

State: District of Columbia
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: /

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:

State: District of Columbia
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: /

Filing Company: Optimum Choice, Inc.

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: No

Filing Description:

2021 DC SG OCI Rate Filing

Company and Contact

Filing Contact Information

Ryan Morgan, ryan_morgan2@uhc.com
10701 W Research Dr 414-443-4287 [Phone]
Wauwatosa, WI 53226

Filing Company Information

| | | |
|-----------------------------|-------------------------|-----------------------------|
| Optimum Choice, Inc. | CoCode: 96940 | State of Domicile: Maryland |
| 4 Taft Court | Group Code: 707 | Company Type: HMO |
| Rockville, MD 20850 | Group Name: | State ID Number: 96940 |
| (301) 294-1578 ext. [Phone] | FEIN Number: 52-1518174 | |

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

| | | | |
|-----------------------------|---|--------------------------|----------------------------|
| 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: | / | | |

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 #: | 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: | / | | |

Amendment Letter

Submitted Date: 05/05/2020

Comments:

Amending the filing to add rate sheets, as requested by Efren Tanhehco.

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 #: | 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 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: | Written Premium for this Program: | 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% |

State: District of Columbia
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 |
|--------------|-----------------|--------------------|-------------------------|
| HMO | 75753DC001 | | 583 |

Trend Factors: The current annual trend factor is 7.9% The proposed 2021 annual trend factor is 9.0%

FORMS:

New Policy 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.PL16, SBN21.OCI.NET.2018.SG.DC.GO1, SBN21.OCI.NET.2018.SG.DC.GO1ADV, SBN21.OCI.NET.2018.SG.DC.GO8, 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.GO33, 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.SL27, SBN21.OCI.NET.2018.SG.DC.BR4, RID21.PDS.NET.OCI.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.54075, SBN21.RX.NET.OCI.2018.SG.55050%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

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:** /

Annual \$:

Min: 212.72 Max: 1,302.43 Avg: 550.34

| | | | |
|-----------------------------|---|--------------------------|----------------------------|
| 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/Rule Schedule

| Item 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 Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other | | |
| Product Name: | DC-SG-OCI-2021-01 | | |
| Project Name/Number: | / | | |

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

Rate Factors

Exhibit 1

(1) Base Rate: \$791.46

(2) Benefit Plan Ratios

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

| <u>Effective Quarter</u> | <u>Trend</u> |
|--------------------------|--------------|
| 1st Quarter, 2020 | 1.000 |
| 2nd Quarter, 2020 | 1.022 |
| 3rd Quarter, 2020 | 1.044 |
| 4th Quarter, 2020 | 1.067 |

(4) Age Factors

| <u>Age</u> | <u>Factor</u> | <u>Age</u> | <u>Factor</u> | <u>Age</u> | <u>Factor</u> |
|------------|---------------|------------|---------------|------------|---------------|
| 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.

| Product | Plan Name | | SCID | Metal Level | Act'l Value | Plan Ratio | In-Network | | | | | Out-of-Network | | | | |
|---------|-----------|------|-------------------|-------------|-------------|------------|------------|----------|-------|-------------|----------|----------------|--------|-------|-------------|--------|
| | Medical | Rx | | | | | Deductible | | Coins | OOP Maximum | | Deductible | | Coins | OOP Maximum | |
| | | | | | | | Indiv. | Family | | Indiv. | Family | Indiv. | Family | | 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% | \$5,000 | \$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 | \$2,500 | \$5,000 | 100% | \$7,000 | \$14,000 | | | | | |
| HMO | CC-EQ | E54 | 75753DC0010078-01 | Silver 21 | 70.6% | 0.4704 | \$5,000 | \$10,000 | 100% | \$8,550 | \$17,100 | | | | | |
| HMO | CC-ER | E55 | 75753DC0010075-01 | Silver 25 | 71.9% | 0.4976 | \$6,750 | \$13,500 | 70% | \$8,550 | \$17,100 | | | | | |
| HMO | 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 | | | | | |

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

| Product | | | Rx | Current - 4th Quarter 2020 Rate | | | | Proposed - 1st Quarter 2021 Rate | | | % Rate Change 4Q19 to 1Q20 | Year Over Year Rate Change | | | |
|---------|-------|-------|------|---------------------------------|----------------------|----------------------|---------------------------------|----------------------------------|----------------------|-----------------------------|----------------------------------|----------------------------|--------------------|--------------------|--------------------|
| | 2020 | 2021 | | Base Rate (a) | Plan Ratio (b) | EDA Factor (c) | 4Q2019 Rate = (a x b x c) | Index Rate (d) | Plan Ratio (e) | 1Q2021 Rate = (d x e) | | Min: 6.0% | | Max: 21.7% | |
| | | | | | | | | | | | | 1Q20 to 1Q21 | 2Q20 to 2Q21 | 3Q20 to 3Q21 | 4Q20 to 4Q21 |
| HMO | BH-CT | CC-ED | A88L | \$734.80 | 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 | \$734.80 | 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 | \$734.80 | 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 | \$734.80 | 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 | \$734.80 | 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 | \$734.80 | 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 | \$734.80 | 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 | \$734.80 | 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 | \$735.80 | 0.7657 | 1.059 | \$596.46 | \$791.46 | 0.7545 | \$597.17 | 0.1% | 6.0% | 6.3% | 6.5% | 6.8% |
| HMO | BQ-AI | CC-EP | A88L | \$736.80 | 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 | \$737.80 | 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 | \$738.80 | 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 | New Benefit Plan | | | | \$791.46 | 0.6199 | \$490.62 | | | | | |
| HMO | | CC-EH | E57 | New Benefit Plan | | | | \$791.46 | 0.5486 | \$434.17 | | | | | |
| HMO | | CC-EI | E57 | New Benefit Plan | | | | \$791.46 | 0.4758 | \$376.59 | | | | | |
| HMO HSA | | CC-NI | 814 | New Benefit Plan | | | | \$791.46 | 0.6138 | \$485.78 | | | | | |
| HMO | | CC-ES | E58L | New Benefit Plan | | | | \$791.46 | 0.5139 | \$406.75 | | | | | |

New 2021 Benefit Plans

| SCID | Product | Metal Level | Plan 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)

| SCID | Product | Metal Level | 2020 Name | 2021 Name | Benefit Plan Changes | Value of Benefit Change on Rate |
|-------------------|---------|-------------|-----------|-----------|--|---------------------------------|
| 75753DC0010063-01 | HMO | Gold 23 | BQ-AB | CC-EJ | 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 Spec from \$80 to \$100 | 0.6% |
| 75753DC0010064-01 | HMO | Gold 25 | BQ-AC | CC-EK | 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 OOPM from \$7,900/ \$15,800 to \$8,600/\$17,200 | 1.9% |
| 75753DC0010074-01 | HMO | Gold 32 | BQ-AD | CC-EL | 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 INN Ded from \$3000/\$6000 to \$3500/\$7000 | 2.2% |
| 75753DC0010075-01 | HMO | Silver 25 | BQ-AE | CC-ER | 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 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% |
| 75753DC0010042-01 | HMO | Gold 8 | BQ-AF | CC-EM | ER from D+C to \$350 after ded Xray to \$50 from \$60 UC from \$30 to \$60 | 0.6% |
| 75753DC0010056-01 | HMO | Platinum 1 | BQ-AG | CC-EN | ER from \$250 to \$350 UC from \$15 to \$60 | 0.7% |
| 75753DC0010058-01 | HMO | Platinum 4 | BQ-AH | CC-EO | ER from \$250 to \$350 UC from \$25 to \$60 Xray from \$30 to \$50 OOPM from \$5,000/ \$10,000 to \$3,500/ \$7,000 | -3.3% |
| 75753DC0010078-01 | HMO | Silver 21 | BQ-AJ | CC-EQ | X-ray from \$90 to \$50 UC from \$45 to \$60 ER to \$350 after ded from \$500 after ded OOPM from \$7,900/ \$15,000 to \$8,600/ \$17,200 | 0.6% |
| 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% |
| 75753DC0030001-01 | HMO HSA | Gold 1 | BH-CT | CC-ED | INN Ded from \$1400/\$2800 to \$1,600/ \$3,200. INN OOPM from \$3,500/\$7,000 to \$4000/\$8000 | -5.5% |
| 75753DC0030003-01 | HMO HSA | Silver 11 | BQ-AI | CC-EP | 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 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

Exhibit 5

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 | | | |
|-------|-------------|------------|----------|----------|-------------|--------|----------|----------|
| | EE Age | Spouse Age | Child #1 | Child #2 | EE | Spouse | 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

| | Rating Factor | Exhibit 1 Location |
|-----------------------|-----------------------------------|--------------------|
| \$791.46 | Base Rate | (1) |
| 0.5950 | Benefit Plan Ratio (CC-ED w A88L) | (2) |
| 1.000 | EDA Factor (1Q20) | (3) |
| 10.487 | Group Age Factor | (4) |
| <u>\$4,938.29</u> | | |
| Total Monthly Premium | | |

Revenue Neutrality Adjustment from Benefit Plan Resloping to New Pricing Model

Exhibit 6

| License | Plan Name | Product | 2019 | | 2020 | | Current Model | | New Model | | Rate Change by Plan | Revenue Neutral PMPM |
|---------|-----------|---------|---------|---------|-----------|--------|--------------------|--------|--------------------|-------|------------------------|----------------------------|
| | | | Rx Plan | Members | Base Rate | | Plan Ratios & PMPM | | Plan Ratios & PMPM | | | |
| UHC | AT-Y1 | EPO | 575 | 269 | 748.80 | 0.3914 | 293.71 | 0.4429 | 331.68 | 10.0% | 322.38 | |
| UHC | BH-E3 | EPO | 575 | 471 | 748.80 | 0.3905 | 292.38 | 0.4420 | 330.93 | 10.0% | 321.65 | |
| UHC | AT-Y6 | EPO | 723 | 239 | 748.80 | 0.6541 | 489.76 | 0.6777 | 507.44 | 0.7% | 493.21 | |
| UHC | AT-YV | EPO | 593 | 213 | 748.80 | 0.5580 | 417.83 | 0.5992 | 448.71 | 4.4% | 436.13 | |
| UHC | AT-YZ | EPO | 726 | 99 | 748.80 | 0.5504 | 412.10 | 0.5890 | 441.07 | 4.0% | 428.70 | |
| UHC | AT-ZK | EPO | 591 | 723 | 748.80 | 0.6005 | 449.62 | 0.6587 | 493.23 | 6.6% | 479.40 | |
| UHC | AT-ZP | EPO | 591 | 695 | 748.80 | 0.5712 | 427.72 | 0.6139 | 459.70 | 4.5% | 446.81 | |
| UHC | AT-ZT | EPO | 591 | 1691 | 748.80 | 0.6062 | 453.91 | 0.6435 | 481.87 | 3.2% | 468.36 | |
| UHC | BH-E7 | EPO | 813 | 1003 | 748.80 | 0.6830 | 511.43 | 0.6785 | 508.07 | -3.4% | 493.83 | |
| UHC | BH-EZ | EPO | 816 | 861 | 748.80 | 0.6040 | 452.27 | 0.6565 | 491.59 | 5.6% | 477.81 | |
| UHC | BH-FE | EPO | 819 | 1287 | 748.80 | 0.5723 | 428.51 | 0.5899 | 441.71 | 0.2% | 429.33 | |
| UHC | BH-FN | EPO | 816 | 1534 | 748.80 | 0.5788 | 433.41 | 0.5974 | 447.32 | 0.3% | 434.78 | |
| UHC | BH-FR | EPO | 816 | 1959 | 748.80 | 0.6135 | 459.39 | 0.6276 | 469.92 | -0.6% | 456.74 | |
| UHC | BH-FV | EPO | 818 | 972 | 748.80 | 0.5357 | 401.16 | 0.5631 | 421.63 | 2.2% | 409.81 | |
| UHC | AT-Y1 | POS | 726 | 386 | 748.80 | 0.5599 | 419.23 | 0.5988 | 448.35 | 3.9% | 435.78 | |
| UHC | AT-Y7 | POS | 723 | 987 | 748.80 | 0.6609 | 494.85 | 0.6846 | 512.64 | 0.7% | 498.27 | |
| UHC | AT-Y5 | POS | 591 | 6660 | 748.80 | 0.6776 | 507.38 | 0.7267 | 544.16 | 4.2% | 528.91 | |
| UHC | AT-Z1 | POS | 591 | 4777 | 748.80 | 0.5889 | 440.95 | 0.6295 | 471.36 | 3.9% | 458.14 | |
| UHC | AT-ZJ | POS | 591 | 1458 | 748.80 | 0.6631 | 496.52 | 0.7145 | 535.00 | 4.7% | 520.00 | |
| UHC | AT-ZQ | POS | 591 | 1247 | 748.80 | 0.5827 | 436.31 | 0.6256 | 468.44 | 4.4% | 455.30 | |
| UHC | AT-ZU | POS | 591 | 6123 | 748.80 | 0.6171 | 462.11 | 0.6547 | 490.21 | 3.1% | 476.47 | |
| UHC | BH-E4 | POS | 813 | 2877 | 748.80 | 0.6198 | 516.51 | 0.6855 | 513.28 | -3.4% | 498.89 | |
| UHC | BH-E5 | POS | 816 | 2778 | 748.80 | 0.6163 | 500.95 | 0.6690 | 500.52 | 5.5% | 486.30 | |
| UHC | BH-EY | POS | 816 | 4520 | 748.80 | 0.6752 | 505.57 | 0.7242 | 542.27 | 4.3% | 527.07 | |
| UHC | BH-FF | POS | 819 | 1559 | 748.80 | 0.5821 | 435.85 | 0.5999 | 449.23 | 0.2% | 436.64 | |
| UHC | BH-FM | POS | 816 | 2617 | 748.80 | 0.5893 | 441.29 | 0.6082 | 455.44 | 0.3% | 442.67 | |
| UHC | BH-FQ | POS | 816 | 6275 | 748.80 | 0.6238 | 467.08 | 0.6381 | 477.84 | -0.6% | 464.44 | |
| UHC | BH-FS | POS | 818 | 1432 | 748.80 | 0.5451 | 408.19 | 0.5728 | 428.90 | 2.1% | 416.87 | |
| UHC | BH-FX | POS | 816 | 8438 | 748.80 | 0.6019 | 450.72 | 0.6177 | 462.51 | -0.3% | 449.54 | |
| UHC | AT-ZX | EPO | 591 | 465 | 748.80 | 0.7485 | 560.21 | 0.7669 | 574.35 | 4.9% | 558.15 | |
| UHC | AT-ZY | EPO | 010 | 405 | 748.80 | 0.7886 | 590.49 | 0.8047 | 602.58 | -0.8% | 585.68 | |
| UHC | BH-F2 | EPO | 814 | 2190 | 748.80 | 0.7706 | 577.04 | 0.7636 | 571.81 | -3.7% | 555.78 | |
| UHC | BH-F5 | EPO | 820 | 479 | 748.80 | 0.8146 | 609.97 | 0.8048 | 602.62 | -4.0% | 585.72 | |
| UHC | AD-69 | POS | 263 | 0 | 748.80 | 0.8322 | 623.17 | 0.8321 | 623.07 | -2.8% | 605.61 | |
| UHC | AJ-EX | POS | ZV | 0 | 748.80 | 0.7891 | 590.91 | 0.8057 | 603.32 | -0.8% | 586.40 | |
| UHC | AT-YT | POS | 590 | 2651 | 748.80 | 0.7283 | 545.39 | 0.7507 | 562.09 | 0.2% | 546.33 | |
| UHC | AT-ZA | POS | 591 | 821 | 748.80 | 0.8263 | 618.71 | 0.8275 | 619.65 | -2.7% | 602.28 | |
| UHC | AT-ZO | POS | 684 | 8674 | 748.80 | 0.7599 | 568.98 | 0.7788 | 583.13 | -0.4% | 566.78 | |
| UHC | AT-ZR | POS | 010 | 8590 | 748.80 | 0.8008 | 599.63 | 0.8171 | 611.82 | -0.8% | 594.66 | |
| UHC | AT-ZS | POS | 010 | 9795 | 748.80 | 0.7838 | 586.90 | 0.8024 | 600.80 | -0.5% | 583.96 | |
| UHC | BH-E5 | POS | 845 | 6061 | 748.80 | 0.8579 | 642.39 | 0.8380 | 627.47 | -5.1% | 609.88 | |
| UHC | BH-F3 | POS | 820 | 11631 | 748.80 | 0.8267 | 619.05 | 0.8171 | 611.86 | -3.9% | 594.70 | |
| UHC | BH-FW | POS | 814 | 9287 | 748.80 | 0.7822 | 585.74 | 0.7755 | 580.68 | -3.6% | 564.40 | |
| UHC | AT-V2 | EPO | 726 | 45 | 748.80 | 0.4609 | 345.12 | 0.5041 | 377.47 | 6.3% | 366.89 | |
| UHC | AT-V8 | EPO | 726 | 100 | 748.80 | 0.4514 | 337.98 | 0.4976 | 372.52 | 7.2% | 362.17 | |
| UHC | AT-Y8 | EPO | 724 | 43 | 748.80 | 0.5402 | 404.52 | 0.5772 | 432.19 | 3.8% | 420.07 | |
| UHC | AT-YU | EPO | 593 | 89 | 748.80 | 0.4598 | 344.31 | 0.5081 | 380.47 | 7.4% | 369.80 | |
| UHC | AT-ZM | EPO | 593 | 463 | 748.80 | 0.4673 | 349.93 | 0.5129 | 384.07 | 6.7% | 373.30 | |
| UHC | AT-ZW | EPO | 591 | 1281 | 748.80 | 0.5153 | 385.83 | 0.5755 | 430.97 | 8.6% | 418.88 | |
| UHC | BH-FH | EPO | 819 | 444 | 748.80 | 0.4723 | 353.66 | 0.4981 | 372.97 | 2.5% | 362.51 | |
| UHC | BH-FY | EPO | 818 | 885 | 748.80 | 0.4489 | 336.15 | 0.4987 | 373.44 | 8.0% | 362.97 | |
| UHC | BH-FZ | EPO | 816 | 859 | 748.80 | 0.4545 | 345.24 | 0.5147 | 390.55 | 8.0% | 368.26 | |
| UHC | AL-DB | POS | YM | 0 | 748.80 | 0.4920 | 368.40 | 0.5436 | 407.03 | 7.4% | 395.62 | |
| UHC | AT-Y3 | POS | 726 | 133 | 748.80 | 0.4683 | 350.68 | 0.5118 | 383.21 | 6.2% | 372.47 | |
| UHC | AT-Y5 | POS | 726 | 74 | 748.80 | 0.4588 | 343.56 | 0.5053 | 378.37 | 7.0% | 367.76 | |
| UHC | AT-Y9 | POS | 724 | 489 | 748.80 | 0.5469 | 409.55 | 0.5841 | 437.34 | 3.8% | 425.08 | |
| UHC | AT-ZV | POS | 591 | 2662 | 748.80 | 0.5262 | 394.02 | 0.5868 | 439.38 | 8.4% | 427.06 | |
| UHC | AT-ZZ | POS | 593 | 896 | 748.80 | 0.4769 | 357.11 | 0.5227 | 391.38 | 6.5% | 380.41 | |
| UHC | BH-FI | POS | 819 | 490 | 748.80 | 0.4804 | 359.71 | 0.5064 | 379.22 | 3.9% | 368.59 | |
| UHC | BH-FT | POS | 818 | 1499 | 748.80 | 0.4578 | 342.78 | 0.5079 | 380.29 | 7.8% | 369.63 | |
| UHC | BH-FU | POS | 816 | 1149 | 748.80 | 0.5254 | 393.42 | 0.5859 | 438.74 | 8.4% | 426.44 | |
| UHCMA | AT-YW | HMO | 575 | 26 | 686.03 | 0.3914 | 268.54 | 0.4429 | 303.87 | 10.0% | 295.35 | |
| UHCMA | AT-YY | HMO | 725 | 12 | 686.03 | 0.4198 | 287.96 | 0.4708 | 322.96 | 9.0% | 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% | 291.66 | |
| 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-F6 | HMO | 816 | 201 | 686.03 | 0.5518 | 378.54 | 0.6092 | 417.81 | 5.8% | 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-23 | HMO | 723 | 333 | 734.80 | 0.6541 | 480.60 | 0.6777 | 497.95 | 6.7% | 483.99 | |
| OCI | AT-28 | 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 | 591 | 684 | 734.80 | 0.7481 | 549.73 | 0.7669 | 574.35 | 5.4% | 547.71 | |
| OCI | AT-1C | HMO | 010 | 695 | 734.80 | 0.7715 | 566.93 | 0.7900 | 580.49 | -0.5% | 564.21 | |
| OCI | AT-29 | 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-26 | HMO | 724 | 73 | 734.80 | 0.5402 | 396.95 | 0.5772 | 424.11 | 3.8% | 412.21 | |
| OCI | AT-27 | HMO | 591 | 245 | 734.80 | 0.5153 | 378.62 | 0.5755 | 422.91 | 8.6% | 411.05 | |
| UHC | BH-QW | HMO | 816 | 87 | 734.80 | 0.4924 | 361.81 | 0.5499 | 404.05 | 7.8% | 392.72 | |
| UHC | BH-E3 | EPO | 575 | 0 | 748.80 | 0.3905 | 292.38 | 0.4420 | 330.93 | 10. | | |

Cost Sharing Design of PlanExhibit 7

| 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 |

Member Months, Earned Premium & Incurred Claim Experience - OCI

| <u>Month</u> | <u>Members</u> | <u>Earned Premium</u> | <u>Incurred Claims</u> | <u>Risk Adjustment</u> | <u>Claim PMPM</u> | <u>Risk Adj. Loss Ratio</u> | <u>Galaxy Rx Rebate</u> |
|--------------|----------------|---------------------------|----------------------------|----------------------------|-----------------------|---------------------------------|-----------------------------|
| Jan-17 | 818 | 372,602 | 244,133 | -14.1% | 298.45 | 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% | 208.78 | 56.3% | (11,356) |
| Jan-18 | 916 | 390,987 | 383,982 | -1.4% | 419.19 | 99.6% | (8,210) |
| Feb-18 | 915 | 390,297 | 225,386 | -1.4% | 246.32 | 58.6% | (29,497) |
| Mar-18 | 921 | 389,710 | 240,214 | -1.4% | 260.82 | 62.5% | (33,023) |
| Apr-18 | 932 | 392,756 | 282,065 | -1.4% | 302.64 | 72.9% | (7,541) |
| May-18 | 942 | 391,389 | 330,219 | -1.4% | 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 | -1.4% | 247.18 | 60.5% | (18,479) |
| Sep-18 | 889 | 365,390 | 195,720 | -1.4% | 220.16 | 54.3% | (19,929) |
| Oct-18 | 901 | 371,298 | 283,492 | -1.4% | 314.64 | 77.5% | (17,730) |
| Nov-18 | 882 | 361,360 | 221,694 | -1.4% | 251.35 | 62.2% | (13,698) |
| Dec-18 | 876 | 359,628 | 185,567 | -1.4% | 211.83 | 52.4% | (18,732) |
| Jan-19 | 797 | 337,632 | 179,785 | -16.0% | 225.58 | 63.4% | (18,759) |
| Feb-19 | 752 | 323,452 | 202,946 | -16.0% | 269.87 | 74.7% | (13,667) |
| Mar-19 | 748 | 322,587 | 173,768 | -16.0% | 232.31 | 64.1% | (17,511) |
| Apr-19 | 742 | 323,733 | 221,762 | -16.0% | 298.87 | 81.5% | (21,736) |
| May-19 | 682 | 297,871 | 184,367 | -16.0% | 270.33 | 73.7% | (23,128) |
| Jun-19 | 679 | 303,388 | 154,687 | -16.0% | 227.82 | 60.7% | (10,312) |
| Jul-19 | 674 | 302,652 | 232,699 | -16.0% | 345.25 | 91.5% | (16,705) |
| Aug-19 | 667 | 301,254 | 155,253 | -16.0% | 232.76 | 61.4% | (17,008) |
| Sep-19 | 664 | 304,627 | 130,655 | -16.0% | 196.77 | 51.1% | (9,302) |
| Oct-19 | 651 | 306,689 | 184,010 | -16.0% | 282.66 | 71.4% | (12,570) |
| Nov-19 | 661 | 312,894 | 161,849 | -16.0% | 244.85 | 61.6% | (12,637) |
| Dec-19 | 627 | 305,508 | 173,844 | -16.0% | 277.26 | 67.7% | (10,994) |
| 2019 Total | 8,344 | 3,742,289 | 2,155,624 | -16.0% | 258.34 | 68.6% | (184,329) |

Exhibit C

DC Small Group - Estimated Federal MLR

| | OCI | 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 | 84.1% | 84.1% | 84.1% |
| = [1. x (1 + 2c.) x (1 + 2b.)] / (1 - 2a.) | | | |



Healthcare Economics

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

| WASHINGTON DC SMALL GROUP PRICING TREND BY COMPONENT | | | | | | | | | |
|--|-----------|------------------|-------------------|---------------------|--------------|-------------------|----------------------|------------------------|---------------------------|
| Component Summary | Notes: | <u>Inpatient</u> | <u>Outpatient</u> | <u>Professional</u> | <u>Other</u> | <u>Capitation</u> | <u>Total Medical</u> | <u>Retail Pharmacy</u> | <u>Weighted Aggregate</u> |
| 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> | <u>0.0%</u> | <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 / intensity 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.

| | | | |
|-----------------------------|---|------------------------|----------------------|
| 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: | / | | |

Supporting Document Schedules

| | |
|--------------------------|--|
| Satisfied - Item: | Actuarial Justification |
| Comments: | |
| Attachment(s): | DC_75753_Optimum Choice, Inc._SG_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, Inc._SG_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): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--------------------------|
| Satisfied - Item: | Cover Letter |
| Comments: | |
| Attachment(s): | DC-SG-OCI-Cover-2021.pdf |
| Item Status: | |
| Status Date: | |

| | | | |
|-----------------------------|---|------------------------|----------------------|
| 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: | / | | |

| | |
|--------------------------|---|
| Satisfied - Item: | DISB Actuarial Memorandum Dataset |
| Comments: | |
| Attachment(s): | DC-SG-OCI-ActuarialDataset-2021-01.xlsx |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--|
| Bypassed - Item: | District of Columbia and Countrywide Experience for the Last 5 Years (P&C) |
| Bypass Reason: | NA |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--|
| Bypassed - Item: | District of Columbia and Countrywide Loss Ratio Analysis (P&C) |
| Bypass Reason: | NA |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---|
| Satisfied - Item: | Unified Rate Review Template |
| Comments: | |
| Attachment(s): | 2021_OCI_URRT_v3.xlsm 2021_OCI_URRT_v3.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---|
| Satisfied - Item: | District of Columbia Plain Language Summary |
| Comments: | |
| Attachment(s): | DC-SG-OCI-PlainLanguageSummary-2021.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--------------------------|
| Satisfied - Item: | Rate Review Checklist |
| Comments: | |
| Attachment(s): | DC-SG-Checklist-2021.pdf |
| Item Status: | |
| Status Date: | |

| | | | |
|-----------------------------|---|------------------------|----------------------|
| 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: | / | | |

| | |
|--------------------------|-------------------------------|
| Satisfied - Item: | AV Screenshots |
| Comments: | |
| Attachment(s): | DCSG OCI - AV Screenshots.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---------------------------------|
| Satisfied - Item: | Risk Adjustment RATEE Data |
| Comments: | Will be available later in May. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---------------------------|
| Satisfied - Item: | Rate Sheets |
| Comments: | |
| Attachment(s): | DC_75753_OCI_2021_RRT.xls |
| Item Status: | |
| Status Date: | |

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:

/

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

Table of Contents

| | |
|---|----|
| Section 1: Purpose | 3 |
| Section 2: General Information..... | 3 |
| Section 3: Proposed Rate Changes | 4 |
| Section 4: Experience and Current Period Premium, Claims and Enrollment | 6 |
| Section 5: Benefit Categories..... | 7 |
| Section 6: Projection Factors | 8 |
| Section 7: Credibility Manual Rate Development..... | 8 |
| Section 8: Credibility of Experience | 8 |
| Section 9: Development of Projected Index Rate | 9 |
| Section 10: Development of the Market Adjusted Index Rate | 10 |
| Section 11: Plan Adjusted Index Rate | 11 |
| Section 12: Calibration..... | 13 |
| Section 13: Consumer Adjusted Premium Rate Development..... | 14 |
| Section 14: Projected Loss Ratio | 14 |
| Section 15: AV Metal Values | 15 |
| Section 16: Membership Projections..... | 17 |
| Section 17: Terminated Plans and Products | 17 |
| Section 18: Plan Type..... | 18 |
| Section 19: Reliance | 18 |
| Section 20: Actuarial Certification | 19 |

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
 - 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 in cost sharing. The utilization differences do not reflect 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

Trend

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 (allowed basis) | Risk Adjustment Payment/Charge (allowed basis) | Exchange Fee Adjustment (allowed basis) | Market Adjusted 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.

Provider network, delivery system and utilization management adjustment

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.

$$\text{Effective Insurer Coinsurance Rate} = (1 - \text{Member Copay}/\text{Average Unit Cost}) * (1 - \text{Member Coinsurance Rate})$$

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:

$$\text{Effective Insurer Coinsurance Rate} = (1 - \text{Member Copay}/\text{Average Unit Cost}) * (1 - \text{Member Coinsurance Rate})$$

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, 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:

1. Purpose of Filing. 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 on 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.PL16, SBN21.OCI.NET.2018.SG.DC.GO1, SBN21.OCI.NET.2018.SG.DC.GO1ADV, SBN21.OCI.NET.2018.SG.DC.GO8, 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.GO33, 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.SL27, SBN21.OCI.NET.2018.SG.DC.BR4, RID21.PDS.NET.OCI.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.54075, SBN21.RX.NET.OCI.2018.SG.55050%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

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.

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

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

7.1) AV Value. 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%

11) Absolute Maximum Premium Increase. 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%.

12) Average Renewal Rate Increase for a Year. 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: +1.8%
4/1/18: +1.7%
1/1/18: -3.0%
10/1/17: +2.6%
7/1/17: +2.5%
4/1/17: +2.5%
1/1/17: -5.7%

14) Exposure. As of February 2020:
Policies: 180
Certificates: 405
Covered 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

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

19) Trend Assumption. 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.

20) Cost Sharing Changes and 21) Benefit Changes. 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.

23) Rating Factors. We are resetting our 1st 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.

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

25) Claim Reserve Needs. 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.

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

27) Taxes and Licensing or Regulatory Fees. 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.

28) Medical Loss Ratio (MLR). 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: $[(UW\ LR) \times (1 + QIT)] / (1 - \text{taxes})$

29) Risk Adjustment. 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.

30) Past and Prospective Loss Experience Within and Outside the State. 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.

31) A Reasonable Margin for Reserve Needs. 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.

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

| <u>% of Premium</u> | <u>Expense Category</u> |
|---------------------|--|
| 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% | <u>All other administrative expenses</u> |
| 17.6% | Total |

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

34) Other. 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, 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,

A handwritten signature in black ink that reads "Ryan Morgan". The signature is fluid and cursive, with the first name "Ryan" and last name "Morgan" clearly distinguishable.

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

Table of Contents

| | |
|---|----|
| Section 1: Purpose | 3 |
| Section 2: General Information..... | 3 |
| Section 3: Proposed Rate Changes | 4 |
| Section 4: Experience and Current Period Premium, Claims and Enrollment | 6 |
| Section 5: Benefit Categories..... | 7 |
| Section 6: Projection Factors | 8 |
| Section 7: Credibility Manual Rate Development..... | 8 |
| Section 8: Credibility of Experience | 8 |
| Section 9: Development of Projected Index Rate | 9 |
| Section 10: Development of the Market Adjusted Index Rate | 10 |
| Section 11: Plan Adjusted Index Rate | 11 |
| Section 12: Calibration..... | 13 |
| Section 13: Consumer Adjusted Premium Rate Development..... | 14 |
| Section 14: Projected Loss Ratio | 14 |
| Section 15: AV Metal Values | 15 |
| Section 16: Membership Projections..... | 17 |
| Section 17: Terminated Plans and Products | 17 |
| Section 18: Plan Type..... | 18 |
| Section 19: Reliance | 18 |
| Section 20: Actuarial Certification | 19 |

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
 - 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 in cost sharing. The utilization differences do not reflect 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, pending 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

Trend

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 (allowed basis) | Risk Adjustment Payment/Charge (allowed basis) | Exchange Fee Adjustment (allowed basis) | Market Adjusted 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.

Provider network, delivery system and utilization management adjustment

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.

$$\text{Effective Insurer Coinsurance Rate} = (1 - \text{Member Copay}/\text{Average Unit Cost}) * (1 - \text{Member Coinsurance Rate})$$

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:

$$\text{Effective Insurer Coinsurance Rate} = (1 - \text{Member Copay}/\text{Average Unit Cost}) * (1 - \text{Member Coinsurance Rate})$$

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, 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, FSA, MAAA
Director, Actuarial Services

Product-Plan Data Collection

Company Legal Name: Optimum Choice, Inc.
HIOS Issuer ID: 75753
Effective Date of Rate Change(s): 1/1/2021

State: DC
Market: 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.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--|--|
| 1.1 Product Name | | | DC001 Plans | | | | | | | | | | | | | | DC003 Plans | | | | | |
| 1.2 Product ID | | | 75753DC001 | | | | | | | | | | | | | | 75753DC003 | | | | | |
| 1.3 Plan Name | | Products | CC-EN | CC-EO | 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 | | |
| 1.4 Plan ID (Standard Component ID) | | 75753DC0010000 | 75753DC0010056 | 75753DC0010058 | 75753DC0010079 | 75753DC0010018 | 75753DC0010042 | 75753DC0010063 | 75753DC0010064 | 75753DC0010074 | 75753DC0010080 | 75753DC0010082 | 75753DC0010075 | 75753DC0010078 | 75753DC0010081 | 75753DC0010083 | 75753DC0030001 | 75753DC0030003 | 75753DC0030004 | 75753DC0030002 | | |
| 1.5 Metal | | Not Applicable | Platinum | Platinum | Platinum | Gold | Gold | Gold | Gold | Gold | Gold | Gold | Silver | Silver | Silver | Silver | Gold | Silver | Silver | Bronze | | |
| 1.6 AV Metal Value | | 0.000 | 0.905 | 0.901 | 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 | | |
| 1.7 Plan Category | | Terminated | Renewing | Renewing | New | Renewing | Renewing | Renewing | Renewing | Renewing | New | New | Renewing | Renewing | New | New | Renewing | Renewing | New | Renewing | | |
| 1.8 Plan Type | | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | | |
| 1.9 Exchange Plan? | | No | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | No | Yes | Yes | Yes | No | HMO | | |
| 1.10 Effective Date of Proposed Rates | | 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 | 1/1/2021 | 1/1/2021 | 1/1/2021 | | |
| 1.11 Cumulative Rate Change % (over 12 mos prior) | | 0.00% | 9.52% | 6.58% | 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% | | |
| 1.12 Product Rate Increase % | | 10.02% | | | | | | | | | | | | | | 15.84% | | | | | | |
| 1.13 Submission Level Rate Increase % | | 10.26% | | | | | | | | | | | | | | | | | | | | |

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

| 2.1 | Plan ID (Standard Component ID) | Total | 75753DC0010000 | 75753DC0010056 | 75753DC0010058 | 75753DC0010079 | 75753DC0010018 | 75753DC0010042 | 75753DC0010063 | 75753DC0010064 | 75753DC0010074 | 75753DC0010080 | 75753DC0010082 | 75753DC0010075 | 75753DC0010078 | 75753DC0010081 | 75753DC0010083 | 75753DC0030001 | 75753DC0030003 | 75753DC0030004 | 75753DC0030002 |
|-------------|--------------------------------------|-------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| \$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 |
| \$0 | 2.3 Reinsurance | \$0 | \$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 | \$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 | \$0 |
| \$2,155,624 | 2.6 Incurred Claims | \$2,155,624 | \$166,501 | \$822,906 | \$663,496 | \$0 | \$295,443 | \$178,065 | \$6,788 | \$6,790 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$845 | \$14,790 | \$0 | \$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 | \$0 |
| \$3,742,289 | 2.8 Premium | \$3,742,289 | \$394,591 | \$1,835,940 | \$573,503 | \$0 | \$291,377 | \$459,586 | \$30,623 | \$27,051 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$6,384 | \$123,235 | \$0 | \$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 | 0 |
| | 2.10 Current Enrollment | 627 | 0 | 320 | 100 | 0 | 74 | 84 | 10 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 23 | 0 | 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 | \$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! | #DIV/0! |
| | 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! | #DIV/0! |
| | 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! | #DIV/0! |
| | 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! | #DIV/0! |
| | 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! | #DIV/0! |
| | 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! | #DIV/0! |
| | 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! | #DIV/0! |
| | 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! | #DIV/0! |

Section III: Plan Adjustment Factors

| 3.1 | Plan ID (Standard Component ID) | | 75753DC0010000 | 75753DC0010056 | 75753DC0010058 | 75753DC0010079 | 75753DC0010018 | 75753DC0010042 | 75753DC0010063 | 75753DC0010064 | 75753DC0010074 | 75753DC0010080 | 75753DC0010082 | 75753DC0010075 | 75753DC0010078 | 75753DC0010081 | 75753DC0010083 | 75753DC0030001 | 75753DC0030003 | 75753DC0030004 | 75753DC0030002 |
|------|-------------------------------------|--------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 3.2 | Market Adjusted Index Rate | | | | | | | | | | | | | | | | | | | | |
| 3.3 | AV and Cost Sharing Design of Plan | | 0.0000 | 0.9342 | 0.9568 | 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 |
| 3.4 | Provider Network Adjustment | | 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 | 1.0000 | 1.0000 | 1.0000 |
| 3.5 | Benefits in Addition to EHB | | 1.0000 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0008 | 1.0000 | 1.1106 | 1.0000 | 1.0000 | 1.0000 |
| | Administrative Costs | | | | | | | | | | | | | | | | | | | | |
| 3.6 | Administrative Expense | | 0.00% | 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% | 11.85% | 11.85% |
| 3.7 | Taxes and Fees | | 0.00% | 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% | 4.80% | 4.80% |
| 3.8 | Profit & Risk Load | | 0.00% | 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% | 3.00% | 3.00% | 3.00% |
| 3.9 | Catastrophic Adjustment | | 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 | 1.0000 | 1.0000 | 1.0000 |
| 3.10 | Plan Adjusted Index Rate | | \$0.00 | \$620.27 | \$635.27 | \$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 |
| 3.11 | Age Calibration Factor | 0.9400 | 0.9400 | | | | | | | | | | | | | | | | | | |
| 3.12 | Geographic Calibration Factor | 1.0000 | 1.0000 | | | | | | | | | | | | | | | | | | |
| 3.13 | Tobacco Calibration Factor | 1.0000 | 1.0000 | | | | | | | | | | | | | | | | | | |
| 3.14 | Calibrated Plan Adjusted Index Rate | | \$0.00 | \$583.05 | \$597.15 | \$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 |

Section IV: Projected Plan Level Information

| | | | | | | | | | | | | | | | | | | | | | |
|----------------------|---------------------------------|-------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 4.1 | Plan ID (Standard Component ID) | Total | 75753DC0010000 | 75753DC0010056 | 75753DC0010058 | 75753DC0010079 | 75753DC0010018 | 75753DC0010042 | 75753DC0010063 | 75753DC0010064 | 75753DC0010074 | 75753DC0010080 | 75753DC0010082 | 75753DC0010075 | 75753DC0010078 | 75753DC0010081 | 75753DC0010083 | 75753DC0030001 | 75753DC0030003 | 75753DC0030004 | 75753DC0030002 |
| 4.2 | Allowed Claims | \$4,226,015 | \$0 | \$1,546,604 | \$549,465 | \$85,804 | \$563,467 | \$812,498 | \$91,569 | \$88,178 | \$33,430 | \$33,430 | \$33,430 | \$16,490 | \$16,477 | \$16,477 | \$16,477 | \$55,913 | \$224,729 | \$16,477 | \$25,085 |
| 4.3 | Reinsurance | \$0 | \$0 | \$0 | \$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 | \$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 | \$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 | \$12,377 | \$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 | -\$824 | -\$824 | -\$824 | -\$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 | \$14,260 | \$14,423 | \$16,243 | \$52,099 | \$214,924 | \$15,577 | \$19,724 |
| 4.9 | Projected Member Months | 8,344 | 0 | 2,902 | 1,031 | 161 | 1,677 | 189 | 182 | 69 | 69 | 69 | 69 | 36 | 36 | 36 | 36 | 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% | 80.86% | 80.81% | 80.27% | 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 | \$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 | \$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 | \$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 | -\$22.88 | -\$22.88 | -\$22.88 | -\$22.88 | -\$22.88 | -\$22.88 | -\$22.88 |
| 4.17 | Premium | \$550.34 | #DIV/0! | \$620.27 | \$625.27 | \$521.93 | \$537.54 | \$472.77 | \$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 |

Rating Area Data Collection

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.

| Rating Area | Rating Factor |
|---------------|---------------|
| Rating Area 1 | 1.0000 |

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 Inc.

SERFF tracking number UHLC-132330453

Submission Date May 1, 2020

Product Name Medical and Prescription Drug Insurance

Market Type ☐ Individual ☒ Small Group

Rate Filing Type ☒ Rate Increase ☐ 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.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is % 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 Exhibit 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. For initial filings, provide the derivation of any new plan factors. | Yes | Actuarial Memo Exhibit 3 |
| 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 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 Small Group | |
|--------|---|---|-------------------------------------|------------------------------|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 32 | Past and Prospective Expenses | <p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • 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 Small Group | |
|--------|---|--|-------------------------------------|------------------------------|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 41 | CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E') | Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first. | Yes | Supporting Docs in SERFF |
| 42 | Additional Requirements for Stand-Alone Dental Plan Filings | Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. | 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)


(Signature)

| Page Number | Tracking Number | Plan Name | Run Number | Run AV | Run Weight | Final AV | Final Metal Level |
|----------------|--|--------------|---------------|-----------|---------------|-------------|-------------------------|
| 2 | Gold 1 OCI - 2021 | CC-ED | 1 | 81.8% | 100% | 81.8% | Gold |
| 3 | Bronze 4 OCI - 2021 | CC-EE | 1 | 64.6% | 100% | 64.6% | Bronze |
| 4 | Gold 22 OCI_Copay - 2021 | CC-EF | 1 | 79.4% | 71% | 81.1% | Gold |
| 5 | Gold 22 OCI_Copay - 2021 | CC-EF | 2 | 85.3% | 29% | | |
| 6 | Plat 16 OCI - 2021 | CC-EG | 1 | 86.3% | 86% | 86.2% | Platinum |
| 7 | Plat 16 OCI - 2021 | CC-EG | 2 | 85.5% | 14% | | |
| 8 | Gold 33 OCI - 2021 | CC-EH | 1 | 81.8% | 100% | 81.8% | Gold |
| 9 | Silver 26 OCI - 2021 | CC-EI | 1 | 71.7% | 100% | 71.7% | Silver |
| 10 | Gold 1 OCI - 2021_ADV_PDL | CC-NI | 1 | 81.9% | 100% | 81.9% | Gold |
| 11 | Gold 23 OCI_Primary Advantage - 2021 | CC-EJ | 1 | 82.5% | 18% | 80.9% | Gold |
| 12 | Gold 23 OCI_Primary Advantage - 2021 | CC-EJ | 2 | 79.3% | 42% | | |
| 13 | Gold 23 OCI_Primary Advantage - 2021 | CC-EJ | 3 | 81.8% | 40% | | |
| 14 | Gold 25_OCI Primary Advantage - 2021 | CC-EK | 1 | 80.9% | 18% | 79.3% | Gold |
| 15 | Gold 25_OCI Primary Advantage - 2021 | CC-EK | 2 | 77.9% | 42% | | |
| 16 | Gold 25_OCI Primary Advantage - 2021 | CC-EK | 3 | 80.2% | 40% | | |
| 17 | Gold 32_OCI Primary Advantage - 2021 | CC-EL | 1 | 78.5% | 18% | 77.2% | Gold |
| 18 | Gold 32_OCI Primary Advantage - 2021 | CC-EL | 2 | 76.0% | 42% | | |
| 19 | Gold 32_OCI Primary Advantage - 2021 | CC-EL | 3 | 77.9% | 40% | | |
| 20 | Gold 8 OCI - 2021 | CC-EM | 1 | 82.1% | 18% | 81.4% | Gold |
| 21 | Gold 8 OCI - 2021 | CC-EM | 2 | 80.7% | 42% | | |
| 22 | Gold 8 OCI - 2021 | CC-EM | 3 | 81.8% | 40% | | |
| 23 | Platinum 1 OCI - 2021 | CC-EN | 1 | 91.4% | 18% | 90.5% | Platinum |
| 24 | Platinum 1 OCI - 2021 | CC-EN | 2 | 89.8% | 42% | | |
| 25 | Platinum 1 OCI - 2021 | CC-EN | 3 | 90.9% | 40% | | |
| 26 | Platinum 4 OCI - 2021 | CC-EO | 1 | 90.0% | 9% | 90.1% | Platinum |
| 27 | Platinum 4 OCI - 2021 | CC-EO | 2 | 91.9% | 9% | | |
| 28 | Platinum 4 OCI - 2021 | CC-EO | 3 | 88.2% | 42% | | |
| 29 | Platinum 4 OCI - 2021 | CC-EO | 4 | 91.6% | 40% | | |
| 30 | Silver 11 OCI - 2021 | CC-EP | 1 | 72.6% | 15% | 70.9% | Silver |
| 31 | Silver 11 OCI - 2021 | CC-EP | 2 | 72.8% | 3% | | |
| 32 | Silver 11 OCI - 2021 | CC-EP | 3 | 69.3% | 36% | | |
| 33 | Silver 11 OCI - 2021 | CC-EP | 4 | 71.8% | 35% | | |
| 34 | Silver 11 OCI - 2021 | CC-EP | 5 | 69.4% | 6% | | |
| 35 | Silver 11 OCI - 2021 | CC-EP | 6 | 72.0% | 6% | | |
| 36 | Silver 21 OCI - 2021 | CC-EQ | 1 | 70.0% | 13% | 70.6% | Silver |
| 37 | Silver 21 OCI - 2021 | CC-EQ | 2 | 72.7% | 5% | | |
| 38 | Silver 21 OCI - 2021 | CC-EQ | 3 | 69.9% | 58% | | |
| 39 | Silver 21 OCI - 2021 | CC-EQ | 4 | 72.5% | 24% | | |
| 40 | Silver 25_OCI Primary Advantage - 2021 | CC-ER | 1 | 72.1% | 18% | 71.9% | Silver |
| 41 | Silver 25_OCI Primary Advantage - 2021 | CC-ER | 2 | 71.9% | 82% | | |
| 42 | Silver 27 OCI - 2021 | CC-ES | 1 | 71.0% | 13% | 71.1% | Silver |
| 43 | Silver 27 OCI - 2021 | CC-ES | 2 | 73.9% | 5% | | |
| 44 | Silver 27 OCI - 2021 | CC-ES | 3 | 70.3% | 61% | | |
| 45 | Silver 27 OCI - 2021 | CC-ES | 4 | 73.1% | 21% | | |
| 46 | Silver 11 OCI - 2021_ADV_PDL | CC-NJ | 1 | 72.8% | 15% | 71.0% | Silver |
| 47 | Silver 11 OCI - 2021_ADV_PDL | CC-NJ | 2 | 73.0% | 3% | | |
| 48 | Silver 11 OCI - 2021_ADV_PDL | CC-NJ | 3 | 0.693865 | 36% | | |
| 49 | Silver 11 OCI - 2021_ADV_PDL | CC-NJ | 4 | 0.719537 | 35% | | |
| 50 | Silver 11 OCI - 2021_ADV_PDL | CC-NJ | 5 | 0.694631 | 6% | | |
| 51 | Silver 11 OCI - 2021_ADV_PDL | CC-NJ | 6 | 0.721458 | 6% | | |

User Inputs for Plan Parameters

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

Desired Metal Tier Gold

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

| Tier 1 Plan Benefit Design | | |
|----------------------------|------|--------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$1,600.00 |
| | | Coinurance (%; Insurer's Cost Share) |
| | | 90.00% |
| | | MOOP (\$) |
| | | \$4,000.00 |
| | | MOOP if Separate (\$) |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | | Tier 2 | | |
|--|---|---|--------------------------|--------------------|------------------------------|------------------------------|--------------------------|--------------------|--------------------------------------|--|--------------------------------------|--|--|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | | Copay applies only after deductible? | | |
| Medical | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | | <input type="checkbox"/> All | | |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Specialist Visit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | | <input type="checkbox"/> All | | |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-ED
Plan HIOS ID: 75753DC0030001-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.84%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.043 seconds

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 Bronze

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

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EE
Plan HIOS ID: 75753DC0030002-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
Actuarial Value: 64.60%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1309 seconds

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

Gold

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% |
| MOOP (\$) | \$7,900.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$600.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input type="checkbox"/> | <input type="checkbox"/> | | \$1,500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input type="checkbox"/> | | \$1,500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | \$700.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EF
Plan HIOS ID: 75753DC0010018-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

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).

Calculation Time:

0.0469 seconds

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

Gold

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% |
| MOOP (\$) | \$7,900.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$600.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input type="checkbox"/> | | \$1,500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EF
Plan HIOS ID: 75753DC0010018-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

0.0488 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

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

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|---------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$500.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | 0.00% | 100.00% | |
| MOOP (\$) | \$5,000.00 | | |
| MOOP if Separate (\$) | | | |

| | Tier 2 Plan Benefit Design | | |
|--|----------------------------|------|----------|
| | Medical | Drug | Combined |
| | | | |
| | | | |
| | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EG
Plan HIOS ID: 75753DC0010079-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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.

0.0391 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

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

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|---------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$500.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | \$0.00% | 100.00% | |
| MOOP (\$) | \$5,000.00 | | |
| MOOP if Separate (\$) | | | |

| | Tier 2 Plan Benefit Design | | |
|--|----------------------------|------|----------|
| | Medical | Drug | Combined |
| | | | |
| | | | |
| | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EG
Plan HIOS ID: 75753DC0010079-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

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.

0.041 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$500.00 | \$0.00 |
| Coinsurance (% , Insurer's Cost Share) | \$0.00% | 100.00% |
| MOOP (\$) | \$5,500.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EH
Plan HIOS ID: 75753DC0010080-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

81.82%

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.

0.0371 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Silver

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$5,000.00 | \$0.00 |
| Coinsurance (% , Insurer's Cost Share) | 50.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | \$92.14 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | \$108.46 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EI
Plan HIOS ID: 75753DC0010081-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

71.75%

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.

0.0391 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

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

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|---|--------------------------|--------------------|------------------------------|------------------------------|--------------------------|--------------------|---|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-NI
Plan HIOS ID: 75753DC0010082-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.93%

Gold

Additional Notes:

Calculation Time:

0.041 seconds

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

Gold

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% |
| | 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$1,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$1,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|-------------------------------------|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

82.53%

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.

0.0625 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% |
| | 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$1,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$1,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|-------------------------------------|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 25% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 25% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

79.28%

Gold

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

0.0723 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Gold

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$1,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$1,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|-------------------------------------|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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.

0.0801 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Gold

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$2,500.00 | \$250.00 |
| Coinurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$2,500.00 | \$250.00 |
| Coinurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$58.28 | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EK
Plan HIOS ID: 75753DC0010064-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

80.87%

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

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% |
| | 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$2,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$2,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|-------------------------------------|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$58.28 | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 25% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 25% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EK_POST_
Plan HIOS ID: 75753DC0010064-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

77.88%

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).

0.0859 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$2,500.00 | \$250.00 |
| Coinurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$2,500.00 | \$250.00 |
| Coinurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$58.28 | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EK_POST_
Plan HIOS ID: 75753DC0010064-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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.

0.0801 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$3,500.00 | \$250.00 |
| Coinurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$3,500.00 | \$250.00 |
| Coinurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EL
Plan HIOS ID: 75753DC0010074-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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.

0.0762 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% |
| | 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$3,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$3,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|-------------------------------------|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 25% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 25% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EL_POST_
Plan HIOS ID: 75753DC0010074-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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).

0.0859 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% |
| | 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$3,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$3,500.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|-------------------------------------|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EL_POST_
Plan HIOS ID: 75753DC0010074-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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.

0.0918 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$2,000.00 | \$0.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$6,000.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

82.13%

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.

0.0547 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$2,000.00 | \$0.00 |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$6,000.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 47% | \$250.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | 41% | \$250.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

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

| | Medical | Drug | Combined |
|--|------------|---------|----------|
| Deductible (\$) | \$2,000.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | 80.00% | 100.00% | |
| MOOP (\$) | \$6,000.00 | | |
| MOOP if Separate (\$) | | | |

| | Medical | Drug | Combined |
|--|---------|------|----------|
| | | | |
| | | | |
| | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 47% | \$250.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EM_POST_
Plan HIOS ID: 75753DC0010042-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

81.76%

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.

0.0469 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

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

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|---------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$250.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% | |
| MOOP (\$) | \$2,500.00 | | |
| MOOP if Separate (\$) | | | |

| | Tier 2 Plan Benefit Design | | |
|--|----------------------------|------|----------|
| | Medical | Drug | Combined |
| | | | |
| | | | |
| | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EN
Plan HIOS ID: 75753DC0010056-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

91.43%

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.

0.0625 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

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

| | Tier 1 Plan Benefit Design | | |
|---------------------------------------|----------------------------|---------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$250.00 | \$0.00 | |
| Coinurance (% , Insurer's Cost Share) | 100.00% | 100.00% | |
| MOOP (\$) | \$2,500.00 | | |
| MOOP if Separate (\$) | | | |

| | Tier 2 Plan Benefit Design | | |
|--|----------------------------|------|----------|
| | Medical | Drug | Combined |
| | | | |
| | | | |
| | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------|------------------------------|------------------------------|--------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 61% | \$250.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 54% | \$250.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EN_POST_
Plan HIOS ID: 75753DC0010056-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

89.75%

Platinum

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

0.0488 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

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

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|---------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$250.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% | |
| MOOP (\$) | \$2,500.00 | | |
| MOOP if Separate (\$) | | | |

| | Tier 2 Plan Benefit Design | | |
|--|----------------------------|------|----------|
| | Medical | Drug | Combined |
| | | | |
| | | | |
| | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 61% | \$250.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EN_POST_
Plan HIOS ID: 75753DC0010056-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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.

0.0723 seconds

User Inputs for Plan Parameters

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

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% |
| MOOP (\$) | \$3,500.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EO
Plan HIOS ID: 75753DC0010058-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

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).

Calculation Time:

0.043 seconds

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 Platinum

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

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|---------|----------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 | |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% | |
| MOOP (\$) | \$3,500.00 | | |
| MOOP if Separate (\$) | | | |

| | Tier 2 Plan Benefit Design | | |
|--|----------------------------|------|----------|
| | Medical | Drug | Combined |
| | | | |
| | | | |
| | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EO
Plan HIOS ID: 75753DC0010058-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

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).

Calculation Time:

0.0469 seconds

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 Platinum

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% |
| MOOP (\$) | \$3,500.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EO_POST_
Plan HIOS ID: 75753DC0010058-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

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).

Calculation Time:

0.043 seconds

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 Platinum

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% |
| MOOP (\$) | \$3,500.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EO_POST_
Plan HIOS ID: 75753DC0010058-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Successful.

91.63%

Platinum

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

Calculation Time:

0.0449 seconds

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 Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|--------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$2,500.00 |
| | | Coinurance (%; Insurer's Cost Share) |
| | | 100.00% |
| | | MOOP (\$) |
| | | \$7,000.00 |
| | | MOOP if Separate (\$) |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|--------------------------------------|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | | |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EP
Plan HIOS ID: 75753DC0030003-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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.

0.1035 seconds

User Inputs for Plan Parameters

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

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|--------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$2,500.00 |
| | | Coinurance (%; Insurer's Cost Share) |
| | | 100.00% |
| | | MOOP (\$) |
| | | \$7,000.00 |
| | | MOOP if Separate (\$) |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|--------------------------------------|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | | |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EP
Plan HIOS ID: 75753DC0030003-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

72.80%

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

0.0996 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

| Tier 1 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,500.00 |
| | | 100.00% |
| | | \$7,000.00 |
| | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,500.00 |
| | | 100.00% |
| | | \$7,000.00 |
| | | |

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% |
| | 2nd Tier Utilization: 42% |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|---------------------------|--------------------|---|-------------------------------------|---------------------------|--------------------|--------------------------------------|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EP_POST_
Plan HIOS ID: 75753DC0030003-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

69.33%

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).

0.1152 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% |
| | 2nd Tier Utilization: 42% |

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|--------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$2,500.00 |
| | | Coinurance (%; Insurer's Cost Share) |
| | | 100.00% |
| | | MOOP (\$) |
| | | \$7,000.00 |
| | | MOOP if Separate (\$) |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EP_POST_
Plan HIOS ID: 75753DC0030003-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

71.82%

Silver

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

0.1094 seconds

User Inputs for Plan Parameters

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

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|--------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$2,500.00 |
| | | Coinurance (%; Insurer's Cost Share) |
| | | 100.00% |
| | | MOOP (\$) |
| | | \$7,000.00 |
| | | MOOP if Separate (\$) |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|--------------------------------------|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | | |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

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:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

69.40%

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).

0.0938 seconds

User Inputs for Plan Parameters

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

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|--------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$2,500.00 |
| | | Coinurance (%; Insurer's Cost Share) |
| | | 100.00% |
| | | MOOP (\$) |
| | | \$7,000.00 |
| | | MOOP if Separate (\$) |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|--------------------------------------|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | | |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EP_POST_
Plan HIOS ID: 75753DC0030003-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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.

0.1055 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$5,000.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$90.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$90.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

69.97%

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).

0.0469 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$5,000.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$90.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$90.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

72.68%

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.

0.0645 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Silver

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$5,000.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$90.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$90.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-EQ_POST_
Plan HIOS ID: 75753DC0010078-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

69.85%

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).

0.0488 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

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

| Tier 1 Plan Benefit Design | | |
|--|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$5,000.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$90.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$90.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

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

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$6,750.00 | \$250.00 |
| Coinurance (% , Insurer's Cost Share) | 70.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$6,750.00 | \$250.00 |
| Coinurance (% , Insurer's Cost Share) | 70.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$120.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$120.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

72.13%

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.

0.0957 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

Silver

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 53% |
| | 2nd Tier Utilization: 47% |

| Tier 1 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$6,750.00 | \$250.00 |
| Coinsurance (%; Insurer's Cost Share) | 70.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|---------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$6,750.00 | \$250.00 |
| Coinsurance (%; Insurer's Cost Share) | 70.00% | 100.00% |
| MOOP (\$) | \$8,550.00 | |
| MOOP if Separate (\$) | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|-------------------------------------|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$120.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$120.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 52% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 52% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

71.85%

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).

0.1035 seconds

User Inputs for Plan Parameters

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

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% |
| | 2nd Tier Utilization: 42% |

| Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|----------------------------|------|------------|----------------------------|------|------------|
| Medical | Drug | Combined | Medical | Drug | Combined |
| | | \$2,000.00 | | | \$2,000.00 |
| | | 100.00% | | | 100.00% |
| | | \$8,550.00 | | | \$8,550.00 |
| | | | | | |
| | | | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|---|-------------------------------------|---------------------------|--------------------|---|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$87.42 | <input type="checkbox"/> | <input type="checkbox"/> | | \$120.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | | |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

70.99%

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).

0.0898 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

| Tier 1 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,000.00 |
| | | 100.00% |
| | | \$8,550.00 |
| | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,000.00 |
| | | 100.00% |
| | | \$8,550.00 |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|---------------------------|--------------------|---|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$87.42 | <input type="checkbox"/> | <input type="checkbox"/> | | \$120.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

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.

0.1035 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier

| Tier 1 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,000.00 |
| | | 100.00% |
| | | \$8,550.00 |
| | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,000.00 |
| | | 100.00% |
| | | \$8,550.00 |
| | | |

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% |
| | 2nd Tier Utilization: 42% |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|---------------------------|--------------------|---|-------------------------------------|---------------------------|--------------------|--------------------------------------|-------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$87.42 | <input type="checkbox"/> | <input type="checkbox"/> | | \$120.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$750.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$750.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$654.72 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$654.72 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-ES_POST_
Plan HIOS ID: 75753DC0030004-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

70.27%

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).

0.0801 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% |
| | 2nd Tier Utilization: 42% |

| Tier 1 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,000.00 |
| | | 100.00% |
| | | \$8,550.00 |
| | | |
| | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,000.00 |
| | | 100.00% |
| | | \$8,550.00 |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|---------------------------|--------------------|---|-------------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$87.42 | <input type="checkbox"/> | <input type="checkbox"/> | | \$120.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$750.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$750.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$1,000.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-ES_POST_
Plan HIOS ID: 75753DC0030004-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

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

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|--------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$2,500.00 |
| | | Coinurance (%; Insurer's Cost Share) |
| | | 100.00% |
| | | MOOP (\$) |
| | | \$7,000.00 |
| | | MOOP if Separate (\$) |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|---|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | | |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:
Name: CC-NJ
Plan HIOS ID: 75753DC0010083-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:
Actuarial Value: 72.75%
Metal Tier:
Additional Notes:
Calculation Time: 0.1074 seconds
Final 2021 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

User Inputs for Plan Parameters

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

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|--------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$2,500.00 |
| | | Coinurance (%; Insurer's Cost Share) |
| | | 100.00% |
| | | MOOP (\$) |
| | | \$7,000.00 |
| | | MOOP if Separate (\$) |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|---|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | | |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:
Name: CC-NJ
Plan HIOS ID: 75753DC0010083-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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

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

0.1113 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

| Tier 1 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,500.00 |
| | | 100.00% |
| | | \$7,000.00 |
| | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,500.00 |
| | | 100.00% |
| | | \$7,000.00 |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|---|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-NJ_POST_
Plan HIOS ID: 75753DC0010083-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

69.39%

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).

0.0996 seconds

User Inputs for Plan Parameters

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

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|-------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$2,500.00 |
| | | Coinurance (% Insurer's Cost Share) |
| | | 100.00% |
| | | MOOP (\$) |
| | | \$7,000.00 |
| | | MOOP if Separate (\$) |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|---|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-NJ_POST_
Plan HIOS ID: 75753DC0010083-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Successful.

71.95%

Silver

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

Calculation Time:

0.0938 seconds

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 Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

| Tier 1 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,500.00 |
| | | 100.00% |
| | | \$7,000.00 |
| | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|------------|
| Medical | Drug | Combined |
| | | \$2,500.00 |
| | | 100.00% |
| | | \$7,000.00 |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|---|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-NJ_POST_
Plan HIOS ID: 75753DC0010083-01
Issuer HIOS ID: 75753
2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

69.46%

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

User Inputs for Plan Parameters

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

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input checked="" type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 58% 2nd Tier Utilization: 42% |

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

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|--------------------------------------|
| Medical | Drug | Combined |
| | | Deductible (\$) |
| | | \$2,500.00 |
| | | Coinurance (%; Insurer's Cost Share) |
| | | 100.00% |
| | | MOOP (\$) |
| | | \$7,000.00 |
| | | MOOP if Separate (\$) |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|-------------------------------------|--------------------------|--------------------|---|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$72.85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 46% | \$350.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: CC-NJ_POST_
Plan HIOS ID: 75753DC0010083-01
Issuer HIOS ID: 75753
2021_jj

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

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.

0.1113 seconds