] percent de minimis variation. 72.98%

Cal Status/Error Messages: Actuarial Value: Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.1113 seconds

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~		Tiered Network Option				
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiered N	Network Plan?	>
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib		1st Ti	ier Utilization:	58%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contrit	button Amount:		2nd Ti	ier Utilization:	42%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver 👻						
	Tier 1 Plan Benefit Design						
	Tie	r 1 Plan Benefit De	esign		Tier 2	Plan Benefit I	Design
	Tie Medical	r 1 Plan Benefit De Drug	combined		Tier 2 Medical	Plan Benefit I Drug	Design Combined
Deductible (\$)		1					
Deductible (\$) Coinsurance (%, Insurer's Cost Share)		1	Combined				Combined
		1	Combined \$2,500.00				Combined \$2,500.00
Coinsurance (%, Insurer's Cost Share)	Medical	1	Combined \$2,500.00 100.00%				Combined \$2,500.00 100.00%

Click Here for Important Instructions		Tie	r 1		Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	
	Deductible?	Coinsurance?	different	separate			different	separate	deduct	
Medical	✓ All	All			🗸 Ali					
Emergency Room Services	•			\$350.00	v			\$350.00	✓	•
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	~			\$500.00	~	✓
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$30.00	~			\$60.00	~	Y
Specialist Visit	•			\$72.85	?			\$100.00	✓	✓
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•			\$60.00	7			\$60.00	~	7
Imaging (CT/PET Scans, MRIs)	•	2	46%	\$350.00	•	•	46%	\$350.00		
Speech Therapy	I			\$60.00	v			\$60.00	v	2
Occupational and Physical Therapy	Y			\$60.00	•			\$60.00	V	•
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	~			~	~				
X-rays and Diagnostic Imaging	•	2			•	2				
Skilled Nursing Facility	I			\$500.00				\$500.00	✓	v
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•	34%	\$350.00	•	•	34%	\$350.00		
Outpatient Surgery Physician/Surgical Services	•	2			•	•				
Drugs	🖌 All	All			🖌 All	🗌 All			🖌 All	🖌 All
Generics	>			\$10.00	>			\$10.00	>	>
Preferred Brand Drugs	2			\$40.00	•			\$40.00	v	2
Non-Preferred Brand Drugs	•			\$75.00	~			\$75.00	✓	~
Specialty Drugs (i.e. high-cost)	Y			\$100.00	•			\$100.00	>	~
Options for Additional Benefit Design Limits:			Plan Description:							

 Plan HOS ID:
 757530C001083-01

 Issuer HIOS ID:
 757533

 2021_1j
 2021_1j

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Calculation Successful. 69.39%

Additional Notes:

50-50-70 Silver NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0996 seconds

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?	~	Tiered Network Option						
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered N	letwork Plan?	•	
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:				1st Tier Utilization:		
Use Separate MOOP for Medical and Drug Spending?		Annual Contrit	button Amount:		2nd Ti	er Utilization:	42%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silver 💌							
	Tie	r 1 Plan Benefit De	esign		Tier 2	Plan Benefit D	esign	
	Tie Medical	r 1 Plan Benefit De Drug	combined		Tier 2 Medical	Plan Benefit D Drug	esign Combined	
Deductible (\$)	Medical	1						
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	Medical	1	Combined				Combined	
	Medical	1	Combined \$2,500.00				Combined \$2,500.00	
Coinsurance (%, Insurer's Cost Share)	Medical	1	Combined \$2,500.00 100.00%				Combined \$2,500.00 100.00%	

Click Here for Important Instructions		Tie	er 1		Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	
Medical	IIA 💟	All			🖌 All					
Emergency Room Services	I			\$350.00	•			\$350.00	2	✓
All Inpatient Hospital Services (inc. MH/SUD)	~			\$500.00	~			\$500.00	✓	~
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~			\$30.00	~			\$60.00	~	~
X-rays)	~			\$30.00	⊻			300.00	×	
Specialist Visit	I			\$72.85	v			\$100.00	v	✓
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$60.00				\$60.00	~	
Services	•			\$60.00	•			\$60.00	2	•
Imaging (CT/PET Scans, MRIs)	•	v	46%	\$350.00	~	•	46%	\$350.00		
Speech Therapy	~			\$60.00	v			\$60.00	7	7
	v			\$60.00	~			\$60.00	~	I
Occupational and Physical Therapy				300.00				300.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	✓			~	-				
X-rays and Diagnostic Imaging	•	I			.	•				
Skilled Nursing Facility	.			\$500.00	.			\$500.00	2	•
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•			~	•				
Outpatient Surgery Physician/Surgical Services	v	2			•	•				
Drugs	🖌 All	🗌 All			✓ All				✓ All	🖌 All
Generics	>			\$10.00	K			\$10.00	<	>
Preferred Brand Drugs	v			\$40.00	•			\$40.00	2	2
Non-Preferred Brand Drugs	•			\$75.00	✓			\$75.00	•	✓
Specialty Drugs (i.e. high-cost)	>			\$100.00	>			\$100.00	~	•
Options for Additional Benefit Design Limits:			Plan Description:							

 Plan HOS ID:
 757530C001083-01

 Issuer HIOS ID:
 757533

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Non-Preferred Brano Crugs Specialty Orugs (i.e. high-cost) Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments? 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):

Output
Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful. 71.95%

Silver NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.0938 seconds

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	~	Tiered Network Option					
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiered N	letwork Plan	~
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib		1st Ti	er Utilization	58%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	ution Amount:		2nd Ti	er Utilization	42%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver 🔻						
	Tier	r 1 Plan Benefit De	sign		Tier 2	Plan Benefit	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$2,500.00				\$2,500.00
			100.00%				100.00%
Coinsurance (%, Insurer's Cost Share)							
Coinsurance (%, Insurer's Cost Share) MOOP (\$)			\$7,000.00				\$7,000.00

Click Here for Important Instructions		Tie	er 1		Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?		Coinsurance, if different	Copay, if separate	Copay applies deduct	
Medical	✓ All	🗌 All			🖌 All					
Emergency Room Services	✓			\$350.00	•			\$350.00	✓	•
All Inpatient Hospital Services (inc. MH/SUD)	Y	~	100%		~	•	100%			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•			\$30.00	Y			\$60.00	7	7
Specialist Visit	I			\$72.85	I			\$100.00	I	2
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•			\$60.00	v			\$60.00	~	•
Imaging (CT/PET Scans, MRIs)	•	v	46%	\$350.00	✓	•	46%	\$350.00		
Speech Therapy	V			\$60.00	2			\$60.00	2	2
Occupational and Physical Therapy	¥			\$60.00	V			\$60.00	~	V
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•	~			~	•				
X-rays and Diagnostic Imaging	•	2				•				
Skilled Nursing Facility	•			\$500.00	I			\$500.00	v	v
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•	34%	\$350.00	~	•	34%	\$350.00		
Outpatient Surgery Physician/Surgical Services	•	2				2				
Drugs	🖌 All	All			🖌 All				🖌 Ali	✓ All
Generics	>			\$10.00	•			\$10.00	•	•
Preferred Brand Drugs	2			\$40.00	I			\$40.00	v	2
Non-Preferred Brand Drugs	•			\$75.00	~			\$75.00	•	✓
Specialty Drugs (i.e. high-cost)	7			\$100.00	>			\$100.00	v	~
Options for Additional Benefit Design Limits:		-	Plan Description:							

 Plan HOS ID:
 757530C001083-01

 Issuer HIOS ID:
 757533

 2021_1j
 2021_1j

Calculate Status/Error Messages: Actuarial Value:

Metal Tier:

Output

Calculation Successful. 69.46%

Additional Notes:

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

0.1016 seconds

Calculation Time: Final 2021 AV Calculator

User Inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?	~	1	Tiered Network Option					
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?				Tiered Network Plan?			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib			1st Ti	er Utilization:	58%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	ution Amount:		2nd Ti	er Utilization:	42%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silver 👻							
	Tie	r 1 Plan Benefit De	sign		Tier 2	Plan Benefit	Design	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)			\$2,500.00				\$2,500.00	
Coinsurance (%, Insurer's Cost Share)			100.00%				100.00%	
MOOP (\$)			\$7,000.00				\$7,000.00	
MOOP if Separate (\$)								

	Tie	r 1		Tier 2				Tier 1	Tier 2
Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	only after
Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
✓ All	All								AI
v			\$350.00				\$350.00	✓	•
>	•	100%		~	~	100%			
			\$20.00				\$60.00		~
			330.00				300.00	—	
•			\$72.85	~			\$100.00	2	v
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~			\$60.00				\$60.00		~
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			\$10.00				\$10.00		•
2			\$40.00	2			\$40.00	v	2
•			\$75.00	•			\$75.00	•	•
•			\$100.00	-			\$100.00	~	•
	Deductible?	Subject to Deductible? Subject to Coinsurance? V A V - <t< td=""><td>Deductible? Coinsurance? different ✓ AI AI ✓ ✓ 100% ✓ ✓ 100% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td><td>Subject to Deductible? Subject to Coinsurance? Coinsurance, if different Copay, if separate ✓ Image: Amage of the separate S30.00 ✓ Image: Image of the separate S30.00 ✓ S40.00 S40.00 ✓ Image of the separate S60.00 ✓ Image o</td><td>Subject to Deductible? Subject to Coinsurance? Coinsurance, if different Copay, if separate Subject to Deductible? V All All V</td><td>Subject to Deductible? Subject to Coinsurance? Coinsurance, if different Copay, if separate Subject to Deductible? Subject to Deductible? Subject to Deductible? V Image: All all all all all all all all all all</td><td>Subject to Deductible? Subject to Coinsurance? 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Sister Coinsurance?</td><td>Subject to Deductible? Subject to Coinsurance? Coinsurance, if different Copay, if separate Subject to Deductible? Subject to Coinsurance? Coinsurance, if separate Copay, if Deductible? Subject to Coinsurance? Coinsurance, if separate Copay, if separate V Image: All transform V Image: All transform V<!--</td--><td>Subject to Deductible? Subject to Coinsurance, if Coinsurance? Copay, if separate Subject to Deductible? Subject to Coinsurance, if Deductible? Copay, if Coinsurance, if Deductible? Copay, if copay, applies V Image: All State Virtual All State Virtual All State Image: All State</td></td></t<>	Deductible? Coinsurance? different ✓ AI AI ✓ ✓ 100% ✓ ✓ 100% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ 46% ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	Subject to Deductible? Subject to Coinsurance? Coinsurance, if different Copay, if separate ✓ Image: Amage of the separate S30.00 ✓ Image: Image of the separate S30.00 ✓ S40.00 S40.00 ✓ Image of the separate S60.00 ✓ Image o	Subject to Deductible? Subject to Coinsurance? Coinsurance, if different Copay, if separate Subject to Deductible? V All All V	Subject to Deductible? Subject to Coinsurance? Coinsurance, if different Copay, if separate Subject to Deductible? Subject to Deductible? Subject to Deductible? V Image: All	Subject to Deductible? Subject to Coinsurance? Coinsurance, if different Subject to separate Subject to Deductible? Subject to Coinsurance?, if Deductible? Coinsurance, if Deductible? Subject to Coinsurance?, if Deductible? Coinsurance, if Deductible? Subject to Coinsurance?, if Deductible? Coinsurance, if Deductible? Subject to Coinsurance? Coinsurance, if Deductible? Subject to Coinsurance? Coinsurance, if Deductible? V Image: Coinsurance? Mile Image: Coinsurance? Mile Image: Coinsurance? Mile Image: Coinsurance? V Image: Coinsurance? Sister Coinsurance? Mile Image: Coinsurance? Mile Image: Coinsurance? V Image: Coinsurance? Sister Coinsurance? Sister Coinsurance? Mile Image: Coinsurance? V Image: Coinsurance? Sister Coinsurance? Sister Coinsurance? Mile Image: Coinsurance? V Image: Coinsurance? Sister Coinsurance? Sister Coinsurance? Sister Coinsurance? Mile Image: Coinsurance? V Image: Coinsurance? Sister Coinsurance? Sister Coinsurance? Mile Image: Coinsurance? Mile Image: Coinsurance? V Image: Coinsurance? Sister Coinsurance?	Subject to Deductible? Subject to Coinsurance? Coinsurance, if different Copay, if separate Subject to Deductible? Subject to Coinsurance? Coinsurance, if separate Copay, if Deductible? Subject to Coinsurance? Coinsurance, if separate Copay, if separate V Image: All transform V Image: All transform V </td <td>Subject to Deductible? Subject to Coinsurance, if Coinsurance? Copay, if separate Subject to Deductible? Subject to Coinsurance, if Deductible? Copay, if Coinsurance, if Deductible? Copay, if copay, applies V Image: All State Virtual All State Virtual All State Image: All State</td>	Subject to Deductible? Subject to Coinsurance, if Coinsurance? Copay, if separate Subject to Deductible? Subject to Coinsurance, if Deductible? Copay, if Coinsurance, if Deductible? Copay, if copay, applies V Image: All State Virtual All State Virtual All State Image: All State

Calculate

 Non-Preferred Brand Drugs

 Specialty Drugs (i.e. high-cost)

 Options for Additional Benefit Design Umits:

 Set a Maximum on Specialty Rx Coinsurance Payments?

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

 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:
 Plan HOS ID:
 757530C001083-01

 Issuer HIOS ID:
 757533

 2021_1j
 2021_1j

Cal Status/Error Messages: Actuarial Value: Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation. 72.15%

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: Final 2021 AV Calculator

0.1113 seconds