

State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	DC-SG-UHIC-2014-01		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	-5.000%
Effective Date of Last Rate Revision:	07/01/2012
Filing Method of Last Filing:	Review & Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare Insurance Company	Increase	21.900%	21.900%	\$10,351,903	653	\$47,268,964	149.900%	-60.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:			1,662	6,949				
Policy Holders:			140	504				

State: District of Columbia**Filing Company:** UnitedHealthcare Insurance Company**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other**Product Name:** DC-SG-UHIC-2014-01**Project Name/Number:** /

Rate Review Detail

State: District of Columbia **Filing Company:** UnitedHealthcare Insurance Company
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COMPANY:

Company Name: UnitedHealthcare Insurance Company
HHS Issuer Id: 41842
Product Names: EPO and POS
Trend Factors: The current annual trend factor is 11.2%. The proposed 2014 trend factor is 10.7%.

FORMS:

State: District of Columbia **Filing Company:** UnitedHealthcare Insurance Company
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New Policy Forms: POL.I.14.SB.DC, EXB2NTC.I.14.SB.DC COC.I.11-14.SB.DC,
PL1.SBN.CHP.I.14.DC, PL2.SBN.CHP.I.14.DC,
PL3.SBN.CHP.I.14.DC, PL4.SBN.CHP.I.14.DC,
PL5.SBN.CHP.I.14.DC, PL6.SBN.CHP.I.14.DC,
GO1.SBN.CHP.I.14.DC, GO2.SBN.CHP.I.14.DC,
GO3.SBN.CHP.I.14.DC, GO4.SBN.CHP.I.14.DC,
GO5.SBN.CHP.I.14.DC, GO6.SBN.CHP.I.14.DC,
GO7.SBN.CHP.I.14.DC, GO8.SBN.CHP.I.14.DC,
GO9.SBN.CHP.I.14.DC, GO10.SBN.CHP.I.14.DC,
SL2.SBN.CHP.I.14.DC, SL3.SBN.CHP.I.14.DC,
SL4.SBN.CHP.I.14.DC, SL5.SBN.CHP.I.14.DC,
SL7.SBN.CHP.I.14.DC, SL8.SBN.CHP.I.14.DC,
SL9.SBN.CHP.I.14.DC, SL10.SBN.CHP.I.14.DC,
PL1.SBN.CHC.I.14.DC, PL2.SBN.CHC.I.14.DC,
PL3.SBN.CHC.I.14.DC, PL4.SBN.CHC.I.14.DC,
PL5.SBN.CHC.I.14.DC, PL6.SBN.CHC.I.14.DC,
GO1.SBN.CHC.I.14.DC, GO2.SBN.CHC.I.14.DC,
GO3.SBN.CHC.I.14.DC, GO4.SBN.CHC.I.14.DC,
GO5.SBN.CHC.I.14.DC, GO6.SBN.CHC.I.14.DC,
GO7.SBN.CHC.I.14.DC,
GO8.SBN.CHC.I.14.DC, GO9.SBN.CHC.I.14.DC,
GO10.SBN.CHC.I.14.DC, SL1.SBN.CHC.I.14.DC,
SL2.SBN.CHC.I.14.DC, SL3.SBN.CHC.I.14.DC,
SL4.SBN.CHC.I.14.DC, SL5.SBN.CHC.I.14.DC,
SL7.SBN.CHC.I.14.DC, SL8.SBN.CHC.I.14.DC,
SL9.SBN.CHC.I.14.DC, SL10.SBN.CHC.I.14.DC,
BR1.SBN.CHC.I.14.DC, BR2.SBN.CHC.I.14.DC,
BR3.SBN.CHC.I.14.DC, RID.PDS.NET-NON.MD.I.14.DC,
RID.PDS.NET-NON.DD.I.14.DC, MM.RID.PVC.NET.I.14.DC,
AP.RID.PVC.NET.I.14.DC, AP.RID.PVCS.NET-NON.I.14.DC,
MM.RID.PVCS.NET-NON.I.14.DC, RDR.I.14.OB.DC,
RDR.RX.NET.I.14.DC.SB, RDR.RX.PLS.I.14.DC.SB,
152550.RDR.RXSBN.NET.I.14.DC.SB,
104075.RDR.RXSBN.NET.I.14.DC.SB,
104075.DD.RDR.RXSBN.NET.I.14.DC.SB,
153050.RDR.RXSBN.NET.I.14.DC.SB,
102040.RDR.RXSBN.NET.I.14.DC.SB,
152550.RDR.RXSBN.PLS.I.14.DC.SB,
104075.RDR.RXSBN.PLS.I.14.DC.SB,
104075.D.RDR.RXSBN.PLS.I.14.DC.SB,
153050.RDR.RXSBN.PLS.I.14.DC.SB,
102040.RDR.RXSBN.PLS.I.14.DC.SB

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other

State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
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Member Months: 110,175
Benefit Change: Increase
Percent Change Requested: Min: -60.0 Max: 149.9 Avg: 21.9

PRIOR RATE:

Total Earned Premium: 47,268,964.00
Total Incurred Claims: 31,328,050.00
Annual \$: Min: 1,513.14 Max: 161.99 Avg: 429.04

REQUESTED RATE:

Projected Earned Premium: 66,317,009.00
Projected Incurred Claims: 48,411,416.00
Annual \$: Min: 696.60 Max: 465.91 Avg: 601.92

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Product Name:	DC-SG-UHIC-2014-01		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC-SG-UHIC-Cover-2013-05-15.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	See Actuarial Memorandum
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
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State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	DC-SG-UHIC-2014-01		
Project Name/Number:	/		

Bypass Reason:	Initial submission
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Snapshot
Comments:	
Attachment(s):	AV Part-1.pdf AV part-2.pdf AV Part-3.pdf AV Part-4.pdf AV Part-5.pdf AV Part-6.pdf AV Part-7.pdf AV Part-8.pdf AV Part-9.pdf AV Part-10.pdf AV Part-11.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Age distribution of 2012 member months
Comments:	
Attachment(s):	DC 2012 Mbrs by Age.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to 6/7/2013 Objections
Comments:	
Attachment(s):	DC-DOI-SG-questions-2013-06-07.pdf
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	DC-SG-UHIC-2014-01		
Project Name/Number:	/		

Satisfied - Item:	Index Rate Development
Comments:	
Attachment(s):	Index Rate Development.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:	UHLC-129030275	State Tracking #:	Company Tracking #:
State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	DC-SG-UHIC-2014-01		
Project Name/Number:	/		

Attachment Index Rate Development.xlsx is not a PDF document and cannot be reproduced here.



185 Asylum Street, CT039-16B
Hartford, CT 06103
Phone 860-702-5540 Fax 860-702-5016
E-Mail: boris_gerber@uhc.com

May 15, 2013

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

Re: UnitedHealthcare Insurance Company
Small Group (2-50) Rate Filing

Dear Mr. Tanhehco:

This rate filing presents proposed premium rates effective January 1, 2014 through December 31, 2014 for new medical and Rx benefit plans to be sold by the UnitedHealthcare Insurance Company to small group employers. The benefit plans and rates are for non-grandfathered employers, and are for both on and off-exchange.

A. Company Name: UnitedHealthcare Insurance Company

B. NAIC Company Code: 79413

C. Marketing Name of Products: Choice Insurance (or EPO), and Choice Plus Insurance (or POS).

D. Date Filing Submitted: 5/15/2013

E. Proposed Effective Date: 1/1/2014

F. Type of Product: Medical and prescription drug insurance, offered both in-network only and in-network with out-of-network benefits.

G. Market: Small group.

H. Scope and Purpose of Filing: 2014 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.

J. Overall Premium Impact of Filing on DC Policyholders: This is an initial rate filing.

K. Contact Information: Boris Gerber, 860-702-5540, boris_gerber@uhc.com.

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

Sincerely,

Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (% Insurer's Cost Share)		70.00%
OOP Maximum (\$)		\$6,250.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>	70.08%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.08%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69.67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.64%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

60.89%

Bronze

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (% Insurer's Cost Share)		70.00%
OOP Maximum (\$)		\$6,250.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>	67.10%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.10%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.10%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.10%		<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):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
60.58%
Bronze

Bronze-2

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,500.00
Coinsurance (%; Insurer's Cost Share)		60.00%
OOP Maximum (\$)		\$6,250.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>	70.08%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.08%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69.67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.64%		<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 61.50%
 Bronze

BRONZE-2A

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze ▼

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,500.00
Coinsurance (%; Insurer's Cost Share)		60.00%
OOP Maximum (\$)		\$6,250.00
OOP Maximum If Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>	67.10%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.10%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.10%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.10%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.18%

Bronze

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS 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
Coinsurance (%; Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,250.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>	70.08%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.08%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69.67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.64%		<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 59.27%
 Bronze

Silver-2: Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0% 2nd Tier Utilization: 27.0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$250.00		\$2,000.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%		60.00%	100.00%	
OOP Maximum (\$)	\$6,250.00			\$6,250.00		
OOP Maximum if Separate (\$)						

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54.10%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%	

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful:
 71.05%
 Silver

$$\begin{array}{r}
 71.05 \times 0.45 \\
 + \quad 70.64 \times 0.55 \\
 \hline
 70.82 \%
 \end{array}$$

Silver 1: Hospital Setting

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR Standard?

Desired Metal Tier Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS 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	\$250.00
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 70.64%
 Silver

Silver 1a:
Free spanning

User Inputs for Plan Parameters

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

Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0%
	2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	60.00%	61.10%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	60.00%	61.10%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54.10%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.02%

Silver

$$\begin{aligned}
 &70.02 \times 45\% \\
 + &69.86 \times 55\% \\
 \hline
 &69.93\%
 \end{aligned}$$

Silver 1a Hospital Setting

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver ▼

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS 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)	60.00%	61.10%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input 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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.86%

Silver

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

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

Deductible (\$)
 Coinsurance (%; Insurer's Cost Share)
 OOP Maximum (\$)
 OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		70.00%
		\$4,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.4%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.2%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.6%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.18%

Silver

Silver-2a

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		Coinurance (%; Insurer's Cost Share)
		OOP Maximum (\$)
		OOP Maximum if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful:

69.70%

Silver

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (%; Insurer's Cost Share)		90.00%
OOP Maximum (\$)		\$6,000.00
OOP Maximum If Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.4%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.2%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.6%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful:

70.39%

Silver

Silver-3a

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		90.00%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.28%

Silver

Silver-4

User Inputs for Plan Parameters

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

Silver

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

Deductible (\$)
 Coinsurance (%; Insurer's Cost Share)
 OOP Maximum (\$)
 OOP Maximum If Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		80.00%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.4%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.2%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.6%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.98%

Silver

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% , Insurer's Cost Share)		70.00%
OOP Maximum (\$)		\$6,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.35%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.05%

Silver

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		70.00%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67.1%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.29%

Silver

Silver-7: Free standing

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0% 2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$500.00
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$500.00
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	63.10%		<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"/>		
Drugs	<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"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.42%

Silver

$$71.42 \times 0.45$$

$$71.48 \times 0.55$$

$$71.45\%$$

Silver-7 Hospital Setting

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$500.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.48%

Silver

Silver 7a: Free Standing

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0%
	2nd Tier Utilization: 27.0%

Deductible (\$)
 Coinsurance (%; Insurer's Cost Share)
 OOP Maximum (\$)
 OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$1,500.00	\$0.00	
70.00%	57.01%	
\$6,250.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$1,500.00	\$0.00	
70.00%	57.01%	
\$6,250.00		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	63.10%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.10%

Silver

$$69.10 \times 0.45$$

$$69.36 \times 0.55$$

$$69.24$$

Silver 7a Hospital
Setting

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	70.00%	57.01%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.36%

Silver

Silver-8- Hospital Setting

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS 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	\$250.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.95%

Silver

Silver-8- Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0% 2nd Tier Utilization: 27.0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	63.10%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%	

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):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
70.06%
Silver

$$70.06\% \times 0.45$$

$$69.95\% \times 0.55$$

$$70.00\%$$

Silver-8a Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0% 2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	61.10%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	61.10%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	63.10%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 68.77%
 Silver

$$68.77 \times 0.45$$

$$68.86 \times 0.55$$

$$68.82.1$$

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR Standard?

Desired Metal Tier Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS 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)	70.00%	61.10%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.86%

Silver

Silver-S Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0%
	2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$250.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum 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%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72.12%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.41%

Silver

70.41 x 0.45

70.51 x 0.55

70.47%

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.51%

Silver

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	80.00%	61.10%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.11%

Silver

Silver-9a Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0% 2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	61.10%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	61.10%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72.12%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.88%

Silver

Silver-10: Free Stand

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0% 2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81.13%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.21%

Silver

$$70.21 \times 0.45$$

$$70.65 \times 0.55$$

$$70.45\%$$

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.59%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.65%

Silver

Silver 10a: Hospital Setting

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	90.00%	61.10%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.59%

Silver

Silver 10a: Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0%
	2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	61.10%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	61.10%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81.13%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 68.10%
 Silver

$$68.10 \times 0.45$$

$$68.59 \times 0.55$$

$$68.37\%$$

6013-1

User Inputs for Plan Parameters

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

Gold

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

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
OOP Maximum (\$)
OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,300.00
		90.00%
		\$2,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.6%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.6%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.5%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful,

78.40%

Gold

Gold 3a

User Inputs for Plan Parameters

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

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

Deductible (\$)
 Coinsurance (%; Insurer's Cost Share)
 OOP Maximum (\$)
 OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,300.00
		90.00%
		\$2,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.1%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.1%		<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 78.45%
 Gold

Gold 2: Free Standing

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73% 2nd Tier Utilization: 27%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinurance (%; Insurer's Cost Share)	70.00%	100.00%
OOP Maximum (\$)	\$3,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinurance (%; Insurer's Cost Share)	70.00%	100.00%
OOP Maximum (\$)	\$3,000.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	64.25%		<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"/>		
Drugs	<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"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%	

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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 78.90%
 Gold

$$78.90 \times 0.45$$

$$78.79 \times 0.55$$

$$78.84$$

Gold 2: Hospital Setting

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinurance (%; Insurer's Cost Share)	70.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input 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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.79%

Gold

Gold 2a: Freestanding

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73% 2nd Tier Utilization: 27%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinurance (% , Insurer's Cost Share)	70.00%	75.08%
OOP Maximum (\$)	\$3,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinurance (% , Insurer's Cost Share)	70.00%	75.08%
OOP Maximum (\$)	\$3,000.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	64.25%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful:

79.52%

Gold

$$79.52 \times 0.45$$

$$79.41 \times 0.55$$

$$79.46\%$$

Gold 2a: Hospital
Setting

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined			Combined
Deductible (\$)	\$1,500.00	\$0.00			
Coinurance (%; Insurer's Cost Share)	70.00%	75.08%			
OOP Maximum (\$)	\$3,000.00				
OOP Maximum if Separate (\$)					

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.41%

Gold

Gold 3 - HOSPITAL 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 OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR Standard?

Desired Metal Tier

Gold

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

Deductible (\$)
 Coinsurance (%), Insurer's Cost Share
 OOP Maximum (\$)
 OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$1,000.00	\$100.00	
80.00%	100.00%	
\$4,000.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.5%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.9%

Gold

Gold 3 Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0% 2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$4,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$4,000.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73.43%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.5%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.5%	

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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful,
 78.4%
 Gold

$$78.4 \times 0.45$$

$$78.9 \times 0.55$$

78.68%

Gold 3a: Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73% 2nd Tier Utilization: 27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	80.00%	70.46%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	80.00%	70.46%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73.43%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

77.90%

$$77.90 \times 0.45$$

$$78.33 \times 0.45$$

$$78.14\%$$

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	70.46%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.33%

Gold

Gold 4 - Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0%
	2nd Tier Utilization: 27.0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum 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%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72.11%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%	

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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful:
 78.29%
 Gold

$$78.29 \times 0.45$$

$$78.14 \times 0.55$$

$$78.21$$

Gold 4 - Hospital Setting

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.14%

Gold

Premium - Edge Gold 4 → Force Study

User Inputs for Plan Parameters

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

Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	73.0%
		2nd Tier Utilization:	27.0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00	
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum If Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00	
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum If Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72.11%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

77.23%

$$\begin{aligned}
 & 77.23\% \times 0.45 + 80.94\% \times 0.55 \\
 & = 79.27\% \times 0.635 \\
 & = 78.21\% \times 0.365 \\
 & = \boxed{78.88\%}
 \end{aligned}$$

Premium - Edge Gold 9 - Hospital

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00	
Coinurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.94%

Gold

Gold 4a - Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0%
	2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	\$1,500.00	\$0.00	
Coinurance (%; Insurer's Cost Share)	80.00%	64.91%	80.00%	64.91%	
OOP Maximum (\$)	\$3,000.00		\$3,000.00		
OOP Maximum if Separate (\$)					

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72.11%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 78.86%
 Gold

78.86 x 0.45

79.08 x 0.15

78.98

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinurance (% Insurer's Cost Share)	80.00%	64.91%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 79.08%
 Gold

Premium Edge Gold 401k/FreeStimulus

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0%
	2nd Tier Utilization: 27.0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	64.91%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	64.91%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72.11%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.13%

Gold

$$\begin{aligned}
 &79.13 \times 0.95 + 79.33 \times 0.55 \\
 &= (79.24) \text{ For } 100\% \\
 &\quad (\times 0.635) \\
 &+ 78.78 \text{ For } 80\% \\
 &\quad (\times 0.365) \\
 &= \boxed{79.14\%} \Rightarrow \text{Edge Plan Final}
 \end{aligned}$$

Premium Edge - God 4a - Hospital

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinurance (%; Insurer's Cost Share)	100.00%	64.91%
OOP Maximum (\$)	\$3,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.33%

Gold

Gold 5 - Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$1,300.00	\$100.00	
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$3,250.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
		Combined
Deductible (\$)	\$1,300.00	\$100.00
Coinsurance (%)	90.00%	100.00%
OOP Maximum (\$)	\$3,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	76.06%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%	

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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 78.26%
 Gold

$$78.26 \times 0.45$$

$$78.76 \times 0.55$$

$$78.541$$

Gold 5: Hospital 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 OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR Standard?
☐ Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,300.00	\$100.00	
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$3,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined

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	Tier 1				Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful,
 78.76%
 Gold

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,300.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	90.00%	75.08%
OOP Maximum (\$)	\$3,250.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.80%

Gold

Free - Standing
Gold 5a - Hospital Setting

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73% 2nd Tier Utilization: 27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,300.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	90.00%	75.08%	
OOP Maximum (\$)	\$3,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined
Deductible (\$)	\$1,300.00	\$100.00
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%
OOP Maximum (\$)	\$3,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	76.06%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
79.93%
Gold

79.93% x 0.45
79.80% x 0.55
79.86%

Gold 6: Free standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73% 2nd Tier Utilization: 27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$50.00	
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined
Deductible (\$)	\$1,500.00	\$50.00
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%
OOP Maximum (\$)	\$4,000.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85.47%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%	

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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful:
 79.02%
 Gold

$$79.02 \times 0.45$$

$$79.13 \times 0.55$$

$$79.08\%$$

Gold 6 - Hospital Setting

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$50.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.0%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.13%

Gold

Gold 6a Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73% 2nd Tier Utilization: 27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	90.00%	75.08%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	90.00%	75.08%
OOP Maximum (\$)	\$4,000.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85.57%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 79.57%
 Gold

$$79.57 \times 0.45$$

$$79.79 \times 0.55$$

$$79.69\%$$

Gold 6a Hospital
Setting

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	75.08%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.79%

Gold

Gold-7

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			\$1,300.00
Coinsurance (% , Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$2,600.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined

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Type of Benefit	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
Medical	<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"/>	86.72%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.01%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<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):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
78.04%
Gold

Gold-7a

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,300.00
Coinsurance (% , Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$2,600.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<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"/>	86.72%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.08%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.08%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.08%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.08%		<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 78.10%
 Gold

Gold 8 Free Standing

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$3,500.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input 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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.59%

Gold

$$78.59 \times 0.45$$

$$78.13 \times 0.55$$

$$78.34 = 1$$

Gold 8: Hospital Setting

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0%
	2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$3,500.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$3,500.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (Inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.43%		<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"/>		
Drugs	<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"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.13%

Gold

Gold 80- Free Standing

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	80.00%	75.08%	
OOP Maximum (\$)	\$3,500.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input 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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful:
 79.18%
 Gold

$$79.18 \times 0.45$$

$$78.72 \times 0.55$$

$$78.92$$

$$78.18$$

$$78.27 \times 0.45$$

$$78.13 \times 0.55$$

$$78.15$$

$$78.18 \times 0.45$$

$$78.72 \times 0.55$$

Goldsa: Hospital Setting

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73.0%
	2nd Tier Utilization: 27.0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinurance (%; Insurer's Cost Share)	80.00%	75.08%
OOP Maximum (\$)	\$3,500.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinurance (%; Insurer's Cost Share)	80.00%	75.08%
OOP Maximum (\$)	\$3,500.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.43%		<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"/>		
Drugs	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.72%

Gold

Gold 9: Free Standing
~~Gold~~

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.61%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 81.53%
 Gold

8.53% x 0.45
 80.65% x 0.55
 81.05%

Gold 9: Hospital Setting

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73% 2nd Tier Utilization: 27%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%
OOP Maximum (\$)	\$3,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
		Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%
OOP Maximum (\$)	\$3,000.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82.61%		<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"/>		
Drugs	<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"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.61%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.61%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.65%

Gold

Gold 9a Free Standing

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	75.08%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

82.04%

Gold9a: Hospital Setting

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	75.08%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
		Combined
\$1,000.00	\$0.00	
90.00%	75.08%	
\$3,000.00		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82.61%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful:
81.15%
Gold

82.04% x 0.45
81.15% x 0.55
81.55%

Gold- Hospital Self

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73%
	2nd Tier Utilization: 27%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
		Combined
\$500.00	\$0.00	
80.00%	100.00%	
\$4,500.00		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.43%		<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"/>		
Drugs	<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"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%	

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):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
80.60%
Gold

Gold 18 - Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS 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)	80.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.51%		<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 81.23%
 Gold

$$\begin{array}{r}
 81.23 \times 0.45 \\
 80.60 \times 0.55 \\
 \hline
 80.881
 \end{array}$$

Gold 10 a - Hospital Setting

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73%
	2nd Tier Utilization: 27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	75.08%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
		Combined
\$500.00	\$0.00	
80.00%	75.08%	
\$4,500.00		

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.43%		<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"/>		
Drugs	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 81.10%
 Gold

Gold 10 a - Free standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS 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)	80.00%	75.08%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
		Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful:
 81.73%
 Gold

$$\begin{array}{r}
 81.73 \times 0.45 \\
 81.10 \times 0.55 \\
 \hline
 81.38\%
 \end{array}$$

Platinum 1- Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS 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%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.82%		<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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 89.61%
 Platinum

$$89.61 \times 0.45$$

$$87.61 \times 0.55$$

88.51

Platinum 1 - Hospital

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	73.0%
		2nd Tier Utilization:	27.0%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63.47%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	91.79%		<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"/>		
Drugs	<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"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.82%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.82%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

87.61%

Platinum-2- Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80.0% 2nd Tier Utilization: 20.0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$50.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$50.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<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"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00
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"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.07%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.89%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77.39%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77.39%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.88%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.88%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.82%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.82%	

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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 89.16%
 Platinum

$$89.16 \times 0.45$$

$$87.90 \times 0.55$$

$$87.87 \times 0.55$$

$$88.47$$

Platinum-2 Hospital

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80.0%
		2nd Tier Utilization:	20.0%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$50.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$50.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<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"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00
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"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90.15%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71.89%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77.39%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77.39%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.88%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73.88%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.82%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.82%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

87.90%

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$50.00	
Coinurance (% Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$2,500.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57.94%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85.87%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.82%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.25%

Platinum

Platinum 4-Hospital

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

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

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<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"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.07%		<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"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.80%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.3%

Platinum

Platinum- Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS 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%	
OOP Maximum (\$)	\$5,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%		<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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

92.6%

$$\begin{array}{r}
 92.6 \times 0.45 \\
 91.3 \times 0.55 \\
 \hline
 91.89\%
 \end{array}$$

Platinum5 - Free Stanley

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$50.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$50.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<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"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.72%		<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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57.84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57.84%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85.87%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85.87%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82.58%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%	

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful:
 89.9%
 Platinum

$$89.9\% \times 0.45$$

$$88.3\% \times 0.55$$

$$89.02\%$$

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$50.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$50.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<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"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90.15%		<input 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"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57.84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57.84%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85.87%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85.87%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82.58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82.58%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.3%

Platinum

Platinum S - Hospital Setting

Platinum - Hospital

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 73% 2nd Tier Utilization: 27%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$3,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$3,000.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	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
Medical	<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"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.07%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<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		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%	

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):	

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful:
 90.4%
 Platinum

$$91.0 \times 0.45$$

$$90.4 \times 0.55$$

$$90.67\%$$

Platinum 6 - Free Standing

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	
100.00%	100.00%	
\$3,000.00		

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Type of Benefit	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
Medical	<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"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97.54%		<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"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.8%	

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):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful:

91.0%

Platinum

DC Small Group 2012 Member Months Distribution by Age			
	<u>OCI</u>	<u>UHC</u>	<u>Total</u>
0	159	1,443	1,602
1	193	1,574	1,767
2	191	1,438	1,629
3	166	1,284	1,450
4	226	1,318	1,544
5	165	1,304	1,469
6	149	1,311	1,460
7	133	1,200	1,333
8	213	1,320	1,533
9	253	1,308	1,561
10	249	1,149	1,398
11	296	1,238	1,534
12	289	1,301	1,590
13	327	1,391	1,718
14	273	1,230	1,503
15	329	1,284	1,613
16	327	1,069	1,396
17	412	1,145	1,557
18	290	1,097	1,387
19	318	1,087	1,405
20	356	983	1,339
21	253	1,269	1,522
22	213	1,677	1,890
23	362	1,957	2,319
24	418	2,121	2,539
25	336	2,232	2,568
26	271	2,398	2,669
27	307	2,492	2,799
28	286	2,354	2,640
29	443	2,519	2,962
30	367	2,331	2,698
31	283	2,327	2,610
32	371	2,538	2,909
33	464	2,613	3,077
34	317	2,321	2,638
35	364	2,207	2,571
36	419	2,002	2,421
37	361	1,817	2,178
38	376	1,885	2,261
39	360	1,932	2,292
40	431	1,954	2,385
41	422	2,181	2,603
42	475	2,099	2,574
43	393	1,884	2,277
44	405	1,915	2,320
45	410	1,868	2,278
46	416	1,961	2,377
47	409	1,820	2,229
48	424	1,773	2,197
49	483	1,723	2,206
50	336	1,611	1,947
51	533	1,488	2,021
52	630	1,624	2,254
53	615	1,614	2,229
54	603	1,548	2,151
55	549	1,517	2,066
56	416	1,374	1,790
57	583	1,484	2,067
58	429	1,432	1,861
59	460	1,470	1,930
60	389	1,180	1,569
61	377	1,063	1,440
62	411	1,039	1,450
63	413	1,043	1,456
64	292	845	1,137
65	182	680	862
66	122	457	579
67	141	382	523
68	84	256	340
69	31	254	285
70	62	277	339
71	66	251	317
72	9	136	145
73	21	85	106
74	11	91	102
75	29	102	131
76	30	36	66
77	19	52	71
78	27	8	35
79	0	15	15
80	0	8	8
81	0	21	21
82	5	39	44
83	6	20	26
84	0	5	5
86	0	10	10
87	0	6	6
88	<u>0</u>	<u>8</u>	<u>8</u>
Total	24,034	110,175	134,209
Avg Age	37.7	33.6	34.3

DC SG Objections & Responses

1) Please provide the rates template populated with rates for all plans and for all ages. The template can be found at <http://www.serff.com/planmanagementtemplates.htm>.

These templates (Excel files) have been submitted via SERFF.

2) Please provide screen shots of the Actuarial Value Calculator for all actuarial value calculations.

Please see the screen shots submitted via SERFF.

3) Please provide the Unified Rate Review Template in Excel format.

The Unified Rate Review Templates in Excel format have been submitted via SERFF.

4) Please provide quantitative actuarial support for the added essential health benefits (+1.6%).

UnitedHealthcare studies indicate the below expected additional claim costs.

0.7% - Pediatric dental and vision.

0.6% - Mental health parity.

0.2% - Habilitative services and applied behavior analysis (ABA).

0.1% - Temporomandibular joint disorder (TMJ).

5) Please provide quantitative actuarial support for market adjustments (+1.3%).

These are the components we considered in estimating the impact of the market changes on costs and revenue.

- Market dropout: PPACA does not penalize small employer groups for dropping health insurance coverage. We expect that some small employers will drop coverage due to large premium increases. The groups with the largest premium increases will be those that are currently rated below the manual rate or have below average rating factors that are being limited or prohibited. Since these groups also have lower than average costs, when they drop coverage, the small group market average costs will go up.
- Early renewals: Adjusted community rating (ACR) will be effective 1/1/14. We have heard that some groups are planning to renew their coverage just prior to 1/1/14 in order to keep their current benefit plans and pre-ACR rates for a few additional months. Groups that could benefit from renewing early are likely those that currently are rated below manual or have below average rating factors that will be limited or prohibited after 1/1/14. Since these groups will join the community pool late in 2014, their exclusion will deteriorate the entire market pool only for CY2014.
- Early terms: Adjusted community rating (ACR) will be effective 1/1/14. We expect that groups will obtain quotes early in 2014, even prior to their scheduled renewal date in 2014. Groups that are favorably impacted will opt into the ACR rates, lowering revenue.

6) Please provide quantitative actuarial support for the risk adjustment compared to the market (6.8%) and for the merger of the individual and small group markets (7.5%).

We are revising the risk adjustment factor for the merger of the individual and small group markets from 7.5% to 4.2%.

The 6.8% is based on an analysis done in conjunction with Wakely Consulting Group. UnitedHealthcare and other DC carriers submitted small group risk data (diagnostic information by member) for the 7/1/11-12 period to Wakely. In addition to demographic and diagnosis information, benefit information was collected in order to estimate the metal level of each member's benefit plan. Wakely provided a tool with simplified inputs in order to estimate each plan's actuarial value. Based on this analysis, UnitedHealthcare is indicated to have a lower risk score than the statewide average small group market, and thus be a risk payer, transferring premium to other carriers.

We expect the DC total small group block to be have lower risk than the 2014 DC individual block, as currently high risk individuals obtain coverage with PPACA. We expect the individual block will have 14% higher morbidity than the small group block, and that individual will represent 30% of the 2014 market, $30\% \times 14\% = 4.2\%$ expected premium transfer.

7) Please provide a description of the base data used for the manual rate. Was it the two companies combined or just UHIC as indicated in Exhibit A? Was it only DC experience?

The combined experience of our two companies, UHIC and OCI, is used, which we believe is credible in total. Only DC experience is used. We adjusted the price relationships between our different products to reflect only the true unit cost differences between the products, and not the different health characteristics inherent in our past experience.

8) Please provide the breakdown of the adjustments with amount made to the base data for the manual rate before the 21.9% increase was applied. Please provide any quantitative support that you have available for each. Note from your actuarial memorandum, we understand that these adjustments consist of "... the impact of the new required rate calculation approach (member rating by age using the new DC age factors, removal of group size, industry, and underwriting risk adjustment factors) and our proposed product price relationships. Using our February, 2013 book of business (each group's product, and each covered member's age) ...".

Below is a detailed explanation of the revenue neutrality calculation.

As our starting point we have two data files containing information on every DC small group on our books as of February 2013:

- 1) A demographic file that has the age of every covered member, both employees and dependents.
- 2) A file that identifies the license, product, benefit plan (medical and Rx), group size, industry, and rate relationship to manual.

Calculation A – Premium Using Current Rates

Using the current rating factors:

Base Rates (1/1/2013 effective): OCI HMO: \$173.96, OCI HMP: \$198.00, OCI Rx: \$55.53.
UHIC EPO: \$174.68, UHIC POS: \$206.13, UHIC Rx: \$55.53.

Trend Factor: 4Q13 trend factor: OCI: 2.113, UHIC: 2.546

Benefit Plan Ratios: As detailed in our current approved rate filings.

Age Factors: As detailed in our current approved rate filings.

Group Size Factors: # of emps & factor: 1: 1.30, 2: 1.15, 3: 1.10, 4-50: 1.00

Industry Factors: Factor by SIC code as detailed in our current approved rate filings.

Rate Relationship to Manual: Each group's current factor as assigned by underwriting.

A premium is calculated for each group.

The total calculated premium PMPM for all groups on the two licenses is \$491.33.

Calculation B – Premium Using 2014 Age Factors, Proposed “Product Price Relationships”, and PPACA Required Rating Methodology

Using these rating factors:

Base Rates (started with current OCI gatekeeper HMO base rate, and then used these desired unit cost based product price differentials: from gatekeeper to open access: +7.0%, from in-network-only products to products with an out-of-network benefit: +3.0%):

		vs. OCI <u>HMO</u>	OON vs. <u>In-Netw.</u>
OCI HMO	\$173.96	1.000	
OCI HMP	\$179.18		1.030
UHIC EPO	\$186.14	1.070	
UHIC POS	\$191.72		1.030
Rx (all)	\$59.17		

Trend Factor: UHIC trend factor: 2.546

Benefit Plan Ratios: Same as in Calculation A, as detailed in our current approved rate filings.

Age Factors: The new 2014 DC age factors.

Industry, Group Size & Rate Relationship to Manual: All 1.000.

A premium is calculated for each group.

The total calculated premium PMPM for all groups on the two licenses is \$517.59.

Revenue Neutral Adjustment

The revenue neutral adjustment is calculated as the premium difference: $\$491.33 / \$517.59 = 0.949$.

This is the adjustment that is applied in our rate development illustrated in Exhibit 3, to determine 4Q13 “revenue neutral” base rates:

Base Rates		
Entered	Revenue	4Q13

	Into <u>Model</u>	x	Neutral <u>Factor</u>	x	Trend <u>Factor</u>	=	<u>Total</u>
OCI HMO	\$173.96		0.949		2.546		\$420.31
OCI HMP	\$179.18		0.949		2.546		\$432.92
UHIC EPO	\$186.14		0.949		2.546		\$449.74
UHIC POS	\$191.72		0.949		2.546		\$463.23
Rx (all)	\$59.17		0.949		2.546		\$142.96

Changes by Component

From Calculation A to Calculation B the model provides us these changes by component:

Age: Current member age factor: 0.993
2014 member age factor: 1.076 +8.4%

Base Rates / Product Spread [(med base rate x med plan ratio + Rx base rate x Rx plan ratio)] x trend factor:
Using current base rates: \$483.04
Using new product spread: \$482.00 -0.2%

Industry: Current industry factor: 0.973
2014 industry factor: 1.000 +2.7%

Group Size: Current group size factor: 1.012
2014 group size factor: 1.000 -1.2%

Rate Relationship Current rate rel. factor: 1.030
to Manual: 2014 rate rel. factor: 1.000 -2.9%

Interaction of Factors (The product of the member-weighted average factors does not equal the overall average. This component is the difference between the member-weighted averages and the total factor):
Current factors: 1.009
2014 factors: 0.998 -1.1%

9) Please provide age distributions for the base period and the projection period.

Please see the attached distribution of member months by age for the 2012 experience period. We are assuming the same distribution by age for the projection period.

10) Does the PPACA fee of 3.5% (as stated in the Act. Memo) include the 0.7% for DC HBX Exchange User Fee? (OR maybe this is embedded somewhere else?). . .

No, this fee is not included in May 15 submitted rates. In our revised filings we are adding an estimated 0.7% Exchange user fee to our 2014 rates.

SERFF Tracking #:

UHLC-129030275

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: DC-SG-UHIC-2014-01

Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/26/2013		Rate	Rate Filing Exhibits	06/27/2013	DCSG-UHIC-2014-01-All Exhibits 2013-06-26.pdf (Superseded)
06/26/2013		Supporting Document	Actuarial Memorandum	06/27/2013	DC-SG-UHIC-ActMemo-2013-06-26.pdf (Superseded)
06/26/2013		Supporting Document	Actuarial Memorandum and Certifications	06/27/2013	UHIC-Part III-2014-01 (6-26-2013).pdf (Superseded)
06/26/2013		Supporting Document	Unified Rate Review Template	06/27/2013	DC-UHIC-URRT-2014-01 (6-26-2013).xlsm (Superseded)
06/26/2013		Supporting Document	Rate Filing Exhibits	06/27/2013	DCSG-UHIC-2014-01-All Exhibits 2013-06-26.pdf (Superseded)
06/26/2013		Supporting Document	Rate Template	06/27/2013	DC-UHIC- Rate Template 2013-06-26.zip (Superseded)
06/25/2013		Rate	Rate Filing Exhibits	06/26/2013	DCSG-UHIC-2014-01-All Exhibits 2013-06-25.pdf (Superseded)
06/25/2013		Supporting Document	Actuarial Memorandum	06/26/2013	DC-SG-UHIC-ActMemo-2013-06-25.pdf (Superseded)
06/25/2013		Supporting Document	Actuarial Memorandum and Certifications	06/26/2013	UHIC-Part III-2014-01 (6-25-2013).pdf (Superseded)
06/25/2013		Supporting Document	Unified Rate Review Template	06/26/2013	DC-UHIC-URRT-2014-01.xlsm (Superseded)
06/25/2013		Supporting Document	Rate Filing Exhibits	06/26/2013	DCSG-UHIC-2014-01-All Exhibits 2013-06-25.pdf (Superseded)

SERFF Tracking #:

UHLC-129030275

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

DC-SG-UHIC-2014-01

Project Name/Number:

/

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/25/2013		Supporting Document	Rate Template	06/26/2013	DC-UHIC- Rate Template 2013-06-25.zip (Superceded)
06/21/2013		Supporting Document	Actuarial Memorandum	06/25/2013	DC-SG-UHIC-ActMemo-2013-06-21.pdf (Superceded)
06/21/2013		Supporting Document	Actuarial Memorandum and Certifications	06/25/2013	UHIC-Part III-2014-01 (6-21-2013).pdf (Superceded)
06/21/2013		Supporting Document	Unified Rate Review Template	06/25/2013	DC-UHIC-URRT-2014-01.xlsm (Superceded)
06/21/2013		Supporting Document	Rate Filing Exhibits	06/25/2013	DCSG-UHIC-2014-01-All Exhibits 2013-06-21.pdf (Superceded)
06/21/2013		Rate	Rate Filing Exhibits	06/25/2013	DCSG-UHIC-2014-01-All Exhibits 2013-06-21.pdf (Superceded)
06/21/2013		Supporting Document	Rate Template	06/25/2013	DC-UHIC- Rate Template 2013-06-21.zip (Superceded)
05/15/2013		Rate	Rate Filing Exhibits	06/21/2013	DCSG-UHIC-2014-01-All Exhibits 2013-05-15.pdf (Superceded)
05/15/2013		Supporting Document	Rate Filing Exhibits	06/21/2013	DCSG-UHIC-2014-01-All Exhibits 2013-05-15.pdf (Superceded)
05/15/2013		Supporting Document	Actuarial Memorandum	06/21/2013	DC-SG-UHIC-ActMemo-2013-05-15.pdf (Superceded)
05/15/2013		Supporting Document	Actuarial Memorandum and Certifications	06/21/2013	UHIC-Part III-2014-01 (5-15-2013).pdf (Superceded)
05/15/2013		Supporting Document	Unified Rate Review Template	06/21/2013	DC-UHIC-URRT-2014-01.pdf (Superceded)

SERFF Tracking #:

UHLC-129030275

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

DC-SG-UHIC-2014-01

Project Name/Number:

/

Attachment DC-UHIC-URRT-2014-01 (6-26-2013).xlsm is not a PDF document and cannot be reproduced here.

Attachment DC-UHIC- Rate Template 2013-06-26.zip is not a PDF document and cannot be reproduced here.

Attachment DC-UHIC-URRT-2014-01.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC-UHIC- Rate Template 2013-06-25.zip is not a PDF document and cannot be reproduced here.

Attachment DC-UHIC-URRT-2014-01.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC-UHIC- Rate Template 2013-06-21.zip is not a PDF document and cannot be reproduced here.

Rate Factors

Exhibit 1

(1) Index Rate: \$461.48

(2) Benefit Plan Ratios

CH/INS (EPO) Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
EPO	C4O	VBY	ZV	Platinum	88.2%	1.06364
EPO	EY1	V63	ZU	Platinum	90.7%	1.12252
EPO	E43	V7W	YM	Platinum	88.5%	1.08336
EPO	E47	V7Y	ZR	Platinum	88.5%	1.07773
EPO	E5N	V71	ZU	Platinum	91.9%	1.14631
EPO	EYW	V61	ZV	Platinum	89.0%	1.07961
EPO-HSA	DW7	VDN	A0	Gold	78.5%	0.81425
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.81078
EPO-HSA	DXP	VDP	A0	Gold	78.1%	0.90797
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.90448
EPO	EZJ	V67	A0	Gold	79.5%	0.92340
EPO	EZJ	V67	YM	Gold	78.8%	0.91406
EPO	EZ2	V7D	C0	Gold	79.1%	0.90463
EPO	E22	V7D	ZT	Gold	78.9%	0.91053
EPO	E0P	V7J	A0	Gold	78.9%	0.90379
EPO	E0P	V7J	YM	Gold	78.3%	0.89445
EPO	E0X	V7L	A0	Gold	81.6%	0.96286
EPO	E0X	V7L	YM	Gold	81.1%	0.95352
EPO	EY5	V65	A0	Gold	81.4%	0.94743
EPO	EY5	V65	YM	Gold	80.9%	0.93809
EPO	EZS	V69	B0	Gold	78.1%	0.90091
EPO	EZS	V69	ZS	Gold	78.7%	0.89378
EPO	E0H	V7H	A0	Gold	79.7%	0.94689
EPO	E0H	V7H	ZR	Gold	79.1%	0.92934
EPO	EZ9	V7F	A0	Gold	79.9%	0.94507
EPO	EZ9	V7F	ZS	Gold	78.5%	0.92058
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.70562
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.70153
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.71548
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.71139
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.71934
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.71524
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.69479
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.69069
EPO	E06	V7N	ZT	Silver	70.8%	0.79622
EPO	E06	V7N	ZY	Silver	69.9%	0.77618
EPO	E2M	V7Q	D0	Silver	71.5%	0.78660
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.76738
EPO	E2U	V7S	ZT	Silver	70.0%	0.79098
EPO	E2U	V7S	ZY	Silver	68.8%	0.77093
EPO	E26	V7U	ZT	Silver	70.5%	0.79891
EPO	E26	V7U	ZY	Silver	69.0%	0.77886
EPO	E18	V7O	ZT	Silver	70.5%	0.80149
EPO	E18	V7O	ZY	Silver	68.4%	0.78144
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.59582
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.60065
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.67023

CH+/INS (POS) Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
POS	C5Z	VBZ	ZV	Platinum	88.2%	1.08746
POS	EY2	V64	ZU	Platinum	90.7%	1.14653
POS	E44	V7X	YM	Platinum	88.5%	1.10484
POS	E48	V7Z	ZR	Platinum	88.5%	1.09738
POS	E5O	V72	ZU	Platinum	91.9%	1.17015
POS	EYX	V62	ZV	Platinum	89.0%	1.10336
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.83980
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.83633
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.93577
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.93230
POS	EZL	V68	A0	Gold	79.5%	0.94466
POS	EZL	V68	YM	Gold	78.8%	0.93532
POS	EZ4	V7E	C0	Gold	79.1%	0.92652
POS	EZ4	V7E	ZT	Gold	78.9%	0.93241
POS	E0R	V7K	A0	Gold	78.9%	0.92554
POS	E0R	V7K	YM	Gold	78.3%	0.91620
POS	EY7	V66	A0	Gold	81.4%	0.96916
POS	EY7	V66	YM	Gold	80.9%	0.95982
POS	EZU	V7C	B0	Gold	78.1%	0.92245
POS	EZU	V7C	ZS	Gold	78.7%	0.91532
POS	E0Z	V7M	A0	Gold	81.6%	0.98464
POS	E0Z	V7M	YM	Gold	81.1%	0.97530
POS	E0J	V7I	A0	Gold	79.7%	0.96884
POS	E0J	V7I	ZR	Gold	79.1%	0.95129
POS	E0C	V7G	A0	Gold	79.9%	0.96674
POS	E0C	V7G	ZS	Gold	78.5%	0.94227
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.72634
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.72224
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.73782
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.73373
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.74081
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.73672
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.71260
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.71197
POS	E2O	V7R	D0	Silver	71.5%	0.80443
POS	E2O	V7R	ZZ	Silver	69.2%	0.78521
POS	E2W	V7T	ZT	Silver	70.0%	0.80872
POS	E2W	V7T	ZY	Silver	68.8%	0.78868
POS	E28	V7V	ZT	Silver	70.5%	0.81722
POS	E28	V7V	ZY	Silver	69.0%	0.79717
POS	E2E	V7P	ZT	Silver	70.5%	0.82043
POS	E2E	V7P	ZY	Silver	68.4%	0.80038

(3) Trend Factors

Effective Quarter	Factor
1st Quarter, 2014	1.000
2nd Quarter, 2014	1.026
3rd Quarter, 2014	1.052
4th Quarter, 2014	1.079

(4) Age Factors

Age	Factor
0-20	0.727
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.727
29	0.727
30	0.727
31	0.727

Age	Factor	Age	Factor	Age	Factor
32	0.727	44	1.137	56	1.801
33	0.727	45	1.181	57	1.871
34	0.727	46	1.227	58	1.944
35	0.805	47	1.275	59	2.020
36	0.836	48	1.325	60	2.099
37	0.869	49	1.377	61	2.181
38	0.903	50	1.431	62	2.181
39	0.938	51	1.487	63	2.181
40	0.975	52	1.545	64 & older	2.181
41	1.013	53	1.605		
42	1.053	54	1.668		
43	1.094	55	1.733		

UnitedHealthcare Insurance Company. 6/26/2013

Product	Plan Name			Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network						Out-of-Network						Copayments										Medical Deduct. Type	Rx																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
	Medical Exchange	Rx	Off					On	Deductible	Family	Coins	OOP Maximum		Deductible	Family	Coins	OOP Maximum		PCP	SCP	UC	ER	OP Surgery				IP	Deduct. Type	Deduct.		Tier 1	Tier 2	Tier 2 Spec.	Tier 3	Tier 3 Spec.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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POS	EY7	V66	YM	Gold 10	GO10.SBN.CHP.I.14.DC	104075.RDR.RXSBN.PLS.I.14.DC.SB	80.9%	\$500	\$1,000	80%	\$4,500	\$9,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										

Rate and Rate Factor Changes, and Development of 1st Quarter 2014 Base Rates

Age Factors: Change to new 2014 DC age factors: see Exhibit 1.

Other Rating Factors: Industry, group size and risk adjustment factors all set to 1.000.

Development of Base Rates:

		Current 4Q13 Base Rates with Trend			Proposed * Base Rates on a Revenue Neutral Basis (col a)	Rate Increases from 4Q13 to 1Q14								Proposed 1Q14 Base Rates (= a x b)
<u>License</u>	<u>Product</u>	<u>Base Rate</u>	<u>Trend x Factor</u>	<u>Total = Rate</u>		<u>1 Qtr Trend</u>	<u>PPACA x Fees</u>	<u>EHB</u>	<u>Market Adj</u>	<u>Exper. Adj</u>	<u>Exchange x User Fee</u>	<u>Risk Adj</u>	<u>= Total (col b)</u>	
OCI	Gatekeeper HMO	173.96	2.113	367.58	420.31	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100	462.43
	Gatekeeper HMP	198.00	2.113	418.37	432.92	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100	476.30
	Rx	59.71	2.113	126.17	142.96	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100	157.29
UHIC	EPO	174.68	2.546	444.74	449.74	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100	494.79
	POS	206.13	2.546	524.81	463.23	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100	509.64
	Rx	55.53	2.546	141.38	142.96	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100	157.29

* Rates when apply:

- New age factors
- All industry, group size, and risk adjustment factors set to 1.000, and
- New rate relationships between products:
 - +7.0% for gatekeeper to Choice, and
 - +3.0% for in-network only products to products with an out-of-network benefit,

to the total February, 2013 inforce book of business using:

- Each group's product, and each members's age,
- produces the same total (for OCI + UHIC) revenue as the current 4Q13 rates and rating factors.

Development of Plan Rates & Benefit Plan Ratios to Index Rate

Exhibit 3b

Index Rate: \$461.48
(i)

Benefit Plan Ratios

CH/INS (EPO) Plans											
Product	Plan Name			Metal	Actuarial	Medical Net to Allowed (a)	Medical Base Rate (b)	Rx Net to Allowed (c)	Rx Base Rate (d)	Med + Rx Rate e = (a x b + c x d)	New Plan Ratio = e / i
	Medical		Rx								
	Exchange										
	Off	On									
EPO	C4O	VBY	ZV	Platinum	88.2%	0.8328	\$494.79	0.5009	\$157.29	\$490.85	1.06364
EPO	EY1	V63	ZU	Platinum	90.7%	0.8798	\$494.79	0.5258	\$157.29	\$518.02	1.12252
EPO	E43	V7W	YM	Platinum	88.5%	0.8559	\$494.79	0.4861	\$157.29	\$499.95	1.08336
EPO	E47	V7Y	ZR	Platinum	88.5%	0.8583	\$494.79	0.4620	\$157.29	\$497.35	1.07773
EPO	E5N	V71	ZU	Platinum	91.9%	0.9020	\$494.79	0.5258	\$157.29	\$529.00	1.14631
EPO	EYW	V61	ZV	Platinum	89.0%	0.8477	\$494.79	0.5009	\$157.29	\$498.22	1.07961
EPO-HSA	DW7	VDN	AO	Gold	78.5%	0.7562	\$494.79	0.0102	\$157.29	\$375.76	0.81425
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.7562	\$494.79	0.0000	\$157.29	\$374.16	0.81078
EPO-HSA	DXP	VDP	AO	Gold	78.1%	0.8436	\$494.79	0.0102	\$157.29	\$419.01	0.90797
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.8436	\$494.79	0.0000	\$157.29	\$417.40	0.90448
EPO	EZJ	V67	AO	Gold	79.5%	0.6980	\$494.79	0.5135	\$157.29	\$426.13	0.92340
EPO	EZJ	V67	YM	Gold	78.8%	0.6980	\$494.79	0.4861	\$157.29	\$421.82	0.91406
EPO	E22	V7D	CO	Gold	79.1%	0.7145	\$494.79	0.4065	\$157.29	\$417.47	0.90463
EPO	E22	V7D	ZT	Gold	78.9%	0.7145	\$494.79	0.4238	\$157.29	\$420.19	0.91053
EPO	E0P	V7J	AO	Gold	78.9%	0.6797	\$494.79	0.5135	\$157.29	\$417.08	0.90379
EPO	E0P	V7J	YM	Gold	78.3%	0.6797	\$494.79	0.4861	\$157.29	\$412.77	0.89445
EPO	E0X	V7L	AO	Gold	81.6%	0.7348	\$494.79	0.5135	\$157.29	\$444.34	0.96286
EPO	E0X	V7L	YM	Gold	81.1%	0.7348	\$494.79	0.4861	\$157.29	\$440.03	0.95352
EPO	EY5	V65	AO	Gold	81.4%	0.7204	\$494.79	0.5135	\$157.29	\$437.22	0.94743
EPO	EY5	V65	YM	Gold	80.9%	0.7204	\$494.79	0.4861	\$157.29	\$432.91	0.93809
EPO	EZ5	V69	BO	Gold	78.1%	0.6932	\$494.79	0.4626	\$157.29	\$415.75	0.90091
EPO	EZ5	V69	ZS	Gold	78.7%	0.6932	\$494.79	0.4417	\$157.29	\$412.46	0.89378
EPO	E0H	V7H	AO	Gold	79.7%	0.7199	\$494.79	0.5135	\$157.29	\$436.97	0.94689
EPO	E0H	V7H	ZR	Gold	79.1%	0.7199	\$494.79	0.4620	\$157.29	\$428.87	0.92934
EPO	E29	V7F	AO	Gold	79.9%	0.7182	\$494.79	0.5135	\$157.29	\$436.13	0.94507
EPO	E29	V7F	ZS	Gold	78.5%	0.7182	\$494.79	0.4417	\$157.29	\$424.83	0.92058
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.6543	\$494.79	0.0120	\$157.29	\$325.63	0.70562
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.6543	\$494.79	0.0000	\$157.29	\$323.74	0.70153
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.6635	\$494.79	0.0120	\$157.29	\$330.18	0.71548
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.6635	\$494.79	0.0000	\$157.29	\$328.29	0.71139
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.6671	\$494.79	0.0120	\$157.29	\$331.96	0.71934
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.6671	\$494.79	0.0000	\$157.29	\$330.07	0.71524
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.6442	\$494.79	0.0120	\$157.29	\$320.63	0.69479
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.6442	\$494.79	0.0000	\$157.29	\$318.74	0.69069
EPO	E06	V7N	ZT	Silver	70.8%	0.6079	\$494.79	0.4238	\$157.29	\$367.44	0.79622
EPO	E06	V7N	ZY	Silver	69.9%	0.6079	\$494.79	0.3650	\$157.29	\$358.19	0.77618
EPO	E2M	V7Q	DO	Silver	71.5%	0.6124	\$494.79	0.3814	\$157.29	\$363.00	0.78660
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.6124	\$494.79	0.3250	\$157.29	\$354.13	0.76738
EPO	E2U	V7S	ZT	Silver	70.0%	0.6030	\$494.79	0.4238	\$157.29	\$365.02	0.79098
EPO	E2U	V7S	ZY	Silver	68.8%	0.6030	\$494.79	0.3650	\$157.29	\$355.77	0.77093
EPO	E26	V7U	ZT	Silver	70.5%	0.6104	\$494.79	0.4238	\$157.29	\$368.68	0.79891
EPO	E26	V7U	ZY	Silver	69.0%	0.6104	\$494.79	0.3650	\$157.29	\$359.43	0.77886
EPO	E18	V7O	ZT	Silver	70.5%	0.6128	\$494.79	0.4238	\$157.29	\$369.87	0.80149
EPO	E18	V7O	ZY	Silver	68.4%	0.6128	\$494.79	0.3650	\$157.29	\$360.62	0.78144
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.5519	\$494.79	0.0120	\$157.29	\$274.96	0.59582
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.5564	\$494.79	0.0120	\$157.29	\$277.19	0.60065
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.6213	\$494.79	0.0120	\$157.29	\$309.30	0.67023

CH+/INS (POS) Plans												
Product	Plan Name			Metal	Actuarial	Medical Net to	Medical Base	Rx Net to	Rx Base	Med + Rx Rate e = (a x b + c x d)	New Plan	
	Medical		Rx									
	Exchange											
	Off	On										
				Level	Value	Allowed (a)	Rate (b)	Allowed (c)	Rate (d)		Ratio = e / i	
	POS	C5Z	VBZ	ZV	Platinum	88.2%	0.8301	\$509.64	0.5009	\$157.29	\$501.84	1.08746
	POS	EY2	V64	ZU	Platinum	90.7%	0.8759	\$509.64	0.5258	\$157.29	\$529.10	1.14653
	POS	E44	V7X	YM	Platinum	88.5%	0.8504	\$509.64	0.4861	\$157.29	\$509.86	1.10484
	POS	E48	V7Z	ZR	Platinum	88.5%	0.8511	\$509.64	0.4620	\$157.29	\$506.42	1.09738
	POS	E5O	V72	ZU	Platinum	91.9%	0.8973	\$509.64	0.5258	\$157.29	\$540.00	1.17015
	POS	EYX	V62	ZV	Platinum	89.0%	0.8445	\$509.64	0.5009	\$157.29	\$509.18	1.10336
	POS-HSA	DXL	VDO	A0	Gold	78.5%	0.7573	\$509.64	0.0102	\$157.29	\$387.55	0.83980
	POS-HSA	DXL	VDO	YM	Gold	78.4%	0.7573	\$509.64	0.0000	\$157.29	\$385.95	0.83633
	POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.8442	\$509.64	0.0102	\$157.29	\$431.84	0.93577
	POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.8442	\$509.64	0.0000	\$157.29	\$430.24	0.93230
	POS	EZL	V68	A0	Gold	79.5%	0.6969	\$509.64	0.5135	\$157.29	\$435.94	0.94466
	POS	EZL	V68	YM	Gold	78.8%	0.6969	\$509.64	0.4861	\$157.29	\$431.63	0.93532
	POS	E24	V7E	C0	Gold	79.1%	0.7135	\$509.64	0.4065	\$157.29	\$427.57	0.92652
	POS	E24	V7E	ZT	Gold	78.9%	0.7135	\$509.64	0.4238	\$157.29	\$430.29	0.93241
	POS	E0R	V7K	A0	Gold	78.9%	0.6796	\$509.64	0.5135	\$157.29	\$427.12	0.92554
	POS	E0R	V7K	YM	Gold	78.3%	0.6796	\$509.64	0.4861	\$157.29	\$422.81	0.91620
	POS	EY7	V66	A0	Gold	81.4%	0.7191	\$509.64	0.5135	\$157.29	\$447.25	0.96916
	POS	EY7	V66	YM	Gold	80.9%	0.7191	\$509.64	0.4861	\$157.29	\$442.94	0.95982
	POS	EZU	V7C	B0	Gold	78.1%	0.6925	\$509.64	0.4626	\$157.29	\$425.69	0.92245
	POS	EZU	V7C	ZS	Gold	78.7%	0.6925	\$509.64	0.4417	\$157.29	\$422.40	0.91532
	POS	E0Z	V7M	A0	Gold	81.6%	0.7331	\$509.64	0.5135	\$157.29	\$454.39	0.98464
	POS	E0Z	V7M	YM	Gold	81.1%	0.7331	\$509.64	0.4861	\$157.29	\$450.08	0.97530
	POS	E0J	V7I	A0	Gold	79.7%	0.7188	\$509.64	0.5135	\$157.29	\$447.10	0.96884
	POS	E0J	V7I	ZR	Gold	79.1%	0.7188	\$509.64	0.4620	\$157.29	\$439.00	0.95129
	POS	E0C	V7G	A0	Gold	79.9%	0.7169	\$509.64	0.5135	\$157.29	\$446.13	0.96674
	POS	E0C	V7G	ZS	Gold	78.5%	0.7169	\$509.64	0.4417	\$157.29	\$434.84	0.94227
	POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.6540	\$509.64	0.0120	\$157.29	\$335.19	0.72634
	POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.6540	\$509.64	0.0000	\$157.29	\$333.30	0.72224
	POS-HSA	DX7	VDS	YM	Silver	70.4%	0.6644	\$509.64	0.0120	\$157.29	\$340.49	0.73782
	POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.6644	\$509.64	0.0000	\$157.29	\$338.60	0.73373
	POS-HSA	DYI	VDU	YM	Silver	71.0%	0.6671	\$509.64	0.0120	\$157.29	\$341.87	0.74081
	POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.6671	\$509.64	0.0000	\$157.29	\$339.98	0.73672
	POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.6447	\$509.64	0.0018	\$157.29	\$328.85	0.71260
	POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.6447	\$509.64	0.0000	\$157.29	\$328.56	0.71197
	POS	E2O	V7R	D0	Silver	71.5%	0.6107	\$509.64	0.3814	\$157.29	\$371.23	0.80443
	POS	E2O	V7R	ZZ	Silver	69.2%	0.6107	\$509.64	0.3250	\$157.29	\$362.36	0.78521
	POS	E2W	V7T	ZT	Silver	70.0%	0.6015	\$509.64	0.4238	\$157.29	\$373.21	0.80872
	POS	E2W	V7T	ZY	Silver	68.8%	0.6015	\$509.64	0.3650	\$157.29	\$363.96	0.78868
	POS	E28	V7V	ZT	Silver	70.5%	0.6092	\$509.64	0.4238	\$157.29	\$377.13	0.81722
	POS	E28	V7V	ZY	Silver	69.0%	0.6092	\$509.64	0.3650	\$157.29	\$367.88	0.79717
	POS	E2E	V7P	ZT	Silver	70.5%	0.6121	\$509.64	0.4238	\$157.29	\$378.61	0.82043
	POS	E2E	V7P	ZY	Silver	68.4%	0.6121	\$509.64	0.3650	\$157.29	\$369.36	0.80038

Formula & Example

Exhibit 4

Rate Calculation Formula

Monthly premium =

Index Rate
x Plan Ratio
x Trend factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan EZ2 with Rx C0

Effective Date: 4/1/14

Census:

	Member Ages				Age Factors			
	<u>EE Age</u>	<u>Spouse Age</u>	<u>Child #1</u>	<u>Child #2</u>	<u>EE</u>	<u>Spouse</u>	<u>Child #1</u>	<u>Child #2</u>
EE #1	43	41	10	15	1.094	1.013	0.727	0.727
EE #2	35	36	5	9	0.805	0.836	0.727	0.727
EE #3	53	55	19		1.605	1.733	0.727	

Total Members: 11

Sum of Age Factors: 10.721

Rate Calculation

	<u>Rating Factor</u>	<u>Exhibit 1 Location</u>
\$461.48	Index Rate	(1)
0.90463	Plan Ratio (EZ2)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,592.05</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - UHIC

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	9,190	3,849,240	2,728,257	296.87	70.9%
Feb-12	9,374	3,954,953	2,599,181	277.28	65.7%
Mar-12	9,291	3,940,405	3,072,182	330.66	78.0%
Apr-12	9,175	3,912,866	2,698,096	294.07	69.0%
May-12	9,141	3,922,974	2,724,351	298.04	69.4%
Jun-12	9,136	3,940,596	2,604,675	285.10	66.1%
Jul-12	9,204	3,986,074	2,402,937	261.08	60.3%
Aug-12	9,266	4,007,942	2,720,091	293.56	67.9%
Sep-12	9,338	4,011,619	2,222,794	238.04	55.4%
Oct-12	9,083	3,934,272	2,431,348	267.68	61.8%
Nov-12	9,057	3,931,358	2,677,794	295.66	68.1%
Dec-12	8,920	3,876,665	2,446,344	274.25	63.1%
Total	110,175	47,268,964	31,328,050	284.35	66.3%

Explanation, Support & Development of PPACA Fee Increases

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. The two largest cost impacts both take effect with calendar year 2014 earned premiums.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. The Oliver Wyman report "Simulation of the Impact of the Annual Fees on Insurers Using 2011 Data", dated June 27, 2012, estimates that the denominator premiums to which this fee will be applied will be \$527.085 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a % of premium, the needed fee is $\$8B \text{ Insurer Fee} / \$527.085 \text{ Net Industry Premiums} / 65\% \text{ FIT} = 2.3\%$.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. HHS has proposed a \$5.25 pmpm assessment for 2014, or an estimated 1.1% of DC small group premiums.

The total needed PPACA fee increase is 3.5% (2.3% for Insurer Fee, plus 1.2% for Reinsurance Assessment).

The below details the calculation of the Insurer Fee and Reinsurance Assessment.

Calculation of 2014 Fees Impact

Insurer Fee Impact Calculation

Insurer Fee in 2014 (Billions)	\$8
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
Insurer Fee as % of Health Insurance Premiums	1.5%
Gross Up by Federal Income Tax (35%)	2.3%

*from Oliver Wyman Study published on June 27, 2012

Reinsurance Assessment Impact Calculation

Reinsurance Assessment Per Member Per Month - HHS Proposed	\$5.25
Reinsurance Fee as a Percent of Premium	1.2%

DC Small Group Rate Review - Development of Experience Adjustment

	OCI	UHIC	Total
1. Experience 1/1/12-13			
1a. Member Months	24,034	110,175	134,209
1b. Average Mbrs (1a/12)	2,003	9,181	11,184
1c. Incurred Claims	\$5,846,466	\$31,328,050	\$37,174,516
1d. Claim PMPM (1c/1a)	\$243.26	\$284.35	\$276.99
1e. Earned Premium	\$11,537,610	\$47,268,964	\$58,806,574
1f. Premium PMPM (1e/1a)	\$480.05	\$429.04	\$438.17
1g. Loss Ratio (1c/1e)	50.7%	66.3%	63.2%
2. Needed Revenue for 10/1/13 Effective Date			
2a. Claim trend	1.195	1.195	1.195
From center of experience period: 7/1/12			
to center of 10/1/13 pricing period: 4/1/14			
(21 months at 10.7% annual rate)			
2b. Claim cost subtotal (1d x 2a)	\$290.62	\$339.71	\$330.92
2c. Target loss ratio	76.1%	76.1%	76.1%
2d. Needed revenue PMPM for 10/1/13 effective date (2b/2c)	\$381.79	\$446.28	\$434.73
3. Current Manual Rate 10/1/13			
3a. Medical base rate 10/1/2013	\$178.47	\$199.99	\$196.14
3b. Average medical plan relativity	0.9034	0.8715	0.8772
3c. Medical pricing trend factor	2.113	2.546	2.468
<u>3d. Subtotal: Medical (3a x 3b x 3c)</u>	<u>\$340.68</u>	<u>\$443.76</u>	<u>\$425.30</u>
3e. Pharmacy base rate 10/1/2013	\$59.71	\$55.53	\$56.28
3f. Average Rx plan relativity	0.5048	0.4396	0.4513
3g. Rx pricing trend factor	2.113	2.546	2.468
<u>3h. Subtotal: Pharmacy (3e x 3f x 3g)</u>	<u>\$63.69</u>	<u>\$62.16</u>	<u>\$62.43</u>
<u>3i. Subtotal: Medical+Pharmacy (3d + 3h)</u>	<u>\$404.37</u>	<u>\$505.92</u>	<u>\$487.73</u>
3j. Age/Sex Factors	1.0610	0.9485	0.9687
3k. Area factors	1.0000	1.0000	1.0000
3l. Industry factors	0.9969	0.9703	0.9751
3m. Size factors	1.0196	1.0108	1.0123
3n. Current premium PMPM for 10/1/13 effective date (3i x 3j x 3k x 3l x 3m)	\$436.11	\$470.63	\$464.45
4. Supportable Pricing Adjustment (2d / 3n -1)	-12.5%	-5.2%	-6.4%
(rate adjustment required to achieve 73% loss ratio)			

UNITED HEALTHCARE
HEALTHCARE ECONOMICS

Exhibit T

DISTRICT OF COLUMBIA PRICING TREND DEVELOPMENT
APRIL 2013 RATE FILING SUPPORT

SG PRICING TREND BY COMPONENT

SMALL GROUP PRICING TREND BY COMPONENT									
	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>
Total Proposed Pricing Trend	[6]	7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Utilization / Service Mix	[1] , [2]	0.1%	5.1%	4.4%	4.0%	0.0%	3.5%	4.2%	3.6%
Unit Cost	[3]	6.0%	5.4%	3.7%	4.7%	2.3%	4.8%	4.8%	4.8%
Benefit Leveraging	[4]	0.2%	0.7%	1.2%	0.9%	0.2%	0.8%	1.8%	0.9%
Margin		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
<u>Demographic Change</u>	[5]	<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>
Sub-Total Claims Trend		7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Management Adjustment		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Actuarial Memorandum
UnitedHealthcare Insurance Company, NAIC #79413
DC Small Group Rate Filing

June 26, 2013

June 26 Revisions. We are reducing our previously filed rates by 4.1%. We are increasing our target loss ratio from 73.0% to 76.1%.

This rate filing presents proposed premium rates effective January 1, 2014 through December 31, 2014 for new medical and Rx benefit plans to be sold by the UnitedHealthcare Insurance Company to small group employers (employers with 50 or fewer eligible employees).

The benefit plans and rates are for non-grandfathered employers, and are for both on and off-exchange. The proposed rates and rate factors are in Exhibit 1. Benefit plan descriptions are in Exhibit 2, which also displays the metal level and actuarial value of each benefit plan. Rates are presented for 89 new plans: 47 EPO (exclusive provider) and 42 POS (point-of-service, includes out-of-network benefits) plans.

Purpose of Filing. UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

In addition to new 1/1/14 effective rates, for each of the last 3 quarters in 2014 we are filing for a 2.57% quarterly trend increase (equivalent to an annual 10.7% trend rate).

A. Description of Benefits. Benefit plan descriptions are in Exhibit 2.

B. Issue Age Range. All ages.

C. Marketing Method. The products will be offered on the exchange, and also marketed through independent brokers and consultants.

D. Premium Basis. Member level rating.

E. Nature of Rate Change and Proposed Rate/Methodology Change. These are new rates for new products on new policy forms, no current rates exist for these forms or plans.

F. For Each Change, Indication if New or Modified. These are new policy forms.

G. For Each Change, Comparison to Status Quo. These are new policy forms.

H. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology. These are new policy forms.

I. Annual Rate Change for DC Policyholders. These are new policy forms, there are no current rates for these forms.

While these are new products and forms, we will be offering these plans to our current small group business. The rate changes indicated in this actuarial memorandum are from our current 2013 rates on this business.

The rates in this filing are for new benefit plans and use the new PPACA required rate calculation approach, which is significantly different from UnitedHealthcare's current products and rating

approach in DC. Each existing customer who wishes to continue coverage with UnitedHealthcare will have to decide which new “metal level” benefit plan they wish to move to, either to a leaner or to a richer plan, their rate change will be based on these yet unknown choices.

The average rate increases including all rate changes (rating factors, trend, PPACA fees, essential health benefits), and an estimated neutral change in benefit plan movement to the new metal plans (premium increases from customers moving up in benefits offsetting premium reductions from customers moving down in benefits), are as follows:

Incremental:

1Q14/4Q13: +10.0%
2Q14/1Q14: +2.6%
3Q14/2Q14: +2.5%
4Q14/3Q14: +2.6%

J. Base Period Experience. The base period experience represents all of UnitedHealthcare Insurance Company (UHIC) and Optimum Choice, Inc. (OCI) individual and small group business in the DC market. Note: UHIC and OCI do not market and have no Individual experience in DC. The base period claims experience is for 1/1/2012 through 12/31/2012 dates of service, for claims paid through March, 2013. The estimate included for claims incurred but not paid is \$233,333 for UnitedHealthcare Insurance Company. No adjustments have been made for large group pooling.

K. Projected Base Period Experience. All claims in the base period are believed to be for essential health benefits. The cost of additional required essential health benefits in 2014 is described in the next section “L. Manual Rate Development”. The assumptions used to develop the requested trend increases are shown in Exhibit T. In addition to unit cost and utilization, deductible (or benefit) leveraging is utilized in the trend estimate. These factors are not utilized in the trend determination: future/new benefits and/or mandates, risk profile changes, aging of population, increased portion of pool from conversion policies, and changes in gender and other demographic characteristics. No adjustments have been made to the underlying demographics of the population expected to be insured. Adjustments for projected changes in the average morbidity of the population expected to be insured in 2014 are described in the next section “L. Manual Rate Development”. No adjustments have been made projected changes in average cost sharing in force.

L. Manual Rate Development. The base experience is shown in Exhibit A.

In our rate development, we first analyzed the impact of the new required rate calculation approach (member rating by age using the new DC age factors, removal of group size, industry, and underwriting risk adjustment factors) and our proposed product price relationships. Using our February, 2013 book of business (each group’s product, and each covered member’s age) we first picked base rates by product that would be revenue neutral in total for our two DC small group licenses.

On this total-two-license revenue neutral basis, the average premium weighted rate change by license is:

Optimum Choice, Inc. (OCI):	+7.3%
UnitedHealthcare Insurance Company (UHIC):	-1.6%
Total:	0.0%

We are reducing the price differences between our products to the following:

In-network-only products to products with an out-of-network option: +3.0% (reduced from our current +13.8% on OCI and +18.0% on UHIC).

Gatekeeper with capitation products (OCI HMO) to Open Access products with no capitation (UHIC EPO): +7.0% (reduced from our current +21.0%).

We believe that the +3.0% and the +7.0%, respectively, are the true cost differences between these products.

After the changes to the rating factors and product price relationships, again on a total 2-license revenue neutral basis, we are then proposing these rate increases from our current 4th quarter 2013 rates:

+2.6%	Trend – one quarter at a 10.7% annual trend rate.
+3.5%	PPACA fees (insurer fee + reinsurance assessment).
+1.6%	Essential health benefits.
+1.3%	Market risk adjustments.
-6.4%	Experience adjustment.
+0.7%	Exchange user fee.
<u>+6.8%</u>	Risk adjustment.
+10.0%	Total

Trend: The assumptions used to develop the requested trend increases are shown in Exhibit T.

PPACA Fees: The assumptions used to develop the requested PPACA fee increases are shown in Exhibit B.

Essential Health Benefits: The additional benefits in our plans are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavior analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.
 - Speech therapy: from 20 to unlimited.
 - Pulmonary rehabilitation: from 20 to unlimited.
 - Office spinal manipulation: from 20 to unlimited.
 - Home health service: from 60 to 90.

Market Risk Adjustments: The adjustment for overall changes to the small group marketplace in 2014 is +1.3%.

Experience Adjustment: We are pricing to a 76.1% target loss ratio. Please see the development in Exhibit C. Our analysis indicates that a -6.4% experience adjustment is required to price to a 76.1% loss ratio.

Exchange User Fee: We are using the national Federal facilitated user fee as an estimate of the DC Exchange user fee.

Risk Adjustment: Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses.

The development of the proposed 1st quarter 2014 base rates is presented in Exhibit 3a.

Exhibit 3b presents the rates for each benefit plan, and calculates the benefit plan ratios to the index rate developed in the URRT.

M. Credibility. The combined DC experience on our two small group licenses is assumed to be credible.

N. Projected Index Rate. The index rate, prior to adjustment for payments and charges under the risk adjustment and transitional reinsurance programs, as defined by 45 CFR 156.80(d), is calculated and shown in the URRT. The index rate represents the average allowed claim cost per member per month for coverage of essential health benefits for the small group market. Allowed claims were used as the basis for developing the index rate. An adjustment to the index rate for expected changes in morbidity (+1.3%, as described in above section “L. Manual Rate Development”) is included.

O. Market-wide Adjustments to the Index Rate. The market-wide adjustments are +0.7% for estimated Exchange user fees and +6.8% for risk adjustment, as described in the above section “L. Manual Rate Development”.

P. Plan Level Adjustments to the Index Rate. 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 Rx 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.

In addition to the cost-sharing design of each plan, and the provider network and utilization management practices, the benefit plan ratios include administrative costs excluding Exchange user fees.

Q. Non-Benefit Expenses. The expenses assumed in the development of the proposed rates are as follows. These are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

<u>% of Premium</u>	<u>Expense Category</u>
4.5%	General administrative expenses
0.5%	Sales and marketing
3.5%	Commissions and broker fees
5.7%	Premium taxes and other taxes, licenses and fees (does not include FIT)

1.1%	Quality improvement and fraud detection
3.0%	Federal income taxes
<u>5.5%</u>	<u>Profit</u>
23.9%	Total

R. Filed Loss Ratio. The anticipated traditional loss ratio (incurred claims divided by premium) is 76.1%. The anticipated Federal MLR is 82.5%. The estimated Federal MLR adjustments are as follows:

8.7%	Taxes, regulatory fees and assessments
-1.5%	GAAP Medical reclass to MLR SG&A
1.2%	QI/HIT Medical costs added
0.1%	Bad debt
<u>0.0%</u>	<u>Credibility adjustment</u>
8.5%	Total

S. Actuarial Certification.

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is in compliance with 45 CFR 156.80(d)(1) and developed in compliance with applicable ASOPs.

I certify that 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.

I certify that the AV Calculator was used to determine the AV Metal Values. For plans designs that did not fit into the AV Calculator, included in the Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I certify that the rates comply with all applicable District of Columbia and Federal laws and regulations.

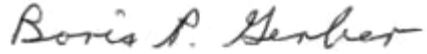
I certify that the rates are reasonable in relation to the benefits provided, and are not excessive, deficient nor unfairly discriminatory.

I qualify my opinion to state that my certification is based on confirmation received from the District of Columbia (DC) Department of Insurance and Exchange at our telephonic meeting on June 24, 2013, where the Department and Exchange advised that DC is not merging the individual and small group markets for federal law purposes, such as, risk adjustment, transitional reinsurance, risk corridor, and medical loss ratio (among other federal requirements). And, specifically, confirmation from the Department and Exchange that when HHS applies the risk adjustment calculation that it will treat DC as a non-merged market and calculate risk score separately for individual and small group market in the DC market. If this is an inaccurate summary of confirmation received on June 24th, and that DC is in fact a merged market for federal law purposes (most notably risk adjustment), then please advise as soon as possible so that we can take appropriate steps towards revising this filing and certification accordingly.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in this submitted actuarial memorandum. 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.

Sincerely,



Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

Date: June 26, 2013

T. District of Columbia Loss Ratio Analysis.

- i. Evaluation Period: 1/1/2012 – 12/31/2012
- ii. Earned Premiums: See Exhibit A.
- iii. Claims: See Exhibit A.
- iv. Number of Claims: Not available.
- v. Loss Development Factors: See Exhibit C.
- vi. Loss Ratio Demonstrations: See Exhibit C.
- vii. Permissible Loss Ratio: 80% Federal MLR.
- viii. Credibility Analysis: We believe our DC experience is credible.
- ix. Determination of Overall Annual Rate Change: See section “L. Manual Rate Development”.

U. District of Columbia and Countrywide Experience.

- i. Earned Premium: See Exhibit A.
- ii. Number of policyholders: As of March, 2013: 635 group policyholders.
- iii. History of Rate Changes: Not applicable, these are new policy forms.

List of exhibits included in rate filing:

- Exhibit 1: Rates and rate factors.
- Exhibit 2: Benefit plan descriptions.
- Exhibit 3a: Rate factor changes & development of base rates.
- Exhibit 3b: Development of plan rates & benefit plan ratios to index rate.
- Exhibit 4: Rating example.
- Exhibit A: Member months, earned premium & incurred claim experience.
- Exhibit B: Explanation, support & development of PPACA fees.
- Exhibit C: Base rate review & development of experience adjustment.
- 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,



Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare Insurance Company

District of Columbia Rate Review

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare Insurance Company
- **State:** District of Columbia
- **HIOS Issuer ID:** 41842
- **Market:** Small Group
- **Effective Date:** 1/1/2014

Company Contact Information:

- **Primary Contact Name:** Boris Gerber
- **Primary Contact Telephone Number:** 860-702-5540
- **Primary Contact Email Address:** boris_gerber@uhc.com

Proposed Rate Increase: UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

In addition to new 1/1/14 effective rates, for each of the last 3 quarters in 2014 we are filing for a 2.57% quarterly trend increase (equivalent to an annual 10.7% trend rate).

In our rate development, we first analyzed the impact of the new required rate calculation approach (member rating by age using the new DC age factors, removal of group size, industry, and underwriting risk adjustment factors) and our proposed product price relationships. Using our February, 2013 book of business (each group's product, and each covered member's age) we first picked base rates by product that would be revenue neutral in total for our two DC small group licenses.

On this total-two-license revenue neutral basis, the average premium weighted rate change by license is:

Optimum Choice, Inc. (OCI):	+7.3%
UnitedHealthcare Insurance Company (UHIC):	<u>-1.6%</u>
Total:	0.0%

We are reducing the price differences between our products to the following:

In-network-only products to products with an out-of-network option: +3.0% (reduced from our current +13.8% on OCI and +18.0% on UHIC).

Gatekeeper with capitation products (OCI HMO) to Open Access products with no capitation (UHIC EPO): +7.0% (reduced from our current +21.0%).

We believe that the +3.0% and the +7.0%, respectively, are the true cost differences between these products.

After the changes to the rating factors and product price relationships, again on a total 2-license revenue neutral basis, we are then proposing these rate increases from our current 4th quarter 2013 rates:

+2.6%	Trend – one quarter at a 10.7% annual trend rate.
+3.5%	PPACA fees (insurer fee + reinsurance assessment).
+1.6%	Essential health benefits.
+1.3%	Market risk adjustments.
-6.4%	Experience adjustment.
+0.7%	Exchange user fee.
<u>+6.8%</u>	Risk adjustment.
+10.0%	Total

Trend: The assumptions used to develop the requested trend increases are shown in Exhibit T.

PPACA Fees: The assumptions used to develop the requested PPACA fee increases are shown in Exhibit B.

Essential Health Benefits: The additional benefits in our plans are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavior analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.

- Speech therapy: from 20 to unlimited.
- Pulmonary rehabilitation: from 20 to unlimited.
- Office spinal manipulation: from 20 to unlimited.
- Home health service: from 60 to 90.

Market Risk Adjustments: The adjustment for overall changes to the small group marketplace in 2014 is +1.3%.

Experience Adjustment: We are pricing to a 76.1% target loss ratio. Please see the development in Exhibit C. Our analysis indicates that a -6.4% experience adjustment is required to price to a 76.1% loss ratio.

Risk Adjustment: Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 1/1/2012 to 12/31/2012 paid through 3/31/2013.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare Insurance Company anticipates paying \$1,130,595 in MLR rebates for 2012 premiums.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 3/31/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
 - 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories:

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 surgery, emergency room, lab, radiology, therapy, observation, ambulance, home health care, DME, other services provided in an outpatient facility setting and billed by the facility.

Professional

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

Pharmacy

- Includes drugs dispensed by a pharmacy, not dispensed by facility (i.e. via inpatient, outpatient), and not physician administered drugs. This amount is net of rebates received from drug manufacturers.

Capitation

- Includes all MHCD services provided under capitated arrangement

Other

- Includes non-capitated, fee-for-service costs for physician procedures, inpatient stay, or and outpatient procedure related to Mental Health / Chemical Dependency (MHCD)

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** A 1.3% increase is included in the URRT to reflect the adjustment for overall changes to the small group marketplace in 2014.
- **Changes in Benefits:** 1.6% included in the URRT is the estimate of the cost of adding Essential Health Benefits developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by DC are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:

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, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). 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.

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 mix of procedures.

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.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development: The combined DC experience on our two small group licenses is assumed to be credible.

DC Total Experience

Premiums (net of MLR Rebate) in Experience Period:	\$	56,877,268
Incurred Claims in Experience Period	\$	37,174,516
Allowed Claims:	\$	44,186,505
Index Rate of Experience Period		329.24
Experience Period Member Months		134,209

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. Our rates are only for small groups within the combined DC market.

Non-Benefit Expenses and Risk Margin: The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
9.7%	Admin Expenses
5.5%	Profit & Risk Load
<u>8.7%</u>	Taxes & Fees
23.9%	Total

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 82.5%.

Index Rate:

DC Small Group													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	1,455	885	737	686	677	917	764	791	778	851	1,034	898	10,473
Allowed Claims PMPM 2012	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24
Annual Trend Rate	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	403.46	406.89	410.36	413.85	417.37	420.92	424.50	428.11	431.75	435.43	439.13	442.87	422.34
Base Index Rate	422.34												
Benefit Increase (EHB)	1.60%												
Exchange User Fee	0.70%												
Subtotal	432.10												
Risk Adjustment	6.80%												
2014 Index Rate	461.48												

AV Metal Values: The below actuarial certification describes the methodology and the AV calculator input values used for the plan design features that do not fit into the parameters of the AV calculator.

Certification for AV Calculator									Exhibit D
Estimation of fit of plan design into the parameters of AV calculator									
Metallic Plan (f)	Medical Copays After Deductible		OP Copay		Rx Effective Coinsurance Estimation				Methodology
	ER Copays	Imaging (CT/PET Scans, MRIs)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Generics	Preferred Brand Drugs	Non-Preferred Brand Drugs	Specialty Drugs (i.e. high-cost)	
Bronze 1	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e
Bronze 1-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b
Bronze 2	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e
Bronze 2-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b
Bronze 3	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e
Bronze 3-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b
Silver 1	-	-	54.09% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 1-A	-	-	54.09% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Silver 2	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e
Silver 2-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 3	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e
Silver 3-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 4	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e
Silver 4-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 5	-	-	-	-	71.01%	74.21%	71.01%	96.59%	a, e
Silver 5-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 7	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 7-A	-	-	63.1% (c)	-	57.01%	57.01%	57.01%	57.01%	b, c, d
Silver 8	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 8-A	-	-	63.1% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Silver 9	-	-	72.12% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 9-A	-	-	72.12% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Silver 10	-	-	81.13% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 10-A	-	-	81.13% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Gold 1	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, e
Gold 1-A	-	-	-	-	75.10%	75.10%	75.10%	75.10%	b
Gold 2	-	-	64.25% (c)	-	-	-	-	96.51%	b, c, d, e
Gold 2-A	-	-	64.25% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d
Gold 3	-	-	73.43% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 3-A	-	-	73.43% (c)	-	70.46%	70.46%	70.46%	70.46%	b, c, d
Gold 4	-	-	72.12% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 4-A	-	-	72.12% (c)	-	64.91%	64.91%	64.91%	64.91%	b, c, d
Gold 5	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 5-A	-	-	85.57% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d
Gold 6	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 6-A	-	-	85.57% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d
Gold 7	86.72% (a)	-	-	-	71.01%	75.58%	73.62%	96.51%	a, e
Gold 7-A	-	-	-	-	75.08%	75.08%	75.08%	75.08%	a
Gold 8	-	63.47% (a)	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 8-A	-	63.47% (a)	-	73.43% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d
Gold 9	-	63.47% (a)	-	82.61% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 9-A	-	63.47% (a)	-	82.61% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d
Gold 10	-	63.47% (a)	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 10-A	-	63.47% (a)	-	73.43% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d
Platinum 1	-	63.47% (a)	-	91.79% (c)	-	-	-	95.82%	a, b, c, d, e
Platinum 2	-	-	95.07% (c)	90.15% (c)	71.89%	77.39%	73.88%	95.82%	a, b, c, d, e
Platinum 3	-	-	-	-	57.94%	85.87%	82.58%	95.82%	a, e
Platinum 4	-	-	-	95.07% (c)	-	-	-	95.82%	b, c, d, e
Platinum 5	-	-	96.72% (c)	90.15% (c)	57.94%	85.87%	82.58%	95.82%	a, c, d, e
Platinum 6	-	-	97.54% (c)	95.07% (c)	-	-	-	95.82%	b, c, d, e
Methodology									
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.									
b) Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.									
c) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.									
d) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 45% and 55%, respectively.									
e) Specialty Rx: Multiple cost sharing levels are combined into a composite level using PHS tool unit cost to different tiers.									
f) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name and schedule of benefits form number.									
g) Gold 4/4A: Actuarial value is the blend of estimated 63.5% of members who will utilize premium designated provider and 36.5% of members who will utilize non-premium designated provider.									
Certification									
For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.									
<i>Boris P. Gerber</i>									
Boris P. Gerber, FSA, MAAA									

AV Pricing Values: The fixed reference plan selected as the basis for the AV Pricing Values is medical plan E50/V72 with Rx plan ZU. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections: Membership is projected to continue at the current February, 2013 level.

Terminated Products: The terminated plans are listed below

EPO	
2HK	D1N
2HL	D1O
2HM	D1P
2HN	D1Q
D0A	D1R
D0B	D1S
D0C	D1T
D0D	D1U
D0E	D1V
D0F	D1W
D0G	D1X
D0H	D1Y
D0I	D1Z
D0J	D3A
D0K	D3B
D0L	D3C
D0M	D3D
D0N	D3E
D1A	D3F
D1B	D3G
D1C	D3H
D1D	D3I
D1E	D3J
D1F	D3K
D1G	D3L
D1H	I0N
D1I	I0O
D1J	I0P
D1K	4EE
D1L	4EG
D1M	4EH

EPO - HSA	
D0O	D2A
D0P	D2B
D0Q	D2C
D0R	D2D
D0S	D2E
D0T	D2F
D0U	D2G
D0V	I0S

POS	
8VA	D5E
8VB	D5F
8VC	D5G
ANA	D5H
ANB	D5I
ANC	D5J
AND	D5K
D01	D5L
D02	D5M
D03	D5N
D04	D5O
D05	D5P
D06	D5Q
D07	D5R
D08	D5S
D09	D5T
D0W	D5U
D0X	D5V
D0Y	D5W
D0Z	2EM
D4A	D5X
D4B	D5Y
D4C	D5Z
D4D	DKA
D4E	DKB
D4F	DKC
D4G	DKD
D4H	DKE
D4I	DKF
D4J	DKG
D4K	DKH
D4L	DKI
D4M	G8A
D4N	G8B
D4O	G8C
D4P	I0A
D4Q	I0B
D4R	I0C
D4S	I0D
D4T	I0E
D4U	I0Q
D4V	I0R
D4W	I1S
D4X	JKH
D4Z	JKI
D5A	LIA
D5B	LIB
D5C	LIF
D5D	LIG

POS	
LIH	USS
USA	UST
USB	USU
USC	USV
USD	USW
USE	USY
USF	USZ
USG	W8D
USH	W8E
USI	W8F
USJ	W8G
USK	W8H
USL	W8I
USM	Y3D
USN	Y3E
USO	Y3F
USP	Y3G
USQ	Y3H
	Y3I

POS - HSA	
D6A	HDN
D6B	HDO
D6C	HDP
D6D	HDQ
D6E	HYA
D6F	HYB
D6G	HYC
D6H	I0F
D6S	I0G
HDD	I0H
HDE	I0I
HDF	I0J
HDG	I0K
HDH	I0L
HDI	I0M
HDJ	I0T
HDK	I1T
HDL	RTA
HDM	RTB
RTC	

PPO - HSA	
LDD	LDP
LDF	LDQ

Indemnity	
CWJ	D7B
D7A	

Rx	
0H	BM
0I	BY
2V	CC
3B	CD
4F	CE
5U	CF
5W	CG
7L	CQ
7M	DS
7R	DZ
7S	EA
7T	F5
7U	F7
7V	G4
7W	H9
7X	K4
7Y	K5
7Z	K6
8A	N7
8H	N8
8I	P9
8J	S5
8Y	S8
8Z	U8
9A	W1
A2	W2
AU	Y6
BK	SP1
BL	SP2
	SP3

HSA Rx	
H9 HSA	

PPO	
D9A	NAD
D9B	NAJ
LKA	NAN
LKG	NDA
LKH	NDB
NAA	NDC
NAB	NDD
NAC	

2011 COC Plans	
WMY	HS5
DFG	HS6
DFH	HS7
DFR	DFJ
DFS	DFK
DFT	DFI
DFU	DFL
DFV	DFM
DFW	DFN
DGK	DFO
DGQ	DFP
DGR	DFQ
DGS	1TT
DGT	1TV
DGU	HSY
DGV	HSZ
DGW	FBP
DGX	HS1
DGL	HS2
DGM	2BK
DGN	DD7
DGO	DD8
DGP	DD9
P0C	DEK
FD2	DEL
HS3	CM8
HS4	CM9
FD1	DEM

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance: Not applicable.

Actuarial Certification:

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that 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.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. 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.

Sincerely,



Boris P. Gerber, FSA, MAAA

Actuary, UnitedHealthcare

185 Asylum Street, CT039-16B

Hartford, CT 06103

Phone 860-702-5540 Fax 860-702-5016

Date: 6/26/2013

Rate Factors

Exhibit 1

(1) Index Rate: \$461.48

(2) Benefit Plan Ratios

CH/INS (EPO) Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
EPO	C4O	VBY	ZV	Platinum	88.2%	1.06364
EPO	EY1	V63	ZU	Platinum	90.7%	1.12252
EPO	E43	V7W	YM	Platinum	88.5%	1.08336
EPO	E47	V7Y	ZR	Platinum	88.5%	1.07773
EPO	E5N	V71	ZU	Platinum	91.9%	1.14631
EPO	EYW	V61	ZV	Platinum	89.0%	1.07961
EPO-HSA	DW7	VDN	A0	Gold	78.5%	0.81425
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.81078
EPO-HSA	DXP	VDP	A0	Gold	78.1%	0.90797
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.90448
EPO	EZJ	V67	A0	Gold	79.5%	0.92340
EPO	EZJ	V67	YM	Gold	78.8%	0.91406
EPO	EZ2	V7D	C0	Gold	79.1%	0.90463
EPO	E22	V7D	ZT	Gold	78.9%	0.91053
EPO	E0P	V7J	A0	Gold	78.9%	0.90379
EPO	E0P	V7J	YM	Gold	78.3%	0.89445
EPO	E0X	V7L	A0	Gold	81.6%	0.96286
EPO	E0X	V7L	YM	Gold	81.1%	0.95352
EPO	EY5	V65	A0	Gold	81.4%	0.94743
EPO	EY5	V65	YM	Gold	80.9%	0.93809
EPO	EZS	V69	B0	Gold	78.1%	0.90091
EPO	EZS	V69	ZS	Gold	78.7%	0.89378
EPO	E0H	V7H	A0	Gold	79.7%	0.94689
EPO	E0H	V7H	ZR	Gold	79.1%	0.92934
EPO	EZ9	V7F	A0	Gold	79.9%	0.94507
EPO	EZ9	V7F	ZS	Gold	78.5%	0.92058
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.70562
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.70153
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.71548
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.71139
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.71934
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.71524
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.69479
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.69069
EPO	E06	V7N	ZT	Silver	70.8%	0.79622
EPO	E06	V7N	ZY	Silver	69.9%	0.77618
EPO	E2M	V7Q	D0	Silver	71.5%	0.78660
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.76738
EPO	E2U	V7S	ZT	Silver	70.0%	0.79098
EPO	E2U	V7S	ZY	Silver	68.8%	0.77093
EPO	E26	V7U	ZT	Silver	70.5%	0.79891
EPO	E26	V7U	ZY	Silver	69.0%	0.77886
EPO	E18	V7O	ZT	Silver	70.5%	0.80149
EPO	E18	V7O	ZY	Silver	68.4%	0.78144
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.59582
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.60065
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.67023

CH+/INS (POS) Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
POS	C5Z	VBZ	ZV	Platinum	88.2%	1.08746
POS	EY2	V64	ZU	Platinum	90.7%	1.14653
POS	E44	V7X	YM	Platinum	88.5%	1.10484
POS	E48	V7Z	ZR	Platinum	88.5%	1.09738
POS	E5O	V72	ZU	Platinum	91.9%	1.17015
POS	EYX	V62	ZV	Platinum	89.0%	1.10336
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.83980
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.83633
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.93577
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.93230
POS	EZL	V68	A0	Gold	79.5%	0.94466
POS	EZL	V68	YM	Gold	78.8%	0.93532
POS	EZ4	V7E	C0	Gold	79.1%	0.92652
POS	EZ4	V7E	ZT	Gold	78.9%	0.93241
POS	E0R	V7K	A0	Gold	78.9%	0.92554
POS	E0R	V7K	YM	Gold	78.3%	0.91620
POS	EY7	V66	A0	Gold	81.4%	0.96916
POS	EY7	V66	YM	Gold	80.9%	0.95982
POS	EZU	V7C	B0	Gold	78.1%	0.92245
POS	EZU	V7C	ZS	Gold	78.7%	0.91532
POS	E0Z	V7M	A0	Gold	81.6%	0.98464
POS	E0Z	V7M	YM	Gold	81.1%	0.97530
POS	E0J	V7I	A0	Gold	79.7%	0.96884
POS	E0J	V7I	ZR	Gold	79.1%	0.95129
POS	E0C	V7G	A0	Gold	79.9%	0.96674
POS	E0C	V7G	ZS	Gold	78.5%	0.94227
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.72634
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.72224
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.73782
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.73373
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.74081
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.73672
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.71260
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.71197
POS	E2O	V7R	D0	Silver	71.5%	0.80443
POS	E2O	V7R	ZZ	Silver	69.2%	0.78521
POS	E2W	V7T	ZT	Silver	70.0%	0.80872
POS	E2W	V7T	ZY	Silver	68.8%	0.78868
POS	E28	V7V	ZT	Silver	70.5%	0.81722
POS	E28	V7V	ZY	Silver	69.0%	0.79717
POS	E2E	V7P	ZT	Silver	70.5%	0.82043
POS	E2E	V7P	ZY	Silver	68.4%	0.80038

(3) Trend Factors

Effective Quarter	Factor
1st Quarter, 2014	1.000
2nd Quarter, 2014	1.026
3rd Quarter, 2014	1.052
4th Quarter, 2014	1.079

(4) Age Factors

Age	Factor
0-20	0.727
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.727
29	0.727
30	0.727
31	0.727

Age	Factor	Age	Factor	Age	Factor
32	0.727	44	1.137	56	1.801
33	0.727	45	1.181	57	1.871
34	0.727	46	1.227	58	1.944
35	0.805	47	1.275	59	2.020
36	0.836	48	1.325	60	2.099
37	0.869	49	1.377	61	2.181
38	0.903	50	1.431	62	2.181
39	0.938	51	1.487	63	2.181
40	0.975	52	1.545	64 & older	2.181
41	1.013	53	1.605		
42	1.053	54	1.668		
43	1.094	55	1.733		

UnitedHealthcare Insurance Company. 6/26/2013

Product	Plan Name			Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network						Out-of-Network						Copayments										Medical Deduct. Type	Rx																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Medical Exchange	Rx	Off					On	Deductible	Family	Coins	OOP Maximum		Deductible	Family	Coins	OOP Maximum		PCP	SCP	UC	ER	OP Surgery				IP	Deduct. Type	Deduct.		Tier 1	Tier 2	Tier 2 Spec.	Tier 3	Tier 3 Spec.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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POS	EY7	V66	YM	Gold 10	GO10.SBN.CHP.I.14.DC	104075.RDR.RXSBN.PLS.I.14.DC.SB	80.9%	\$500	\$1,000	80%	\$4,500	\$9,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																</

Rate and Rate Factor Changes, and Development of 1st Quarter 2014 Base Rates

Age Factors: Change to new 2014 DC age factors: see Exhibit 1.

Other Rating Factors: Industry, group size and risk adjustment factors all set to 1.000.

Development of Base Rates:

<u>License</u>	<u>Product</u>	Current 4Q13 Base Rates with Trend			Proposed * Base Rates on a Revenue Neutral Basis (col a)	Rate Increases from 4Q13 to 1Q14										Proposed 1Q14 Base Rates (= a x b)
		<u>Base</u>	<u>Trend</u>	<u>Total</u>		<u>1 Qtr</u>	<u>PPACA</u>		<u>Market</u>	<u>Exper.</u>	<u>Exchange</u>	<u>Risk</u>				
		<u>Rate</u>	x <u>Factor</u>	= <u>Rate</u>		<u>Trend</u>	x <u>Fees</u>	x <u>EHB</u>	x <u>Adj</u>	x <u>Adj</u>	x <u>User Fee</u>	x <u>Adj</u>	= <u>Total</u>		(col b)	
OCI	Gatekeeper HMO	173.96	2.113	367.58	420.31	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100			462.43
	Gatekeeper HMP	198.00	2.113	418.37	432.92	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100			476.30
	Rx	59.71	2.113	126.17	142.96	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100			157.29
UHIC	EPO	174.68	2.546	444.74	449.74	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100			494.79
	POS	206.13	2.546	524.81	463.23	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100			509.64
	Rx	55.53	2.546	141.38	142.96	1.026	1.035	1.016	1.013	0.936	1.007	1.068	1.100			157.29

* Rates when apply:

- New age factors
- All industry, group size, and risk adjustment factors set to 1.000, and
- New rate relationships between products:
 - +7.0% for gatekeeper to Choice, and
 - +3.0% for in-network only products to products with an out-of-network benefit,

to the total February, 2013 inforce book of business using:

- Each group's product, and each members's age,
- produces the same total (for OCI + UHIC) revenue as the current 4Q13 rates and rating factors.

Development of Plan Rates & Benefit Plan Ratios to Index Rate

Exhibit 3b

Index Rate: \$461.48
(i)

Benefit Plan Ratios

CH/INS (EPO) Plans											
Product	Plan Name			Metal	Actuarial	Medical Net to Allowed (a)	Medical Base Rate (b)	Rx Net to Allowed (c)	Rx Base Rate (d)	Med + Rx Rate e = (a x b + c x d)	New Plan Ratio = e / i
	Medical		Rx								
	Exchange										
	Off	On									
EPO	C4O	VBY	ZV	Platinum	88.2%	0.8328	\$494.79	0.5009	\$157.29	\$490.85	1.06364
EPO	EY1	V63	ZU	Platinum	90.7%	0.8798	\$494.79	0.5258	\$157.29	\$518.02	1.12252
EPO	E43	V7W	YM	Platinum	88.5%	0.8559	\$494.79	0.4861	\$157.29	\$499.95	1.08336
EPO	E47	V7Y	ZR	Platinum	88.5%	0.8583	\$494.79	0.4620	\$157.29	\$497.35	1.07773
EPO	E5N	V71	ZU	Platinum	91.9%	0.9020	\$494.79	0.5258	\$157.29	\$529.00	1.14631
EPO	EYW	V61	ZV	Platinum	89.0%	0.8477	\$494.79	0.5009	\$157.29	\$498.22	1.07961
EPO-HSA	DW7	VDN	AO	Gold	78.5%	0.7562	\$494.79	0.0102	\$157.29	\$375.76	0.81425
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.7562	\$494.79	0.0000	\$157.29	\$374.16	0.81078
EPO-HSA	DXP	VDP	AO	Gold	78.1%	0.8436	\$494.79	0.0102	\$157.29	\$419.01	0.90797
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.8436	\$494.79	0.0000	\$157.29	\$417.40	0.90448
EPO	EZJ	V67	AO	Gold	79.5%	0.6980	\$494.79	0.5135	\$157.29	\$426.13	0.92340
EPO	EZJ	V67	YM	Gold	78.8%	0.6980	\$494.79	0.4861	\$157.29	\$421.82	0.91406
EPO	E22	V7D	CO	Gold	79.1%	0.7145	\$494.79	0.4065	\$157.29	\$417.47	0.90463
EPO	E22	V7D	ZT	Gold	78.9%	0.7145	\$494.79	0.4238	\$157.29	\$420.19	0.91053
EPO	E0P	V7J	AO	Gold	78.9%	0.6797	\$494.79	0.5135	\$157.29	\$417.08	0.90379
EPO	E0P	V7J	YM	Gold	78.3%	0.6797	\$494.79	0.4861	\$157.29	\$412.77	0.89445
EPO	E0X	V7L	AO	Gold	81.6%	0.7348	\$494.79	0.5135	\$157.29	\$444.34	0.96286
EPO	E0X	V7L	YM	Gold	81.1%	0.7348	\$494.79	0.4861	\$157.29	\$440.03	0.95352
EPO	EY5	V65	AO	Gold	81.4%	0.7204	\$494.79	0.5135	\$157.29	\$437.22	0.94743
EPO	EY5	V65	YM	Gold	80.9%	0.7204	\$494.79	0.4861	\$157.29	\$432.91	0.93809
EPO	EZ5	V69	BO	Gold	78.1%	0.6932	\$494.79	0.4626	\$157.29	\$415.75	0.90091
EPO	EZ5	V69	ZS	Gold	78.7%	0.6932	\$494.79	0.4417	\$157.29	\$412.46	0.89378
EPO	E0H	V7H	AO	Gold	79.7%	0.7199	\$494.79	0.5135	\$157.29	\$436.97	0.94689
EPO	E0H	V7H	ZR	Gold	79.1%	0.7199	\$494.79	0.4620	\$157.29	\$428.87	0.92934
EPO	E29	V7F	AO	Gold	79.9%	0.7182	\$494.79	0.5135	\$157.29	\$436.13	0.94507
EPO	E29	V7F	ZS	Gold	78.5%	0.7182	\$494.79	0.4417	\$157.29	\$424.83	0.92058
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.6543	\$494.79	0.0120	\$157.29	\$325.63	0.70562
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.6543	\$494.79	0.0000	\$157.29	\$323.74	0.70153
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.6635	\$494.79	0.0120	\$157.29	\$330.18	0.71548
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.6635	\$494.79	0.0000	\$157.29	\$328.29	0.71139
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.6671	\$494.79	0.0120	\$157.29	\$331.96	0.71934
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.6671	\$494.79	0.0000	\$157.29	\$330.07	0.71524
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.6442	\$494.79	0.0120	\$157.29	\$320.63	0.69479
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.6442	\$494.79	0.0000	\$157.29	\$318.74	0.69069
EPO	E06	V7N	ZT	Silver	70.8%	0.6079	\$494.79	0.4238	\$157.29	\$367.44	0.79622
EPO	E06	V7N	ZY	Silver	69.9%	0.6079	\$494.79	0.3650	\$157.29	\$358.19	0.77618
EPO	E2M	V7Q	DO	Silver	71.5%	0.6124	\$494.79	0.3814	\$157.29	\$363.00	0.78660
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.6124	\$494.79	0.3250	\$157.29	\$354.13	0.76738
EPO	E2U	V7S	ZT	Silver	70.0%	0.6030	\$494.79	0.4238	\$157.29	\$365.02	0.79098
EPO	E2U	V7S	ZY	Silver	68.8%	0.6030	\$494.79	0.3650	\$157.29	\$355.77	0.77093
EPO	E26	V7U	ZT	Silver	70.5%	0.6104	\$494.79	0.4238	\$157.29	\$368.68	0.79891
EPO	E26	V7U	ZY	Silver	69.0%	0.6104	\$494.79	0.3650	\$157.29	\$359.43	0.77886
EPO	E18	V7O	ZT	Silver	70.5%	0.6128	\$494.79	0.4238	\$157.29	\$369.87	0.80149
EPO	E18	V7O	ZY	Silver	68.4%	0.6128	\$494.79	0.3650	\$157.29	\$360.62	0.78144
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.5519	\$494.79	0.0120	\$157.29	\$274.96	0.59582
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.5564	\$494.79	0.0120	\$157.29	\$277.19	0.60065
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.6213	\$494.79	0.0120	\$157.29	\$309.30	0.67023

CH+/INS (POS) Plans												
Product	Plan Name			Metal	Actuarial	Medical Net to	Medical Base	Rx Net to	Rx Base	Med + Rx Rate e = (a x b + c x d)	New Plan	
	Medical		Rx									
	Exchange											
	Off	On										
	Off	On		Level	Value	Allowed (a)	Rate (b)	Allowed (c)	Rate (d)		Ratio = e / i	
	POS	CSZ	VBZ	ZV	Platinum	88.2%	0.8301	\$509.64	0.5009	\$157.29	\$501.84	1.08746
	POS	EY2	V64	ZU	Platinum	90.7%	0.8759	\$509.64	0.5258	\$157.29	\$529.10	1.14653
	POS	E44	V7X	YM	Platinum	88.5%	0.8504	\$509.64	0.4861	\$157.29	\$509.86	1.10484
	POS	E48	V7Z	ZR	Platinum	88.5%	0.8511	\$509.64	0.4620	\$157.29	\$506.42	1.09738
	POS	E5O	V72	ZU	Platinum	91.9%	0.8973	\$509.64	0.5258	\$157.29	\$540.00	1.17015
	POS	EYX	V62	ZV	Platinum	89.0%	0.8445	\$509.64	0.5009	\$157.29	\$509.18	1.10336
	POS-HSA	DXL	VDO	A0	Gold	78.5%	0.7573	\$509.64	0.0102	\$157.29	\$387.55	0.83980
	POS-HSA	DXL	VDO	YM	Gold	78.4%	0.7573	\$509.64	0.0000	\$157.29	\$385.95	0.83633
	POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.8442	\$509.64	0.0102	\$157.29	\$431.84	0.93577
	POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.8442	\$509.64	0.0000	\$157.29	\$430.24	0.93230
	POS	EZL	V68	A0	Gold	79.5%	0.6969	\$509.64	0.5135	\$157.29	\$435.94	0.94466
	POS	EZL	V68	YM	Gold	78.8%	0.6969	\$509.64	0.4861	\$157.29	\$431.63	0.93532
	POS	E24	V7E	C0	Gold	79.1%	0.7135	\$509.64	0.4065	\$157.29	\$427.57	0.92652
	POS	E24	V7E	ZT	Gold	78.9%	0.7135	\$509.64	0.4238	\$157.29	\$430.29	0.93241
	POS	E0R	V7K	A0	Gold	78.9%	0.6796	\$509.64	0.5135	\$157.29	\$427.12	0.92554
	POS	E0R	V7K	YM	Gold	78.3%	0.6796	\$509.64	0.4861	\$157.29	\$422.81	0.91620
	POS	EY7	V66	A0	Gold	81.4%	0.7191	\$509.64	0.5135	\$157.29	\$447.25	0.96916
	POS	EY7	V66	YM	Gold	80.9%	0.7191	\$509.64	0.4861	\$157.29	\$442.94	0.95982
	POS	EZU	V7C	B0	Gold	78.1%	0.6925	\$509.64	0.4626	\$157.29	\$425.69	0.92245
	POS	EZU	V7C	ZS	Gold	78.7%	0.6925	\$509.64	0.4417	\$157.29	\$422.40	0.91532
	POS	E0Z	V7M	A0	Gold	81.6%	0.7331	\$509.64	0.5135	\$157.29	\$454.39	0.98464
	POS	E0Z	V7M	YM	Gold	81.1%	0.7331	\$509.64	0.4861	\$157.29	\$450.08	0.97530
	POS	E0J	V7I	A0	Gold	79.7%	0.7188	\$509.64	0.5135	\$157.29	\$447.10	0.96884
	POS	E0J	V7I	ZR	Gold	79.1%	0.7188	\$509.64	0.4620	\$157.29	\$439.00	0.95129
	POS	E0C	V7G	A0	Gold	79.9%	0.7169	\$509.64	0.5135	\$157.29	\$446.13	0.96674
	POS	E0C	V7G	ZS	Gold	78.5%	0.7169	\$509.64	0.4417	\$157.29	\$434.84	0.94227
	POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.6540	\$509.64	0.0120	\$157.29	\$335.19	0.72634
	POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.6540	\$509.64	0.0000	\$157.29	\$333.30	0.72224
	POS-HSA	DX7	VDS	YM	Silver	70.4%	0.6644	\$509.64	0.0120	\$157.29	\$340.49	0.73782
	POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.6644	\$509.64	0.0000	\$157.29	\$338.60	0.73373
	POS-HSA	DYI	VDU	YM	Silver	71.0%	0.6671	\$509.64	0.0120	\$157.29	\$341.87	0.74081
	POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.6671	\$509.64	0.0000	\$157.29	\$339.98	0.73672
	POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.6447	\$509.64	0.0018	\$157.29	\$328.85	0.71260
	POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.6447	\$509.64	0.0000	\$157.29	\$328.56	0.71197
	POS	E2O	V7R	D0	Silver	71.5%	0.6107	\$509.64	0.3814	\$157.29	\$371.23	0.80443
	POS	E2O	V7R	ZZ	Silver	69.2%	0.6107	\$509.64	0.3250	\$157.29	\$362.36	0.78521
	POS	E2W	V7T	ZT	Silver	70.0%	0.6015	\$509.64	0.4238	\$157.29	\$373.21	0.80872
	POS	E2W	V7T	ZY	Silver	68.8%	0.6015	\$509.64	0.3650	\$157.29	\$363.96	0.78868
	POS	E28	V7V	ZT	Silver	70.5%	0.6092	\$509.64	0.4238	\$157.29	\$377.13	0.81722
	POS	E28	V7V	ZY	Silver	69.0%	0.6092	\$509.64	0.3650	\$157.29	\$367.88	0.79717
	POS	E2E	V7P	ZT	Silver	70.5%	0.6121	\$509.64	0.4238	\$157.29	\$378.61	0.82043
	POS	E2E	V7P	ZY	Silver	68.4%	0.6121	\$509.64	0.3650	\$157.29	\$369.36	0.80038

Formula & Example

Exhibit 4

Rate Calculation Formula

Monthly premium =

Index Rate
x Plan Ratio
x Trend factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan EZ2 with Rx C0

Effective Date: 4/1/14

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	0.727	0.727
EE #2	35	36	5	9	0.805	0.836	0.727	0.727
EE #3	53	55	19		1.605	1.733	0.727	

Total Members: 11

Sum of Age Factors: 10.721

Rate Calculation

	Rating Factor	Exhibit 1 Location
\$461.48	Index Rate	(1)
0.90463	Plan Ratio (EZ2)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,592.05</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - UHIC

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	9,190	3,849,240	2,728,257	296.87	70.9%
Feb-12	9,374	3,954,953	2,599,181	277.28	65.7%
Mar-12	9,291	3,940,405	3,072,182	330.66	78.0%
Apr-12	9,175	3,912,866	2,698,096	294.07	69.0%
May-12	9,141	3,922,974	2,724,351	298.04	69.4%
Jun-12	9,136	3,940,596	2,604,675	285.10	66.1%
Jul-12	9,204	3,986,074	2,402,937	261.08	60.3%
Aug-12	9,266	4,007,942	2,720,091	293.56	67.9%
Sep-12	9,338	4,011,619	2,222,794	238.04	55.4%
Oct-12	9,083	3,934,272	2,431,348	267.68	61.8%
Nov-12	9,057	3,931,358	2,677,794	295.66	68.1%
Dec-12	8,920	3,876,665	2,446,344	274.25	63.1%
Total	110,175	47,268,964	31,328,050	284.35	66.3%

Explanation, Support & Development of PPACA Fee Increases

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. The two largest cost impacts both take effect with calendar year 2014 earned premiums.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. The Oliver Wyman report "Simulation of the Impact of the Annual Fees on Insurers Using 2011 Data", dated June 27, 2012, estimates that the denominator premiums to which this fee will be applied will be \$527.085 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a % of premium, the needed fee is $\$8B \text{ Insurer Fee} / \$527.085 \text{ Net Industry Premiums} / 65\% \text{ FIT} = 2.3\%$.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. HHS has proposed a \$5.25 pmpm assessment for 2014, or an estimated 1.1% of DC small group premiums.

The total needed PPACA fee increase is 3.5% (2.3% for Insurer Fee, plus 1.2% for Reinsurance Assessment).

The below details the calculation of the Insurer Fee and Reinsurance Assessment.

Calculation of 2014 Fees Impact

Insurer Fee Impact Calculation

Insurer Fee in 2014 (Billions)	\$8
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
Insurer Fee as % of Health Insurance Premiums	1.5%
Gross Up by Federal Income Tax (35%)	2.3%

*from Oliver Wyman Study published on June 27, 2012

Reinsurance Assessment Impact Calculation

Reinsurance Assessment Per Member Per Month - HHS Proposed	\$5.25
Reinsurance Fee as a Percent of Premium	1.2%

DC Small Group Rate Review - Development of Experience Adjustment

	OCI	UHIC	Total
1. Experience 1/1/12-13			
1a. Member Months	24,034	110,175	134,209
1b. Average Mbrs (1a/12)	2,003	9,181	11,184
1c. Incurred Claims	\$5,846,466	\$31,328,050	\$37,174,516
1d. Claim PMPM (1c/1a)	\$243.26	\$284.35	\$276.99
1e. Earned Premium	\$11,537,610	\$47,268,964	\$58,806,574
1f. Premium PMPM (1e/1a)	\$480.05	\$429.04	\$438.17
1g. Loss Ratio (1c/1e)	50.7%	66.3%	63.2%
2. Needed Revenue for 10/1/13 Effective Date			
2a. Claim trend	1.195	1.195	1.195
From center of experience period: 7/1/12			
to center of 10/1/13 pricing period: 4/1/14			
(21 months at 10.7% annual rate)			
2b. Claim cost subtotal (1d x 2a)	\$290.62	\$339.71	\$330.92
2c. Target loss ratio	76.1%	76.1%	76.1%
2d. Needed revenue PMPM for 10/1/13 effective date (2b/2c)	\$381.79	\$446.28	\$434.73
3. Current Manual Rate 10/1/13			
3a. Medical base rate 10/1/2013	\$178.47	\$199.99	\$196.14
3b. Average medical plan relativity	0.9034	0.8715	0.8772
3c. Medical pricing trend factor	2.113	2.546	2.468
<u>3d. Subtotal: Medical (3a x 3b x 3c)</u>	<u>\$340.68</u>	<u>\$443.76</u>	<u>\$425.30</u>
3e. Pharmacy base rate 10/1/2013	\$59.71	\$55.53	\$56.28
3f. Average Rx plan relativity	0.5048	0.4396	0.4513
3g. Rx pricing trend factor	2.113	2.546	2.468
<u>3h. Subtotal: Pharmacy (3e x 3f x 3g)</u>	<u>\$63.69</u>	<u>\$62.16</u>	<u>\$62.43</u>
<u>3i. Subtotal: Medical+Pharmacy (3d + 3h)</u>	<u>\$404.37</u>	<u>\$505.92</u>	<u>\$487.73</u>
3j. Age/Sex Factors	1.0610	0.9485	0.9687
3k. Area factors	1.0000	1.0000	1.0000
3l. Industry factors	0.9969	0.9703	0.9751
3m. Size factors	1.0196	1.0108	1.0123
3n. Current premium PMPM for 10/1/13 effective date (3i x 3j x 3k x 3l x 3m)	\$436.11	\$470.63	\$464.45
4. Supportable Pricing Adjustment (2d / 3n -1)	-12.5%	-5.2%	-6.4%
(rate adjustment required to achieve 73% loss ratio)			

UNITED HEALTHCARE
HEALTHCARE ECONOMICS

Exhibit T

DISTRICT OF COLUMBIA PRICING TREND DEVELOPMENT
APRIL 2013 RATE FILING SUPPORT

SG PRICING TREND BY COMPONENT

SMALL GROUP PRICING TREND BY COMPONENT									
	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>
Total Proposed Pricing Trend	[6]	7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Utilization / Service Mix	[1] , [2]	0.1%	5.1%	4.4%	4.0%	0.0%	3.5%	4.2%	3.6%
Unit Cost	[3]	6.0%	5.4%	3.7%	4.7%	2.3%	4.8%	4.8%	4.8%
Benefit Leveraging	[4]	0.2%	0.7%	1.2%	0.9%	0.2%	0.8%	1.8%	0.9%
Margin		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
<u>Demographic Change</u>	[5]	<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>
Sub-Total Claims Trend		7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Management Adjustment		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Rate Factors

Exhibit 1

(1) Index Rate: \$461.48

(2) Benefit Plan Ratios

CH/INS (EPO) Plans							
Product	Plan Name			Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical		Exchange				
	Exchange						
	Off	On					
EPO	C4O	VBY	ZV	Platinum	88.2%	1.10911	
EPO	EY1	V63	ZU	Platinum	90.7%	1.17049	
EPO	E43	V7W	YM	Platinum	88.5%	1.12967	
EPO	E47	V7Y	ZR	Platinum	88.5%	1.12378	
EPO	E5N	V71	ZU	Platinum	91.9%	1.19531	
EPO	EYW	V61	ZV	Platinum	89.0%	1.12575	
EPO-HSA	DW7	VDN	A0	Gold	78.5%	0.84907	
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.84543	
EPO-HSA	DXP	VDP	A0	Gold	78.1%	0.94678	
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.94316	
EPO	EZJ	V67	A0	Gold	79.5%	0.96288	
EPO	EZJ	V67	YM	Gold	78.8%	0.95313	
EPO	EZ2	V7D	C0	Gold	79.1%	0.94329	
EPO	E22	V7D	ZT	Gold	78.9%	0.94945	
EPO	E0P	V7J	A0	Gold	78.9%	0.94240	
EPO	E0P	V7J	YM	Gold	78.3%	0.93267	
EPO	E0X	V7L	A0	Gold	81.6%	1.00401	
EPO	E0X	V7L	YM	Gold	81.1%	0.99428	
EPO	EY5	V65	A0	Gold	81.4%	0.98791	
EPO	EY5	V65	YM	Gold	80.9%	0.97818	
EPO	EZS	V69	B0	Gold	78.1%	0.93941	
EPO	EZS	V69	ZS	Gold	78.7%	0.93198	
EPO	E0H	V7H	A0	Gold	79.7%	0.98735	
EPO	E0H	V7H	ZR	Gold	79.1%	0.96906	
EPO	EZ9	V7F	A0	Gold	79.9%	0.98546	
EPO	EZ9	V7F	ZS	Gold	78.5%	0.95993	
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.73578	
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.73152	
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.74606	
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.74181	
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.75009	
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.74582	
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.72450	
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.72023	
EPO	E06	V7N	ZT	Silver	70.8%	0.83026	
EPO	E06	V7N	ZY	Silver	69.9%	0.80935	
EPO	E2M	V7Q	D0	Silver	71.5%	0.82023	
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.80016	
EPO	E2U	V7S	ZT	Silver	70.0%	0.82478	
EPO	E2U	V7S	ZY	Silver	68.8%	0.80389	
EPO	E26	V7U	ZT	Silver	70.5%	0.83306	
EPO	E26	V7U	ZY	Silver	69.0%	0.81215	
EPO	E18	V7O	ZT	Silver	70.5%	0.83575	
EPO	E18	V7O	ZY	Silver	68.4%	0.81483	
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.62131	
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.62633	
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.69888	

CH+/INS (POS) Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
POS	C5Z	VBZ	ZV	Platinum	88.2%	1.13392
POS	EY2	V64	ZU	Platinum	90.7%	1.19552
POS	E44	V7X	YM	Platinum	88.5%	1.15203
POS	E48	V7Z	ZR	Platinum	88.5%	1.14427
POS	E5O	V72	ZU	Platinum	91.9%	1.22016
POS	EYX	V62	ZV	Platinum	89.0%	1.15052
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.87570
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.87206
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.97577
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.97213
POS	EZL	V68	A0	Gold	79.5%	0.98503
POS	EZL	V68	YM	Gold	78.8%	0.97528
POS	EZ4	V7E	C0	Gold	79.1%	0.96611
POS	EZ4	V7E	ZT	Gold	78.9%	0.97226
POS	E0R	V7K	A0	Gold	78.9%	0.96509
POS	E0R	V7K	YM	Gold	78.3%	0.95536
POS	EY7	V66	A0	Gold	81.4%	1.01057
POS	EY7	V66	YM	Gold	80.9%	1.00085
POS	EZU	V7C	B0	Gold	78.1%	0.96186
POS	EZU	V7C	ZS	Gold	78.7%	0.95443
POS	E0Z	V7M	A0	Gold	81.6%	1.02670
POS	E0Z	V7M	YM	Gold	81.1%	1.01697
POS	E0J	V7I	A0	Gold	79.7%	1.01023
POS	E0J	V7I	ZR	Gold	79.1%	0.99194
POS	E0C	V7G	A0	Gold	79.9%	1.00804
POS	E0C	V7G	ZS	Gold	78.5%	0.98253
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.75739
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.75312
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.76935
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.76510
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.77247
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.76820
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.74304
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.74242
POS	E2O	V7R	D0	Silver	71.5%	0.83880
POS	E2O	V7R	ZZ	Silver	69.2%	0.81876
POS	E2W	V7T	ZT	Silver	70.0%	0.84329
POS	E2W	V7T	ZY	Silver	68.8%	0.82238
POS	E28	V7V	ZT	Silver	70.5%	0.85215
POS	E28	V7V	ZY	Silver	69.0%	0.83124
POS	E2E	V7P	ZT	Silver	70.5%	0.85549
POS	E2E	V7P	ZY	Silver	68.4%	0.83460

(3) Trend Factors

Effective Quarter	Factor
1st Quarter, 2014	1.000
2nd Quarter, 2014	1.026
3rd Quarter, 2014	1.052
4th Quarter, 2014	1.079

(4) Age Factors

Age	Factor
0-20	0.727
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.727
29	0.727
30	0.727
31	0.727

Age	Factor	Age	Factor	Age	Factor
32	0.727	44	1.137	56	1.801
33	0.727	45	1.181	57	1.871
34	0.727	46	1.227	58	1.944
35	0.805	47	1.275	59	2.020
36	0.836	48	1.325	60	2.099
37	0.869	49	1.377	61	2.181
38	0.903	50	1.431	62	2.181
39	0.938	51	1.487	63	2.181
40	0.975	52	1.545	64 & older	2.181
41	1.013	53	1.605		
42	1.053	54	1.668		
43	1.094	55	1.733		

Product	Plan Name				Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network					Out-of-Network					Copayments								Medical Deduct. Type	Deduct. Type	Deduct.	Tier 1	Tier 2	Tier 2 Spec	Tier 3	Tier 3 Spec																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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EPO	C40	VBY	ZV	Platinum 3	PL3.SBN.CHC.I.14.DC	152550.RDR.RXSBN.NET.I.14.DC.SB	88.2%	\$250	\$500	90%	\$2,500	\$5,000						\$10	\$20	\$75																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														</

Product	Plan Name			Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network						Out-of-Network						Copayments										Medical Deduct. Type	Rx																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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POS	EY7	V66	YM	Gold 10	GO10.SBN.CHP.I.14.DC	104075.RDR.RXSBN.PLS.I.14.DC.SB	80.9%	\$500	\$1,000	80%	\$4,500	\$9,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															</

Rate and Rate Factor Changes, and Development of 1st Quarter 2014 Base Rates

Age Factors: Change to new 2014 DC age factors: see Exhibit 1.

Other Rating Factors: Industry, group size and risk adjustment factors all set to 1.000.

Development of Base Rates:

		Current 4Q13 Base Rates with Trend			Proposed * Base Rates on a Revenue Neutral Basis (col a)	Rate Increases from 4Q13 to 1Q14								Proposed 1Q14 Base Rates (= a x b)		
<u>License</u>	<u>Product</u>	<u>Base Rate</u>	<u>Trend x Factor</u>	<u>Total = Rate</u>		<u>1 Qtr Trend</u>	<u>PPACA x Fees</u>	<u>EHB x</u>	<u>Market Adj</u>	<u>Exper. Adj</u>	<u>x</u>	<u>Exchange User Fee</u>	<u>x</u>	<u>Risk Adj</u>	<u>= Total (col b)</u>	
OCI	Gatekeeper HMO	173.96	2.113	367.58	420.31	1.026	1.035	1.016	1.013	0.976		1.007		1.068	1.147	482.19
	Gatekeeper HMP	198.00	2.113	418.37	432.92	1.026	1.035	1.016	1.013	0.976		1.007		1.068	1.147	496.65
	Rx	59.71	2.113	126.17	142.96	1.026	1.035	1.016	1.013	0.976		1.007		1.068	1.147	164.01
UHIC	EPO	174.68	2.546	444.74	449.74	1.026	1.035	1.016	1.013	0.976		1.007		1.068	1.147	515.94
	POS	206.13	2.546	524.81	463.23	1.026	1.035	1.016	1.013	0.976		1.007		1.068	1.147	531.42
	Rx	55.53	2.546	141.38	142.96	1.026	1.035	1.016	1.013	0.976		1.007		1.068	1.147	164.01

* Rates when apply:

- New age factors
- All industry, group size, and risk adjustment factors set to 1.000, and
- New rate relationships between products:
 - +7.0% for gatekeeper to Choice, and
 - +3.0% for in-network only products to products with an out-of-network benefit,

to the total February, 2013 inforce book of business using:

- Each group's product, and each members's age,
- produces the same total (for OCI + UHIC) revenue as the current 4Q13 rates and rating factors.

Development of Plan Rates & Benefit Plan Ratios to Index Rate

Exhibit 3b

Index Rate: \$461.48

(i)

Benefit Plan Ratios

CH/INS (EPO) Plans											
Product	Plan Name			Metal	Actuarial	Medical Net to Allowed (a)	Medical Base Rate (b)	Rx Net to Allowed (c)	Rx Base Rate (d)	Med + Rx Rate e = (a x b + c x d)	New Plan Ratio = e / i
	Medical		Rx								
	Exchange										
	Off	On									
EPO	C4O	VBY	ZV	Platinum	88.2%	0.8328	\$515.94	0.5009	\$164.01	\$511.83	1.10911
EPO	EY1	V63	ZU	Platinum	90.7%	0.8798	\$515.94	0.5258	\$164.01	\$540.16	1.17049
EPO	E43	V7W	YM	Platinum	88.5%	0.8559	\$515.94	0.4861	\$164.01	\$521.32	1.12967
EPO	E47	V7Y	ZR	Platinum	88.5%	0.8583	\$515.94	0.4620	\$164.01	\$518.60	1.12378
EPO	E5N	V71	ZU	Platinum	91.9%	0.9020	\$515.94	0.5258	\$164.01	\$551.61	1.19531
EPO	EYW	V61	ZV	Platinum	89.0%	0.8477	\$515.94	0.5009	\$164.01	\$519.51	1.12575
EPO-HSA	DW7	VDN	AO	Gold	78.5%	0.7562	\$515.94	0.0102	\$164.01	\$391.83	0.84907
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.7562	\$515.94	0.0000	\$164.01	\$390.15	0.84543
EPO-HSA	DXP	VDP	AO	Gold	78.1%	0.8436	\$515.94	0.0102	\$164.01	\$436.92	0.94678
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.8436	\$515.94	0.0000	\$164.01	\$435.25	0.94316
EPO	EZJ	V67	AO	Gold	79.5%	0.6980	\$515.94	0.5135	\$164.01	\$444.35	0.96288
EPO	EZJ	V67	YM	Gold	78.8%	0.6980	\$515.94	0.4861	\$164.01	\$439.85	0.95313
EPO	E2Z	V7D	CO	Gold	79.1%	0.7145	\$515.94	0.4065	\$164.01	\$435.31	0.94329
EPO	E2Z	V7D	ZT	Gold	78.9%	0.7145	\$515.94	0.4238	\$164.01	\$438.15	0.94945
EPO	EOP	V7J	AO	Gold	78.9%	0.6797	\$515.94	0.5135	\$164.01	\$434.90	0.94240
EPO	EOP	V7J	YM	Gold	78.3%	0.6797	\$515.94	0.4861	\$164.01	\$430.41	0.93267
EPO	E0X	V7L	AO	Gold	81.6%	0.7348	\$515.94	0.5135	\$164.01	\$463.33	1.00401
EPO	E0X	V7L	YM	Gold	81.1%	0.7348	\$515.94	0.4861	\$164.01	\$458.84	0.99428
EPO	EY5	V65	AO	Gold	81.4%	0.7204	\$515.94	0.5135	\$164.01	\$455.90	0.98791
EPO	EY5	V65	YM	Gold	80.9%	0.7204	\$515.94	0.4861	\$164.01	\$451.41	0.97818
EPO	EZ5	V69	BO	Gold	78.1%	0.6932	\$515.94	0.4626	\$164.01	\$433.52	0.93941
EPO	EZ5	V69	ZS	Gold	78.7%	0.6932	\$515.94	0.4417	\$164.01	\$430.09	0.93198
EPO	E0H	V7H	AO	Gold	79.7%	0.7199	\$515.94	0.5135	\$164.01	\$455.64	0.98735
EPO	E0H	V7H	ZR	Gold	79.1%	0.7199	\$515.94	0.4620	\$164.01	\$447.20	0.96906
EPO	E29	V7F	AO	Gold	79.9%	0.7182	\$515.94	0.5135	\$164.01	\$454.77	0.98546
EPO	E29	V7F	ZS	Gold	78.5%	0.7182	\$515.94	0.4417	\$164.01	\$442.99	0.95993
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.6543	\$515.94	0.0120	\$164.01	\$339.55	0.73578
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.6543	\$515.94	0.0000	\$164.01	\$337.58	0.73152
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.6635	\$515.94	0.0120	\$164.01	\$344.29	0.74606
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.6635	\$515.94	0.0000	\$164.01	\$342.33	0.74181
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.6671	\$515.94	0.0120	\$164.01	\$346.15	0.75009
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.6671	\$515.94	0.0000	\$164.01	\$344.18	0.74582
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.6442	\$515.94	0.0120	\$164.01	\$334.34	0.72450
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.6442	\$515.94	0.0000	\$164.01	\$332.37	0.72023
EPO	E06	V7N	ZT	Silver	70.8%	0.6079	\$515.94	0.4238	\$164.01	\$383.15	0.83026
EPO	E06	V7N	ZY	Silver	69.9%	0.6079	\$515.94	0.3650	\$164.01	\$373.50	0.80935
EPO	E2M	V7Q	DO	Silver	71.5%	0.6124	\$515.94	0.3814	\$164.01	\$378.52	0.82023
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.6124	\$515.94	0.3250	\$164.01	\$369.26	0.80016
EPO	E2U	V7S	ZT	Silver	70.0%	0.6030	\$515.94	0.4238	\$164.01	\$380.62	0.82478
EPO	E2U	V7S	ZY	Silver	68.8%	0.6030	\$515.94	0.3650	\$164.01	\$370.98	0.80389
EPO	E26	V7U	ZT	Silver	70.5%	0.6104	\$515.94	0.4238	\$164.01	\$384.44	0.83306
EPO	E26	V7U	ZY	Silver	69.0%	0.6104	\$515.94	0.3650	\$164.01	\$374.79	0.81215
EPO	E18	V7O	ZT	Silver	70.5%	0.6128	\$515.94	0.4238	\$164.01	\$385.68	0.83575
EPO	E18	V7O	ZY	Silver	68.4%	0.6128	\$515.94	0.3650	\$164.01	\$376.03	0.81483
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.5519	\$515.94	0.0120	\$164.01	\$286.72	0.62131
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.5564	\$515.94	0.0120	\$164.01	\$289.04	0.62633
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.6213	\$515.94	0.0120	\$164.01	\$322.52	0.69888

CH+/INS (POS) Plans											
Product	Plan Name			Metal	Actuarial	Medical Net to	Medical Base	Rx Net to	Rx Base	Med + Rx Rate e = (a x b + c x d)	New Plan
	Medical		Rx								
	Exchange										
	Off	On									
				Level	Value	Allowed (a)	Rate (b)	Allowed (c)	Rate (d)		Ratio = e / i
POS	CSZ	VBZ	ZV	Platinum	88.2%	0.8301	\$531.42	0.5009	\$164.01	\$523.28	1.13392
POS	EY2	V64	ZU	Platinum	90.7%	0.8759	\$531.42	0.5258	\$164.01	\$551.71	1.19552
POS	E44	V7X	YM	Platinum	88.5%	0.8504	\$531.42	0.4861	\$164.01	\$531.64	1.15203
POS	E48	V7Z	ZR	Platinum	88.5%	0.8511	\$531.42	0.4620	\$164.01	\$528.06	1.14427
POS	E5O	V72	ZU	Platinum	91.9%	0.8973	\$531.42	0.5258	\$164.01	\$563.08	1.22016
POS	EYX	V62	ZV	Platinum	89.0%	0.8445	\$531.42	0.5009	\$164.01	\$530.94	1.15052
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.7573	\$531.42	0.0102	\$164.01	\$404.12	0.87570
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.7573	\$531.42	0.0000	\$164.01	\$402.44	0.87206
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.8442	\$531.42	0.0102	\$164.01	\$450.30	0.97577
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.8442	\$531.42	0.0000	\$164.01	\$448.62	0.97213
POS	EZL	V68	A0	Gold	79.5%	0.6969	\$531.42	0.5135	\$164.01	\$454.57	0.98503
POS	EZL	V68	YM	Gold	78.8%	0.6969	\$531.42	0.4861	\$164.01	\$450.07	0.97528
POS	E24	V7E	C0	Gold	79.1%	0.7135	\$531.42	0.4065	\$164.01	\$445.84	0.96611
POS	E24	V7E	ZT	Gold	78.9%	0.7135	\$531.42	0.4238	\$164.01	\$448.68	0.97226
POS	E0R	V7K	A0	Gold	78.9%	0.6796	\$531.42	0.5135	\$164.01	\$445.37	0.96509
POS	E0R	V7K	YM	Gold	78.3%	0.6796	\$531.42	0.4861	\$164.01	\$440.88	0.95536
POS	EY7	V66	A0	Gold	81.4%	0.7191	\$531.42	0.5135	\$164.01	\$466.36	1.01057
POS	EY7	V66	YM	Gold	80.9%	0.7191	\$531.42	0.4861	\$164.01	\$461.87	1.00085
POS	EZU	V7C	B0	Gold	78.1%	0.6925	\$531.42	0.4626	\$164.01	\$443.88	0.96186
POS	EZU	V7C	ZS	Gold	78.7%	0.6925	\$531.42	0.4417	\$164.01	\$440.45	0.95443
POS	E0Z	V7M	A0	Gold	81.6%	0.7331	\$531.42	0.5135	\$164.01	\$473.80	1.02670
POS	E0Z	V7M	YM	Gold	81.1%	0.7331	\$531.42	0.4861	\$164.01	\$469.31	1.01697
POS	E0J	V7I	A0	Gold	79.7%	0.7188	\$531.42	0.5135	\$164.01	\$466.20	1.01023
POS	E0J	V7I	ZR	Gold	79.1%	0.7188	\$531.42	0.4620	\$164.01	\$457.76	0.99194
POS	E0C	V7G	A0	Gold	79.9%	0.7169	\$531.42	0.5135	\$164.01	\$465.19	1.00804
POS	E0C	V7G	ZS	Gold	78.5%	0.7169	\$531.42	0.4417	\$164.01	\$453.42	0.98253
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.6540	\$531.42	0.0120	\$164.01	\$349.52	0.75739
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.6540	\$531.42	0.0000	\$164.01	\$347.55	0.75312
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.6644	\$531.42	0.0120	\$164.01	\$355.04	0.76935
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.6644	\$531.42	0.0000	\$164.01	\$353.08	0.76510
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.6671	\$531.42	0.0120	\$164.01	\$356.48	0.77247
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.6671	\$531.42	0.0000	\$164.01	\$354.51	0.76820
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.6447	\$531.42	0.0018	\$164.01	\$342.90	0.74304
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.6447	\$531.42	0.0000	\$164.01	\$342.61	0.74242
POS	E2O	V7R	D0	Silver	71.5%	0.6107	\$531.42	0.3814	\$164.01	\$387.09	0.83880
POS	E2O	V7R	ZZ	Silver	69.2%	0.6107	\$531.42	0.3250	\$164.01	\$377.84	0.81876
POS	E2W	V7T	ZT	Silver	70.0%	0.6015	\$531.42	0.4238	\$164.01	\$389.16	0.84329
POS	E2W	V7T	ZY	Silver	68.8%	0.6015	\$531.42	0.3650	\$164.01	\$379.51	0.82238
POS	E28	V7V	ZT	Silver	70.5%	0.6092	\$531.42	0.4238	\$164.01	\$393.25	0.85215
POS	E28	V7V	ZY	Silver	69.0%	0.6092	\$531.42	0.3650	\$164.01	\$383.60	0.83124
POS	E2E	V7P	ZT	Silver	70.5%	0.6121	\$531.42	0.4238	\$164.01	\$394.79	0.85549
POS	E2E	V7P	ZY	Silver	68.4%	0.6121	\$531.42	0.3650	\$164.01	\$385.15	0.83460

Formula & Example

Exhibit 4

Rate Calculation Formula

Monthly premium =

Index Rate
x Plan Ratio
x Trend factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan EZ2 with Rx C0

Effective Date: 4/1/14

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	0.727	0.727
EE #2	35	36	5	9	0.805	0.836	0.727	0.727
EE #3	53	55	19		1.605	1.733	0.727	

Total Members: 11

Sum of Age Factors: 10.721

Rate Calculation

	Rating Factor	Exhibit 1 Location
\$461.48	Index Rate	(1)
0.94329	Plan Ratio (EZ2)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,788.29</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - UHIC

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	9,190	3,849,240	2,728,257	296.87	70.9%
Feb-12	9,374	3,954,953	2,599,181	277.28	65.7%
Mar-12	9,291	3,940,405	3,072,182	330.66	78.0%
Apr-12	9,175	3,912,866	2,698,096	294.07	69.0%
May-12	9,141	3,922,974	2,724,351	298.04	69.4%
Jun-12	9,136	3,940,596	2,604,675	285.10	66.1%
Jul-12	9,204	3,986,074	2,402,937	261.08	60.3%
Aug-12	9,266	4,007,942	2,720,091	293.56	67.9%
Sep-12	9,338	4,011,619	2,222,794	238.04	55.4%
Oct-12	9,083	3,934,272	2,431,348	267.68	61.8%
Nov-12	9,057	3,931,358	2,677,794	295.66	68.1%
Dec-12	8,920	3,876,665	2,446,344	274.25	63.1%
Total	110,175	47,268,964	31,328,050	284.35	66.3%

Explanation, Support & Development of PPACA Fee Increases

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. The two largest cost impacts both take effect with calendar year 2014 earned premiums.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. The Oliver Wyman report "Simulation of the Impact of the Annual Fees on Insurers Using 2011 Data", dated June 27, 2012, estimates that the denominator premiums to which this fee will be applied will be \$527.085 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a % of premium, the needed fee is $\$8B \text{ Insurer Fee} / \$527.085 \text{ Net Industry Premiums} / 65\% \text{ FIT} = 2.3\%$.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. HHS has proposed a \$5.25 pmpm assessment for 2014, or an estimated 1.1% of DC small group premiums.

The total needed PPACA fee increase is 3.5% (2.3% for Insurer Fee, plus 1.2% for Reinsurance Assessment).

The below details the calculation of the Insurer Fee and Reinsurance Assessment.

Calculation of 2014 Fees Impact

Insurer Fee Impact Calculation

Insurer Fee in 2014 (Billions)	\$8
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
Insurer Fee as % of Health Insurance Premiums	1.5%
Gross Up by Federal Income Tax (35%)	2.3%

*from Oliver Wyman Study published on June 27, 2012

Reinsurance Assessment Impact Calculation

Reinsurance Assessment Per Member Per Month - HHS Proposed	\$5.25
Reinsurance Fee as a Percent of Premium	1.2%

DC Small Group Rate Review - Development of Experience Adjustment

	OCI	UHIC	Total
1. Experience 1/1/12-13			
1a. Member Months	24,034	110,175	134,209
1b. Average Mbrs (1a/12)	2,003	9,181	11,184
1c. Incurred Claims	\$5,846,466	\$31,328,050	\$37,174,516
1d. Claim PMPM (1c/1a)	\$243.26	\$284.35	\$276.99
1e. Earned Premium	\$11,537,610	\$47,268,964	\$58,806,574
1f. Premium PMPM (1e/1a)	\$480.05	\$429.04	\$438.17
1g. Loss Ratio (1c/1e)	50.7%	66.3%	63.2%
2. Needed Revenue for 10/1/13 Effective Date			
2a. Claim trend	1.195	1.195	1.195
From center of experience period: 7/1/12			
to center of 10/1/13 pricing period: 4/1/14			
(21 months at 10.7% annual rate)			
2b. Claim cost subtotal (1d x 2a)	\$290.62	\$339.71	\$330.92
2c. Target loss ratio	73.0%	73.0%	73.0%
2d. Needed revenue PMPM for 10/1/13 effective date (2b/2c)	\$398.11	\$465.36	\$453.31
3. Current Manual Rate 10/1/13			
3a. Medical base rate 10/1/2013	\$178.47	\$199.99	\$196.14
3b. Average medical plan relativity	0.9034	0.8715	0.8772
3c. Medical pricing trend factor	2.113	2.546	2.468
<u>3d. Subtotal: Medical (3a x 3b x 3c)</u>	<u>\$340.68</u>	<u>\$443.76</u>	<u>\$425.30</u>
3e. Pharmacy base rate 10/1/2013	\$59.71	\$55.53	\$56.28
3f. Average Rx plan relativity	0.5048	0.4396	0.4513
3g. Rx pricing trend factor	2.113	2.546	2.468
<u>3h. Subtotal: Pharmacy (3e x 3f x 3g)</u>	<u>\$63.69</u>	<u>\$62.16</u>	<u>\$62.43</u>
<u>3i. Subtotal: Medical+Pharmacy (3d + 3h)</u>	<u>\$404.37</u>	<u>\$505.92</u>	<u>\$487.73</u>
3j. Age/Sex Factors	1.0610	0.9485	0.9687
3k. Area factors	1.0000	1.0000	1.0000
3l. Industry factors	0.9969	0.9703	0.9751
3m. Size factors	1.0196	1.0108	1.0123
3n. Current premium PMPM for 10/1/13 effective date (3i x 3j x 3k x 3l x 3m)	\$436.11	\$470.63	\$464.45
4. Supportable Pricing Adjustment (2d / 3n -1)	-8.7%	-1.1%	-2.4%
(rate adjustment required to achieve 73% loss ratio)			

UNITED HEALTHCARE
HEALTHCARE ECONOMICS

Exhibit T

DISTRICT OF COLUMBIA PRICING TREND DEVELOPMENT
APRIL 2013 RATE FILING SUPPORT

SG PRICING TREND BY COMPONENT

SMALL GROUP PRICING TREND BY COMPONENT									
	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>
Total Proposed Pricing Trend	[6]	7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Utilization / Service Mix	[1] , [2]	0.1%	5.1%	4.4%	4.0%	0.0%	3.5%	4.2%	3.6%
Unit Cost	[3]	6.0%	5.4%	3.7%	4.7%	2.3%	4.8%	4.8%	4.8%
Benefit Leveraging	[4]	0.2%	0.7%	1.2%	0.9%	0.2%	0.8%	1.8%	0.9%
Margin		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
<u>Demographic Change</u>	[5]	<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>
Sub-Total Claims Trend		7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Management Adjustment		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Actuarial Memorandum
UnitedHealthcare Insurance Company, NAIC #79413
DC Small Group Rate Filing

June 25, 2013

June 25 Revisions. Based on an understanding that the small group market risk adjustment applies only among small group carriers, we are removing our previously included rate load related to merged Individual/SmallGroup risk adjustment.

This rate filing presents proposed premium rates effective January 1, 2014 through December 31, 2014 for new medical and Rx benefit plans to be sold by the UnitedHealthcare Insurance Company to small group employers (employers with 50 or fewer eligible employees).

The benefit plans and rates are for non-grandfathered employers, and are for both on and off-exchange. The proposed rates and rate factors are in Exhibit 1. Benefit plan descriptions are in Exhibit 2, which also displays the metal level and actuarial value of each benefit plan. Rates are presented for 89 new plans: 47 EPO (exclusive provider) and 42 POS (point-of-service, includes out-of-network benefits) plans.

Purpose of Filing. UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

In addition to new 1/1/14 effective rates, for each of the last 3 quarters in 2014 we are filing for a 2.57% quarterly trend increase (equivalent to an annual 10.7% trend rate).

A. Description of Benefits. Benefit plan descriptions are in Exhibit 2.

B. Issue Age Range. All ages.

C. Marketing Method. The products will be offered on the exchange, and also marketed through independent brokers and consultants.

D. Premium Basis. Member level rating.

E. Nature of Rate Change and Proposed Rate/Methodology Change. These are new rates for new products on new policy forms, no current rates exist for these forms or plans.

F. For Each Change, Indication if New or Modified. These are new policy forms.

G. For Each Change, Comparison to Status Quo. These are new policy forms.

H. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology. These are new policy forms.

I. Annual Rate Change for DC Policyholders. These are new policy forms, there are no current rates for these forms.

While these are new products and forms, we will be offering these plans to our current small group business. The rate changes indicated in this actuarial memorandum are from our current 2013 rates on this business.

The rates in this filing are for new benefit plans and use the new PPACA required rate calculation approach, which is significantly different from UnitedHealthcare's current products and rating approach in DC. Each existing customer who wishes to continue coverage with UnitedHealthcare will have to decide which new "metal level" benefit plan they wish to move to, either to a leaner or to a richer plan, their rate change will be based on these yet unknown choices.

The average rate increases including all rate changes (rating factors, trend, PPACA fees, essential health benefits), and an estimated neutral change in benefit plan movement to the new metal plans (premium increases from customers moving up in benefits offsetting premium reductions from customers moving down in benefits), are as follows:

Incremental:

1Q14/4Q13: +14.7%

2Q14/1Q14: +2.6%

3Q14/2Q14: +2.5%

4Q14/3Q14: +2.6%

J. Base Period Experience. The base period experience represents all of UnitedHealthcare Insurance Company (UHIC) and Optimum Choice, Inc. (OCI) individual and small group business in the DC market. Note: UHIC and OCI do not market and have no Individual experience in DC. The base period claims experience is for 1/1/2012 through 12/31/2012 dates of service, for claims paid through March, 2013. The estimate included for claims incurred but not paid is \$233,333 for UnitedHealthcare Insurance Company. No adjustments have been made for large group pooling.

K. Projected Base Period Experience. All claims in the base period are believed to be for essential health benefits. The cost of additional required essential health benefits in 2014 is described in the next section "L. Manual Rate Development". The assumptions used to develop the requested trend increases are shown in Exhibit T. In addition to unit cost and utilization, deductible (or benefit) leveraging is utilized in the trend estimate. These factors are not utilized in the trend determination: future/new benefits and/or mandates, risk profile changes, aging of population, increased portion of pool from conversion policies, and changes in gender and other demographic characteristics. No adjustments have been made to the underlying demographics of the population expected to be insured. Adjustments for projected changes in the average morbidity of the population expected to be insured in 2014 are described in the next section "L. Manual Rate Development". No adjustments have been made projected changes in average cost sharing in force.

L. Manual Rate Development. The base experience is shown in Exhibit A.

In our rate development, we first analyzed the impact of the new required rate calculation approach (member rating by age using the new DC age factors, removal of group size, industry, and underwriting risk adjustment factors) and our proposed product price relationships. Using our February, 2013 book of business (each group's product, and each covered member's age) we first picked base rates by product that would be revenue neutral in total for our two DC small group licenses.

On this total-two-license revenue neutral basis, the average premium weighted rate change by license is:

Optimum Choice, Inc. (OCI):	+7.3%
UnitedHealthcare Insurance Company (UHIC):	-1.6%
Total:	0.0%

We are reducing the price differences between our products to the following:

In-network-only products to products with an out-of-network option: +3.0% (reduced from our current +13.8% on OCI and +18.0% on UHIC).

Gatekeeper with capitation products (OCI HMO) to Open Access products with no capitation (UHIC EPO): +7.0% (reduced from our current +21.0%).

We believe that the +3.0% and the +7.0%, respectively, are the true cost differences between these products.

After the changes to the rating factors and product price relationships, again on a total 2-license revenue neutral basis, we are then proposing these rate increases from our current 4th quarter 2013 rates:

+2.6%	Trend – one quarter at a 10.7% annual trend rate.
+3.5%	PPACA fees (insurer fee + reinsurance assessment).
+1.6%	Essential health benefits.
+1.3%	Market risk adjustments.
-2.4%	Experience adjustment.
+0.7%	Exchange user fee.
<u>+6.8%</u>	Risk adjustment.
+14.7%	Total

Trend: The assumptions used to develop the requested trend increases are shown in Exhibit T.

PPACA Fees: The assumptions used to develop the requested PPACA fee increases are shown in Exhibit B.

Essential Health Benefits: The additional benefits in our plans are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavior analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.
 - Speech therapy: from 20 to unlimited.
 - Pulmonary rehabilitation: from 20 to unlimited.
 - Office spinal manipulation: from 20 to unlimited.
 - Home health service: from 60 to 90.

Market Risk Adjustments: The adjustment for overall changes to the small group marketplace in 2014 is +1.3%.

Experience Adjustment: We are pricing to a 73.0% target loss ratio. Please see the development in Exhibit C. Our analysis indicates that a -2.4% experience adjustment is required to price to a 73.0% loss ratio.

Exchange User Fee: We are using the national Federal facilitated user fee as an estimate of the DC Exchange user fee.

Risk Adjustment: Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses.

The development of the proposed 1st quarter 2014 base rates is presented in Exhibit 3a.

Exhibit 3b presents the rates for each benefit plan, and calculates the benefit plan ratios to the index rate developed in the URRT.

M. Credibility. The combined DC experience on our two small group licenses is assumed to be credible.

N. Projected Index Rate. The index rate, prior to adjustment for payments and charges under the risk adjustment and transitional reinsurance programs, as defined by 45 CFR 156.80(d), is calculated and shown in the URRT. The index rate represents the average allowed claim cost per member per month for coverage of essential health benefits for the small group market. Allowed claims were used as the basis for developing the index rate. An adjustment to the index rate for expected changes in morbidity (+1.3%, as described in above section “L. Manual Rate Development”) is included.

O. Market-wide Adjustments to the Index Rate. The market-wide adjustments are +0.7% for estimated Exchange user fees and +6.8% for risk adjustment, as described in the above section “L. Manual Rate Development”.

P. Plan Level Adjustments to the Index Rate. 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 Rx 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.

In addition to the cost-sharing design of each plan, and the provider network and utilization management practices, the benefit plan ratios include administrative costs excluding Exchange user fees.

Q. Non-Benefit Expenses. The expenses assumed in the development of the proposed rates are as follows. These are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

<u>% of Premium</u>	<u>Expense Category</u>
4.5%	General administrative expenses
0.5%	Sales and marketing
3.5%	Commissions and broker fees
5.7%	Premium taxes and other taxes, licenses and fees (does not include FIT)

1.1%	Quality improvement and fraud detection
4.1%	Federal income taxes
<u>7.5%</u>	<u>Profit</u>
27.0%	Total

R. Filed Loss Ratio. The anticipated traditional loss ratio (incurred claims divided by premium) is 73.0%. The anticipated Federal MLR is 80.0%. The estimated Federal MLR adjustments are as follows:

9.8%	Taxes, regulatory fees and assessments
-1.5%	GAAP Medical reclass to MLR SG&A
1.2%	QI/HIT Medical costs added
0.1%	Bad debt
<u>0.0%</u>	<u>Credibility adjustment</u>
9.6%	Total

S. Actuarial Certification.

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is in compliance with 45 CFR 156.80(d)(1) and developed in compliance with applicable ASOPs.

I certify that 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.

I certify that the AV Calculator was used to determine the AV Metal Values. For plans designs that did not fit into the AV Calculator, included in the Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I certify that the rates comply with all applicable District of Columbia and Federal laws and regulations.

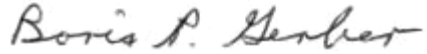
I certify that the rates are reasonable in relation to the benefits provided, and are not excessive, deficient nor unfairly discriminatory.

I qualify my opinion to state that my certification is based on confirmation received from the District of Columbia (DC) Department of Insurance and Exchange at our telephonic meeting on June 24, 2013, where the Department and Exchange advised that DC is not merging the individual and small group markets for federal law purposes, such as, risk adjustment, transitional reinsurance, risk corridor, and medical loss ratio (among other federal requirements). And, specifically, confirmation from the Department and Exchange that when HHS applies the risk adjustment calculation that it will treat DC as a non-merged market and calculate risk score separately for individual and small group market in the DC market. If this is an inaccurate summary of confirmation received on June 24th, and that DC is in fact a merged market for federal law purposes (most notably risk adjustment), then please advise as soon as possible so that we can take appropriate steps towards revising this filing and certification accordingly.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in this submitted actuarial memorandum. 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.

Sincerely,



Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

Date: June 25, 2013

T. District of Columbia Loss Ratio Analysis.

- i. Evaluation Period: 1/1/2012 – 12/31/2012
- ii. Earned Premiums: See Exhibit A.
- iii. Claims: See Exhibit A.
- iv. Number of Claims: Not available.
- v. Loss Development Factors: See Exhibit C.
- vi. Loss Ratio Demonstrations: See Exhibit C.
- vii. Permissible Loss Ratio: 80% Federal MLR.
- viii. Credibility Analysis: We believe our DC experience is credible.
- ix. Determination of Overall Annual Rate Change: See section “L. Manual Rate Development”.

U. District of Columbia and Countrywide Experience.

- i. Earned Premium: See Exhibit A.
- ii. Number of policyholders: As of March, 2013: 635 group policyholders.
- iii. History of Rate Changes: Not applicable, these are new policy forms.

List of exhibits included in rate filing:

- Exhibit 1: Rates and rate factors.
- Exhibit 2: Benefit plan descriptions.
- Exhibit 3a: Rate factor changes & development of base rates.
- Exhibit 3b: Development of plan rates & benefit plan ratios to index rate.
- Exhibit 4: Rating example.
- Exhibit A: Member months, earned premium & incurred claim experience.
- Exhibit B: Explanation, support & development of PPACA fees.
- Exhibit C: Base rate review & development of experience adjustment.
- 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,



Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare Insurance Company

District of Columbia Rate Review

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare Insurance Company
- **State:** District of Columbia
- **HIOS Issuer ID:** 41842
- **Market:** Small Group
- **Effective Date:** 1/1/2014

Company Contact Information:

- **Primary Contact Name:** Boris Gerber
- **Primary Contact Telephone Number:** 860-702-5540
- **Primary Contact Email Address:** boris_gerber@uhc.com

Proposed Rate Increase: UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

In addition to new 1/1/14 effective rates, for each of the last 3 quarters in 2014 we are filing for a 2.57% quarterly trend increase (equivalent to an annual 10.7% trend rate).

In our rate development, we first analyzed the impact of the new required rate calculation approach (member rating by age using the new DC age factors, removal of group size, industry, and underwriting risk adjustment factors) and our proposed product price relationships. Using our February, 2013 book of business (each group's product, and each covered member's age) we first picked base rates by product that would be revenue neutral in total for our two DC small group licenses.

On this total-two-license revenue neutral basis, the average premium weighted rate change by license is:

Optimum Choice, Inc. (OCI):	+7.3%
UnitedHealthcare Insurance Company (UHIC):	<u>-1.6%</u>
Total:	0.0%

We are reducing the price differences between our products to the following:

In-network-only products to products with an out-of-network option: +3.0% (reduced from our current +13.8% on OCI and +18.0% on UHIC).

Gatekeeper with capitation products (OCI HMO) to Open Access products with no capitation (UHIC EPO): +7.0% (reduced from our current +21.0%).

We believe that the +3.0% and the +7.0%, respectively, are the true cost differences between these products.

After the changes to the rating factors and product price relationships, again on a total 2-license revenue neutral basis, we are then proposing these rate increases from our current 4th quarter 2013 rates:

+2.6%	Trend – one quarter at a 10.7% annual trend rate.
+3.5%	PPACA fees (insurer fee + reinsurance assessment).
+1.6%	Essential health benefits.
+1.3%	Market risk adjustments.
-2.4%	Experience adjustment.
+0.7%	Exchange user fee.
<u>+6.8%</u>	Risk adjustment.
+14.7%	Total

Trend: The assumptions used to develop the requested trend increases are shown in Exhibit T.

PPACA Fees: The assumptions used to develop the requested PPACA fee increases are shown in Exhibit B.

Essential Health Benefits: The additional benefits in our plans are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavior analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.

- Speech therapy: from 20 to unlimited.
- Pulmonary rehabilitation: from 20 to unlimited.
- Office spinal manipulation: from 20 to unlimited.
- Home health service: from 60 to 90.

Market Risk Adjustments: The adjustment for overall changes to the small group marketplace in 2014 is +1.3%.

Experience Adjustment: We are pricing to a 73.0% target loss ratio. Please see the development in Exhibit C. Our analysis indicates that a -2.4% experience adjustment is required to price to a 73.0% loss ratio.

Risk Adjustment: Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 1/1/2012 to 12/31/2012 paid through 3/31/2013.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare Insurance Company anticipates paying \$1,130,595 in MLR rebates for 2012 premiums.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 3/31/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
 - 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories:

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 surgery, emergency room, lab, radiology, therapy, observation, ambulance, home health care, DME, other services provided in an outpatient facility setting and billed by the facility.

Professional

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

Pharmacy

- Includes drugs dispensed by a pharmacy, not dispensed by facility (i.e. via inpatient, outpatient), and not physician administered drugs. This amount is net of rebates received from drug manufacturers.

Capitation

- Includes all MHCD services provided under capitated arrangement

Other

- Includes non-capitated, fee-for-service costs for physician procedures, inpatient stay, or and outpatient procedure related to Mental Health / Chemical Dependency (MHCD)

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** A 1.3% increase is included in the URRT to reflect the adjustment for overall changes to the small group marketplace in 2014.
- **Changes in Benefits:** 1.6% included in the URRT is the estimate of the cost of adding Essential Health Benefits developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by DC are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:

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, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). 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.

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 mix of procedures.

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.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development: The combined DC experience on our two small group licenses is assumed to be credible.

DC Total Experience

Premiums (net of MLR Rebate) in Experience Period:	\$	56,877,268
Incurred Claims in Experience Period	\$	37,174,516
Allowed Claims:	\$	44,186,505
Index Rate of Experience Period		329.24
Experience Period Member Months		134,209

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. Our rates are only for small groups within the combined DC market.

Non-Benefit Expenses and Risk Margin: The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
9.7%	Admin Expenses
7.5%	Profit & Risk Load
<u>9.8%</u>	Taxes & Fees
27.0%	Total

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 80.0%.

Index Rate:

DC Small Group													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	1,455	885	737	686	677	917	764	791	778	851	1,034	898	10,473
Allowed Claims PMPM 2012	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24
Annual Trend Rate	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	403.46	406.89	410.36	413.85	417.37	420.92	424.50	428.11	431.75	435.43	439.13	442.87	422.34
Base Index Rate	422.34												
Benefit Increase (EHB)	1.60%												
Exchange User Fee	0.70%												
Subtotal	432.10												
Risk Adjustment	6.80%												
2014 Index Rate	461.48												

AV Metal Values: The below actuarial certification describes the methodology and the AV calculator input values used for the plan design features that do not fit into the parameters of the AV calculator.

Certification for AV Calculator									Exhibit D
Estimation of fit of plan design into the parameters of AV calculator									
Metallic Plan (f)	Medical Copays After Deductible		OP Copay		Rx Effective Coinsurance Estimation				Methodology
	ER Copays	Imaging (CT/PET Scans, MRIs)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Generics	Preferred Brand Drugs	Non-Preferred Brand Drugs	Specialty Drugs (i.e. high-cost)	
Bronze 1	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e
Bronze 1-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b
Bronze 2	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e
Bronze 2-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b
Bronze 3	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e
Bronze 3-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b
Silver 1	-	-	54.09% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 1-A	-	-	54.09% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Silver 2	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e
Silver 2-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 3	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e
Silver 3-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 4	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e
Silver 4-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 5	-	-	-	-	71.01%	74.21%	71.01%	96.59%	a, e
Silver 5-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 7	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 7-A	-	-	63.1% (c)	-	57.01%	57.01%	57.01%	57.01%	b, c, d
Silver 8	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 8-A	-	-	63.1% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Silver 9	-	-	72.12% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 9-A	-	-	72.12% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Silver 10	-	-	81.13% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 10-A	-	-	81.13% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Gold 1	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, e
Gold 1-A	-	-	-	-	75.10%	75.10%	75.10%	75.10%	b
Gold 2	-	-	64.25% (c)	-	-	-	-	96.51%	b, c, d, e
Gold 2-A	-	-	64.25% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d
Gold 3	-	-	73.43% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 3-A	-	-	73.43% (c)	-	70.46%	70.46%	70.46%	70.46%	b, c, d
Gold 4	-	-	72.12% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 4-A	-	-	72.12% (c)	-	64.91%	64.91%	64.91%	64.91%	b, c, d
Gold 5	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 5-A	-	-	85.57% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d
Gold 6	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 6-A	-	-	85.57% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d
Gold 7	86.72% (a)	-	-	-	71.01%	75.58%	73.62%	96.51%	a, e
Gold 7-A	-	-	-	-	75.08%	75.08%	75.08%	75.08%	a
Gold 8	-	63.47% (a)	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 8-A	-	63.47% (a)	-	73.43% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d
Gold 9	-	63.47% (a)	-	82.61% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 9-A	-	63.47% (a)	-	82.61% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d
Gold 10	-	63.47% (a)	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 10-A	-	63.47% (a)	-	73.43% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d
Platinum 1	-	63.47% (a)	-	91.79% (c)	-	-	-	95.82%	a, b, c, d, e
Platinum 2	-	-	95.07% (c)	90.15% (c)	71.89%	77.39%	73.88%	95.82%	a, b, c, d, e
Platinum 3	-	-	-	-	57.94%	85.87%	82.58%	95.82%	a, e
Platinum 4	-	-	-	95.07% (c)	-	-	-	95.82%	b, c, d, e
Platinum 5	-	-	96.72% (c)	90.15% (c)	57.94%	85.87%	82.58%	95.82%	a, c, d, e
Platinum 6	-	-	97.54% (c)	95.07% (c)	-	-	-	95.82%	b, c, d, e
Methodology									
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.									
b) Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.									
c) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.									
d) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 45% and 55%, respectively.									
e) Specialty Rx: Multiple cost sharing levels are combined into a composite level using PHS tool unit cost to different tiers.									
f) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name and schedule of benefits form number.									
g) Gold 4/4A: Actuarial value is the blend of estimated 63.5% of members who will utilize premium designated provider and 36.5% of members who will utilize non-premium designated provider.									
Certification									
For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.									
<i>Boris P. Gerber</i>									
Boris P. Gerber, FSA, MAAA									

AV Pricing Values: The fixed reference plan selected as the basis for the AV Pricing Values is medical plan E50/V72 with Rx plan ZU. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections: Membership is projected to continue at the current February, 2013 level.

Terminated Products: The terminated plans are listed below

EPO	
2HK	D1N
2HL	D1O
2HM	D1P
2HN	D1Q
D0A	D1R
D0B	D1S
D0C	D1T
D0D	D1U
D0E	D1V
D0F	D1W
D0G	D1X
D0H	D1Y
D0I	D1Z
D0J	D3A
D0K	D3B
D0L	D3C
D0M	D3D
D0N	D3E
D1A	D3F
D1B	D3G
D1C	D3H
D1D	D3I
D1E	D3J
D1F	D3K
D1G	D3L
D1H	I0N
D1I	I0O
D1J	I0P
D1K	4EE
D1L	4EG
D1M	4EH

EPO - HSA	
D0O	D2A
D0P	D2B
D0Q	D2C
D0R	D2D
D0S	D2E
D0T	D2F
D0U	D2G
D0V	I0S

POS	
8VA	D5E
8VB	D5F
8VC	D5G
ANA	D5H
ANB	D5I
ANC	D5J
AND	D5K
D01	D5L
D02	D5M
D03	D5N
D04	D5O
D05	D5P
D06	D5Q
D07	D5R
D08	D5S
D09	D5T
D0W	D5U
D0X	D5V
D0Y	D5W
D0Z	2EM
D4A	D5X
D4B	D5Y
D4C	D5Z
D4D	DKA
D4E	DKB
D4F	DKC
D4G	DKD
D4H	DKE
D4I	DKF
D4J	DKG
D4K	DKH
D4L	DKI
D4M	G8A
D4N	G8B
D4O	G8C
D4P	I0A
D4Q	I0B
D4R	I0C
D4S	I0D
D4T	I0E
D4U	I0Q
D4V	I0R
D4W	I1S
D4X	JKH
D4Z	JKI
D5A	LIA
D5B	LIB
D5C	LIF
D5D	LIG

POS	
LIH	USS
USA	UST
USB	USU
USC	USV
USD	USW
USE	USY
USF	USZ
USG	W8D
USH	W8E
USI	W8F
USJ	W8G
USK	W8H
USL	W8I
USM	Y3D
USN	Y3E
USO	Y3F
USP	Y3G
USQ	Y3H
	Y3I

POS - HSA	
D6A	HDN
D6B	HDO
D6C	HDP
D6D	HDQ
D6E	HYA
D6F	HYB
D6G	HYC
D6H	I0F
D6S	I0G
HDD	I0H
HDE	I0I
HDF	I0J
HDG	I0K
HDH	I0L
HDI	I0M
HDJ	I0T
HDK	I1T
HDL	RTA
HDM	RTB
RTC	

PPO - HSA	
LDD	LDP
LDF	LDQ

Indemnity	
CWJ	D7B
D7A	

Rx	
0H	BM
0I	BY
2V	CC
3B	CD
4F	CE
5U	CF
5W	CG
7L	CQ
7M	DS
7R	DZ
7S	EA
7T	F5
7U	F7
7V	G4
7W	H9
7X	K4
7Y	K5
7Z	K6
8A	N7
8H	N8
8I	P9
8J	S5
8Y	S8
8Z	U8
9A	W1
A2	W2
AU	Y6
BK	SP1
BL	SP2
	SP3

HSA Rx	
H9 HSA	

PPO	
D9A	NAD
D9B	NAJ
LKA	NAN
LKG	NDA
LKH	NDB
NAA	NDC
NAB	NDD
NAC	

2011 COC Plans	
WMY	HS5
DFG	HS6
DFH	HS7
DFR	DFJ
DFS	DFK
DFT	DFI
DFU	DFL
DFV	DFM
DFW	DFN
DGK	DFO
DGQ	DFP
DGR	DFQ
DGS	1TT
DGT	1TV
DGU	HSY
DGV	HSZ
DGW	FBP
DGX	HS1
DGL	HS2
DGM	2BK
DGN	DD7
DGO	DD8
DGP	DD9
P0C	DEK
FD2	DEL
HS3	CM8
HS4	CM9
FD1	DEM

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance: Not applicable.

Actuarial Certification:

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.


I certify that 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.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. 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.

Sincerely,



Boris P. Gerber, FSA, MAAA

Actuary, UnitedHealthcare

185 Asylum Street, CT039-16B

Hartford, CT 06103

Phone 860-702-5540 Fax 860-702-5016

Date: 6/25/2013

Rate Factors

Exhibit 1

(1) Index Rate: \$461.48

(2) Benefit Plan Ratios

CH/INS (EPO) Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
EPO	C4O	VBY	ZV	Platinum	88.2%	1.10911
EPO	EY1	V63	ZU	Platinum	90.7%	1.17049
EPO	E43	V7W	YM	Platinum	88.5%	1.12967
EPO	E47	V7Y	ZR	Platinum	88.5%	1.12378
EPO	E5N	V71	ZU	Platinum	91.9%	1.19531
EPO	EYW	V61	ZV	Platinum	89.0%	1.12575
EPO-HSA	DW7	VDN	A0	Gold	78.5%	0.84907
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.84543
EPO-HSA	DXP	VDP	A0	Gold	78.1%	0.94678
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.94316
EPO	EZJ	V67	A0	Gold	79.5%	0.96288
EPO	EZJ	V67	YM	Gold	78.8%	0.95313
EPO	EZ2	V7D	C0	Gold	79.1%	0.94329
EPO	E22	V7D	ZT	Gold	78.9%	0.94945
EPO	E0P	V7J	A0	Gold	78.9%	0.94240
EPO	E0P	V7J	YM	Gold	78.3%	0.93267
EPO	E0X	V7L	A0	Gold	81.6%	1.00401
EPO	E0X	V7L	YM	Gold	81.1%	0.99428
EPO	EY5	V65	A0	Gold	81.4%	0.98791
EPO	EY5	V65	YM	Gold	80.9%	0.97818
EPO	EZS	V69	B0	Gold	78.1%	0.93941
EPO	EZS	V69	ZS	Gold	78.7%	0.93198
EPO	E0H	V7H	A0	Gold	79.7%	0.98735
EPO	E0H	V7H	ZR	Gold	79.1%	0.96906
EPO	EZ9	V7F	A0	Gold	79.9%	0.98546
EPO	EZ9	V7F	ZS	Gold	78.5%	0.95993
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.73578
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.73152
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.74606
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.74181
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.75009
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.74582
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.72450
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.72023
EPO	E06	V7N	ZT	Silver	70.8%	0.83026
EPO	E06	V7N	ZY	Silver	69.9%	0.80935
EPO	E2M	V7Q	D0	Silver	71.5%	0.82023
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.80016
EPO	E2U	V7S	ZT	Silver	70.0%	0.82478
EPO	E2U	V7S	ZY	Silver	68.8%	0.80389
EPO	E26	V7U	ZT	Silver	70.5%	0.83306
EPO	E26	V7U	ZY	Silver	69.0%	0.81215
EPO	E18	V7O	ZT	Silver	70.5%	0.83575
EPO	E18	V7O	ZY	Silver	68.4%	0.81483
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.62131
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.62633
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.69888

CH+/INS (POS) Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
POS	C5Z	VBZ	ZV	Platinum	88.2%	1.13392
POS	EY2	V64	ZU	Platinum	90.7%	1.19552
POS	E44	V7X	YM	Platinum	88.5%	1.15203
POS	E48	V7Z	ZR	Platinum	88.5%	1.14427
POS	E5O	V72	ZU	Platinum	91.9%	1.22016
POS	EYX	V62	ZV	Platinum	89.0%	1.15052
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.87570
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.87206
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.97577
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.97213
POS	EZL	V68	A0	Gold	79.5%	0.98503
POS	EZL	V68	YM	Gold	78.8%	0.97528
POS	EZ4	V7E	C0	Gold	79.1%	0.96611
POS	EZ4	V7E	ZT	Gold	78.9%	0.97226
POS	E0R	V7K	A0	Gold	78.9%	0.96509
POS	E0R	V7K	YM	Gold	78.3%	0.95536
POS	EY7	V66	A0	Gold	81.4%	1.01057
POS	EY7	V66	YM	Gold	80.9%	1.00085
POS	EZU	V7C	B0	Gold	78.1%	0.96186
POS	EZU	V7C	ZS	Gold	78.7%	0.95443
POS	E0Z	V7M	A0	Gold	81.6%	1.02670
POS	E0Z	V7M	YM	Gold	81.1%	1.01697
POS	E0J	V7I	A0	Gold	79.7%	1.01023
POS	E0J	V7I	ZR	Gold	79.1%	0.99194
POS	E0C	V7G	A0	Gold	79.9%	1.00804
POS	E0C	V7G	ZS	Gold	78.5%	0.98253
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.75739
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.75312
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.76935
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.76510
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.77247
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.76820
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.74304
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.74242
POS	E2O	V7R	D0	Silver	71.5%	0.83880
POS	E2O	V7R	ZZ	Silver	69.2%	0.81876
POS	E2W	V7T	ZT	Silver	70.0%	0.84329
POS	E2W	V7T	ZY	Silver	68.8%	0.82238
POS	E28	V7V	ZT	Silver	70.5%	0.85215
POS	E28	V7V	ZY	Silver	69.0%	0.83124
POS	E2E	V7P	ZT	Silver	70.5%	0.85549
POS	E2E	V7P	ZY	Silver	68.4%	0.83460

(3) Trend Factors

Effective Quarter	Factor
1st Quarter, 2014	1.000
2nd Quarter, 2014	1.026
3rd Quarter, 2014	1.052
4th Quarter, 2014	1.079

(4) Age Factors

Age	Factor
0-20	0.727
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.727
29	0.727
30	0.727
31	0.727

Age	Factor	Age	Factor	Age	Factor
32	0.727	44	1.137	56	1.801
33	0.727	45	1.181	57	1.871
34	0.727	46	1.227	58	1.944
35	0.805	47	1.275	59	2.020
36	0.836	48	1.325	60	2.099
37	0.869	49	1.377	61	2.181
38	0.903	50	1.431	62	2.181
39	0.938	51	1.487	63	2.181
40	0.975	52	1.545	64 & older	2.181
41	1.013	53	1.605		
42	1.053	54	1.668		
43	1.094	55	1.733		

Product	Plan Name				Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network					Out-of-Network					Copayments								Medical Deduct. Type	Deduct. Type	Deduct.	Tier 1	Tier 2	Tier 2 Spec	Tier 3	Tier 3 Spec.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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	Off	On		Indiv.					Family	Coins	Indiv.	Family	Indiv.	Family	Coins	Indiv.	Family	Free-St	Hospital																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
EPO	C40	VBY	ZV	Platinum 3	PL3.SBN.CHC.I.14.DC	152550.RDR.RXSBN.NET.I.14.DC.SB	88.2%	\$250	\$500	90%	\$2,500	\$5,000						\$10	\$20	\$75																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														

Product	Plan Name			Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network						Out-of-Network						Copayments										Medical Deduct. Type	Rx																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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POS	EY7	V66	YM	Gold 10	GO10.SBN.CHP.I.14.DC	104075.RDR.RXSBN.PLS.I.14.DC.SB	80.9%	\$500	\$1,000	80%	\$4,500	\$9,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					

Rate and Rate Factor Changes, and Development of 1st Quarter 2014 Base Rates

Age Factors: Change to new 2014 DC age factors: see Exhibit 1.

Other Rating Factors: Industry, group size and risk adjustment factors all set to 1.000.

Development of Base Rates:

<u>License</u>	<u>Product</u>	Current 4Q13 Base Rates with Trend			Proposed * Base Rates on a Revenue Neutral Basis (col a)	Rate Increases from 4Q13 to 1Q14										Proposed 1Q14 Base Rates (= a x b)
		<u>Base</u>	<u>Trend</u>	<u>Total</u>		<u>1 Qtr</u>	<u>PPACA</u>		<u>Market</u>	<u>Exper.</u>	<u>Exchange</u>	<u>Risk</u>				
		<u>Rate</u>	x <u>Factor</u>	= <u>Rate</u>		<u>Trend</u>	x <u>Fees</u>	x <u>EHB</u>	x <u>Adj</u>	x <u>Adj</u>	x <u>User Fee</u>	x <u>Adj</u>	= <u>Total</u>		(col b)	
OCI	Gatekeeper HMO	173.96	2.113	367.58	420.31	1.026	1.035	1.016	1.013	0.976	1.007	1.068	1.147			482.19
	Gatekeeper HMP	198.00	2.113	418.37	432.92	1.026	1.035	1.016	1.013	0.976	1.007	1.068	1.147			496.65
	Rx	59.71	2.113	126.17	142.96	1.026	1.035	1.016	1.013	0.976	1.007	1.068	1.147			164.01
UHIC	EPO	174.68	2.546	444.74	449.74	1.026	1.035	1.016	1.013	0.976	1.007	1.068	1.147			515.94
	POS	206.13	2.546	524.81	463.23	1.026	1.035	1.016	1.013	0.976	1.007	1.068	1.147			531.42
	Rx	55.53	2.546	141.38	142.96	1.026	1.035	1.016	1.013	0.976	1.007	1.068	1.147			164.01

* Rates when apply:

- New age factors
- All industry, group size, and risk adjustment factors set to 1.000, and
- New rate relationships between products:
 - +7.0% for gatekeeper to Choice, and
 - +3.0% for in-network only products to products with an out-of-network benefit,

to the total February, 2013 inforce book of business using:

- Each group's product, and each members's age,

produces the same total (for OCI + UHIC) revenue as the current 4Q13 rates and rating factors.

Development of Plan Rates & Benefit Plan Ratios to Index Rate

Exhibit 3b

Index Rate: \$461.48

(i)

Benefit Plan Ratios

CH/INS (EPO) Plans												
Product	Plan Name			Rx	Metal	Actuarial Value	Medical Net to Allowed (a)	Medical Base Rate (b)	Rx Net to Allowed (c)	Rx Base Rate (d)	Med + Rx Rate e = (a x b + c x d)	New Plan Ratio = e / i
	Medical											
	Exchange											
	Off	On										
EPO	C4O	VBY	ZV	Platinum	88.2%	0.8328	\$515.94	0.5009	\$164.01	\$511.83	1.10911	
EPO	EY1	V63	ZU	Platinum	90.7%	0.8798	\$515.94	0.5258	\$164.01	\$540.16	1.17049	
EPO	E43	V7W	YM	Platinum	88.5%	0.8559	\$515.94	0.4861	\$164.01	\$521.32	1.12967	
EPO	E47	V7Y	ZR	Platinum	88.5%	0.8583	\$515.94	0.4620	\$164.01	\$518.60	1.12378	
EPO	E5N	V71	ZU	Platinum	91.9%	0.9020	\$515.94	0.5258	\$164.01	\$551.61	1.19531	
EPO	EYW	V61	ZV	Platinum	89.0%	0.8477	\$515.94	0.5009	\$164.01	\$519.51	1.12575	
EPO-HSA	DW7	VDN	AO	Gold	78.5%	0.7562	\$515.94	0.0102	\$164.01	\$391.83	0.84907	
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.7562	\$515.94	0.0000	\$164.01	\$390.15	0.84543	
EPO-HSA	DXP	VDP	AO	Gold	78.1%	0.8436	\$515.94	0.0102	\$164.01	\$436.92	0.94678	
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.8436	\$515.94	0.0000	\$164.01	\$435.25	0.94316	
EPO	EZJ	V67	AO	Gold	79.5%	0.6980	\$515.94	0.5135	\$164.01	\$444.35	0.96288	
EPO	EZJ	V67	YM	Gold	78.8%	0.6980	\$515.94	0.4861	\$164.01	\$439.85	0.95313	
EPO	E2Z	V7D	CO	Gold	79.1%	0.7145	\$515.94	0.4065	\$164.01	\$435.31	0.94329	
EPO	E2Z	V7D	ZT	Gold	78.9%	0.7145	\$515.94	0.4238	\$164.01	\$438.15	0.94945	
EPO	EOP	V7J	AO	Gold	78.9%	0.6797	\$515.94	0.5135	\$164.01	\$434.90	0.94240	
EPO	EOP	V7J	YM	Gold	78.3%	0.6797	\$515.94	0.4861	\$164.01	\$430.41	0.93267	
EPO	E0X	V7L	AO	Gold	81.6%	0.7348	\$515.94	0.5135	\$164.01	\$463.33	1.00401	
EPO	E0X	V7L	YM	Gold	81.1%	0.7348	\$515.94	0.4861	\$164.01	\$458.84	0.99428	
EPO	EY5	V65	AO	Gold	81.4%	0.7204	\$515.94	0.5135	\$164.01	\$455.90	0.98791	
EPO	EY5	V65	YM	Gold	80.9%	0.7204	\$515.94	0.4861	\$164.01	\$451.41	0.97818	
EPO	EZ5	V69	BO	Gold	78.1%	0.6932	\$515.94	0.4626	\$164.01	\$433.52	0.93941	
EPO	EZ5	V69	ZS	Gold	78.7%	0.6932	\$515.94	0.4417	\$164.01	\$430.09	0.93198	
EPO	E0H	V7H	AO	Gold	79.7%	0.7199	\$515.94	0.5135	\$164.01	\$455.64	0.98735	
EPO	E0H	V7H	ZR	Gold	79.1%	0.7199	\$515.94	0.4620	\$164.01	\$447.20	0.96906	
EPO	E29	V7F	AO	Gold	79.9%	0.7182	\$515.94	0.5135	\$164.01	\$454.77	0.98546	
EPO	E29	V7F	ZS	Gold	78.5%	0.7182	\$515.94	0.4417	\$164.01	\$442.99	0.95993	
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.6543	\$515.94	0.0120	\$164.01	\$339.55	0.73578	
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.6543	\$515.94	0.0000	\$164.01	\$337.58	0.73152	
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.6635	\$515.94	0.0120	\$164.01	\$344.29	0.74606	
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.6635	\$515.94	0.0000	\$164.01	\$342.33	0.74181	
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.6671	\$515.94	0.0120	\$164.01	\$346.15	0.75009	
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.6671	\$515.94	0.0000	\$164.01	\$344.18	0.74582	
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.6442	\$515.94	0.0120	\$164.01	\$334.34	0.72450	
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.6442	\$515.94	0.0000	\$164.01	\$332.37	0.72023	
EPO	E06	V7N	ZT	Silver	70.8%	0.6079	\$515.94	0.4238	\$164.01	\$383.15	0.83026	
EPO	E06	V7N	ZY	Silver	69.9%	0.6079	\$515.94	0.3650	\$164.01	\$373.50	0.80935	
EPO	E2M	V7Q	DO	Silver	71.5%	0.6124	\$515.94	0.3814	\$164.01	\$378.52	0.82023	
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.6124	\$515.94	0.3250	\$164.01	\$369.26	0.80016	
EPO	E2U	V7S	ZT	Silver	70.0%	0.6030	\$515.94	0.4238	\$164.01	\$380.62	0.82478	
EPO	E2U	V7S	ZY	Silver	68.8%	0.6030	\$515.94	0.3650	\$164.01	\$370.98	0.80389	
EPO	E26	V7U	ZT	Silver	70.5%	0.6104	\$515.94	0.4238	\$164.01	\$384.44	0.83306	
EPO	E26	V7U	ZY	Silver	69.0%	0.6104	\$515.94	0.3650	\$164.01	\$374.79	0.81215	
EPO	E18	V7O	ZT	Silver	70.5%	0.6128	\$515.94	0.4238	\$164.01	\$385.68	0.83575	
EPO	E18	V7O	ZY	Silver	68.4%	0.6128	\$515.94	0.3650	\$164.01	\$376.03	0.81483	
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.5519	\$515.94	0.0120	\$164.01	\$286.72	0.62131	
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.5564	\$515.94	0.0120	\$164.01	\$289.04	0.62633	
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.6213	\$515.94	0.0120	\$164.01	\$322.52	0.69888	

CH+/INS (POS) Plans												
Product	Plan Name			Metal	Actuarial	Medical Net to	Medical Base	Rx Net to	Rx Base	Med + Rx Rate e = (a x b + c x d)	New Plan	
	Medical		Rx									
	Exchange											
	Off	On										
	Off	On		Level	Value	Allowed (a)	Rate (b)	Allowed (c)	Rate (d)		Ratio = e / i	
	POS	C5Z	VBZ	ZV	Platinum	88.2%	0.8301	\$531.42	0.5009	\$164.01	\$523.28	1.13392
	POS	EY2	V64	ZU	Platinum	90.7%	0.8759	\$531.42	0.5258	\$164.01	\$551.71	1.19552
	POS	E44	V7X	YM	Platinum	88.5%	0.8504	\$531.42	0.4861	\$164.01	\$531.64	1.15203
	POS	E48	V7Z	ZR	Platinum	88.5%	0.8511	\$531.42	0.4620	\$164.01	\$528.06	1.14427
	POS	E5O	V72	ZU	Platinum	91.9%	0.8973	\$531.42	0.5258	\$164.01	\$563.08	1.22016
	POS	EYX	V62	ZV	Platinum	89.0%	0.8445	\$531.42	0.5009	\$164.01	\$530.94	1.15052
	POS-HSA	DXL	VDO	A0	Gold	78.5%	0.7573	\$531.42	0.0102	\$164.01	\$404.12	0.87570
	POS-HSA	DXL	VDO	YM	Gold	78.4%	0.7573	\$531.42	0.0000	\$164.01	\$402.44	0.87206
	POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.8442	\$531.42	0.0102	\$164.01	\$450.30	0.97577
	POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.8442	\$531.42	0.0000	\$164.01	\$448.62	0.97213
	POS	EZL	V68	A0	Gold	79.5%	0.6969	\$531.42	0.5135	\$164.01	\$454.57	0.98503
	POS	EZL	V68	YM	Gold	78.8%	0.6969	\$531.42	0.4861	\$164.01	\$450.07	0.97528
	POS	E24	V7E	C0	Gold	79.1%	0.7135	\$531.42	0.4065	\$164.01	\$445.84	0.96611
	POS	E24	V7E	ZT	Gold	78.9%	0.7135	\$531.42	0.4238	\$164.01	\$448.68	0.97226
	POS	E0R	V7K	A0	Gold	78.9%	0.6796	\$531.42	0.5135	\$164.01	\$445.37	0.96509
	POS	E0R	V7K	YM	Gold	78.3%	0.6796	\$531.42	0.4861	\$164.01	\$440.88	0.95536
	POS	EY7	V66	A0	Gold	81.4%	0.7191	\$531.42	0.5135	\$164.01	\$466.36	1.01057
	POS	EY7	V66	YM	Gold	80.9%	0.7191	\$531.42	0.4861	\$164.01	\$461.87	1.00085
	POS	EZU	V7C	B0	Gold	78.1%	0.6925	\$531.42	0.4626	\$164.01	\$443.88	0.96186
	POS	EZU	V7C	ZS	Gold	78.7%	0.6925	\$531.42	0.4417	\$164.01	\$440.45	0.95443
	POS	E0Z	V7M	A0	Gold	81.6%	0.7331	\$531.42	0.5135	\$164.01	\$473.80	1.02670
	POS	E0Z	V7M	YM	Gold	81.1%	0.7331	\$531.42	0.4861	\$164.01	\$469.31	1.01697
	POS	E0J	V7I	A0	Gold	79.7%	0.7188	\$531.42	0.5135	\$164.01	\$466.20	1.01023
	POS	E0J	V7I	ZR	Gold	79.1%	0.7188	\$531.42	0.4620	\$164.01	\$457.76	0.99194
	POS	E0C	V7G	A0	Gold	79.9%	0.7169	\$531.42	0.5135	\$164.01	\$465.19	1.00804
	POS	E0C	V7G	ZS	Gold	78.5%	0.7169	\$531.42	0.4417	\$164.01	\$453.42	0.98253
	POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.6540	\$531.42	0.0120	\$164.01	\$349.52	0.75739
	POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.6540	\$531.42	0.0000	\$164.01	\$347.55	0.75312
	POS-HSA	DX7	VDS	YM	Silver	70.4%	0.6644	\$531.42	0.0120	\$164.01	\$355.04	0.76935
	POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.6644	\$531.42	0.0000	\$164.01	\$353.08	0.76510
	POS-HSA	DYI	VDU	YM	Silver	71.0%	0.6671	\$531.42	0.0120	\$164.01	\$356.48	0.77247
	POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.6671	\$531.42	0.0000	\$164.01	\$354.51	0.76820
	POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.6447	\$531.42	0.0018	\$164.01	\$342.90	0.74304
	POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.6447	\$531.42	0.0000	\$164.01	\$342.61	0.74242
	POS	E2O	V7R	D0	Silver	71.5%	0.6107	\$531.42	0.3814	\$164.01	\$387.09	0.83880
	POS	E2O	V7R	ZZ	Silver	69.2%	0.6107	\$531.42	0.3250	\$164.01	\$377.84	0.81876
	POS	E2W	V7T	ZT	Silver	70.0%	0.6015	\$531.42	0.4238	\$164.01	\$389.16	0.84329
	POS	E2W	V7T	ZY	Silver	68.8%	0.6015	\$531.42	0.3650	\$164.01	\$379.51	0.82238
	POS	E28	V7V	ZT	Silver	70.5%	0.6092	\$531.42	0.4238	\$164.01	\$393.25	0.85215
	POS	E28	V7V	ZY	Silver	69.0%	0.6092	\$531.42	0.3650	\$164.01	\$383.60	0.83124
	POS	E2E	V7P	ZT	Silver	70.5%	0.6121	\$531.42	0.4238	\$164.01	\$394.79	0.85549
	POS	E2E	V7P	ZY	Silver	68.4%	0.6121	\$531.42	0.3650	\$164.01	\$385.15	0.83460

Formula & Example

Exhibit 4

Rate Calculation Formula

Monthly premium =

Index Rate
x Plan Ratio
x Trend factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan EZ2 with Rx C0

Effective Date: 4/1/14

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	0.727	0.727
EE #2	35	36	5	9	0.805	0.836	0.727	0.727
EE #3	53	55	19		1.605	1.733	0.727	

Total Members: 11

Sum of Age Factors: 10.721

Rate Calculation

	Rating Factor	Exhibit 1 Location
\$461.48	Index Rate	(1)
0.94329	Plan Ratio (EZ2)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,788.29</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - UHIC

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	9,190	3,849,240	2,728,257	296.87	70.9%
Feb-12	9,374	3,954,953	2,599,181	277.28	65.7%
Mar-12	9,291	3,940,405	3,072,182	330.66	78.0%
Apr-12	9,175	3,912,866	2,698,096	294.07	69.0%
May-12	9,141	3,922,974	2,724,351	298.04	69.4%
Jun-12	9,136	3,940,596	2,604,675	285.10	66.1%
Jul-12	9,204	3,986,074	2,402,937	261.08	60.3%
Aug-12	9,266	4,007,942	2,720,091	293.56	67.9%
Sep-12	9,338	4,011,619	2,222,794	238.04	55.4%
Oct-12	9,083	3,934,272	2,431,348	267.68	61.8%
Nov-12	9,057	3,931,358	2,677,794	295.66	68.1%
Dec-12	8,920	3,876,665	2,446,344	274.25	63.1%
Total	110,175	47,268,964	31,328,050	284.35	66.3%

Explanation, Support & Development of PPACA Fee Increases

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. The two largest cost impacts both take effect with calendar year 2014 earned premiums.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. The Oliver Wyman report "Simulation of the Impact of the Annual Fees on Insurers Using 2011 Data", dated June 27, 2012, estimates that the denominator premiums to which this fee will be applied will be \$527.085 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a % of premium, the needed fee is $\$8B \text{ Insurer Fee} / \$527.085 \text{ Net Industry Premiums} / 65\% \text{ FIT} = 2.3\%$.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. HHS has proposed a \$5.25 pmpm assessment for 2014, or an estimated 1.1% of DC small group premiums.

The total needed PPACA fee increase is 3.5% (2.3% for Insurer Fee, plus 1.2% for Reinsurance Assessment).

The below details the calculation of the Insurer Fee and Reinsurance Assessment.

Calculation of 2014 Fees Impact

Insurer Fee Impact Calculation

Insurer Fee in 2014 (Billions)	\$8
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
Insurer Fee as % of Health Insurance Premiums	1.5%
Gross Up by Federal Income Tax (35%)	2.3%

*from Oliver Wyman Study published on June 27, 2012

Reinsurance Assessment Impact Calculation

Reinsurance Assessment Per Member Per Month - HHS Proposed	\$5.25
Reinsurance Fee as a Percent of Premium	1.2%

DC Small Group Rate Review - Development of Experience Adjustment

	OCI	UHIC	Total
1. Experience 1/1/12-13			
1a. Member Months	24,034	110,175	134,209
1b. Average Mbrs (1a/12)	2,003	9,181	11,184
1c. Incurred Claims	\$5,846,466	\$31,328,050	\$37,174,516
1d. Claim PMPM (1c/1a)	\$243.26	\$284.35	\$276.99
1e. Earned Premium	\$11,537,610	\$47,268,964	\$58,806,574
1f. Premium PMPM (1e/1a)	\$480.05	\$429.04	\$438.17
1g. Loss Ratio (1c/1e)	50.7%	66.3%	63.2%
2. Needed Revenue for 10/1/13 Effective Date			
2a. Claim trend	1.195	1.195	1.195
From center of experience period: 7/1/12			
to center of 10/1/13 pricing period: 4/1/14			
(21 months at 10.7% annual rate)			
2b. Claim cost subtotal (1d x 2a)	\$290.62	\$339.71	\$330.92
2c. Target loss ratio	73.0%	73.0%	73.0%
2d. Needed revenue PMPM for 10/1/13 effective date (2b/2c)	\$398.11	\$465.36	\$453.31
3. Current Manual Rate 10/1/13			
3a. Medical base rate 10/1/2013	\$178.47	\$199.99	\$196.14
3b. Average medical plan relativity	0.9034	0.8715	0.8772
3c. Medical pricing trend factor	2.113	2.546	2.468
<u>3d. Subtotal: Medical (3a x 3b x 3c)</u>	<u>\$340.68</u>	<u>\$443.76</u>	<u>\$425.30</u>
3e. Pharmacy base rate 10/1/2013	\$59.71	\$55.53	\$56.28
3f. Average Rx plan relativity	0.5048	0.4396	0.4513
3g. Rx pricing trend factor	2.113	2.546	2.468
<u>3h. Subtotal: Pharmacy (3e x 3f x 3g)</u>	<u>\$63.69</u>	<u>\$62.16</u>	<u>\$62.43</u>
<u>3i. Subtotal: Medical+Pharmacy (3d + 3h)</u>	<u>\$404.37</u>	<u>\$505.92</u>	<u>\$487.73</u>
3j. Age/Sex Factors	1.0610	0.9485	0.9687
3k. Area factors	1.0000	1.0000	1.0000
3l. Industry factors	0.9969	0.9703	0.9751
3m. Size factors	1.0196	1.0108	1.0123
3n. Current premium PMPM for 10/1/13 effective date (3i x 3j x 3k x 3l x 3m)	\$436.11	\$470.63	\$464.45
4. Supportable Pricing Adjustment (2d / 3n -1)	-8.7%	-1.1%	-2.4%
(rate adjustment required to achieve 73% loss ratio)			

UNITED HEALTHCARE
HEALTHCARE ECONOMICS

Exhibit T

DISTRICT OF COLUMBIA PRICING TREND DEVELOPMENT
APRIL 2013 RATE FILING SUPPORT

SG PRICING TREND BY COMPONENT

SMALL GROUP PRICING TREND BY COMPONENT									
	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>
Total Proposed Pricing Trend	[6]	7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Utilization / Service Mix	[1] , [2]	0.1%	5.1%	4.4%	4.0%	0.0%	3.5%	4.2%	3.6%
Unit Cost	[3]	6.0%	5.4%	3.7%	4.7%	2.3%	4.8%	4.8%	4.8%
Benefit Leveraging	[4]	0.2%	0.7%	1.2%	0.9%	0.2%	0.8%	1.8%	0.9%
Margin		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
<u>Demographic Change</u>	[5]	<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>
Sub-Total Claims Trend		7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Management Adjustment		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Actuarial Memorandum
UnitedHealthcare Insurance Company, NAIC #79413
DC Small Group Rate Filing

June 21, 2013

June 21 Revisions. Instead of separate base rates by product and by medical vs. prescription drugs, a single index rate developed in the Unified Rate Review Templates (URRT's) is used in the rate calculation formula. The load for risk adjustment has been reduced from 14.3% to 11.0%. In addition, a 0.7% increase for an estimated Exchange user fee has been added to the proposed 2014 rates.

This rate filing presents proposed premium rates effective January 1, 2014 through December 31, 2014 for new medical and Rx benefit plans to be sold by the UnitedHealthcare Insurance Company to small group employers (employers with 50 or fewer eligible employees).

The benefit plans and rates are for non-grandfathered employers, and are for both on and off-exchange. The proposed rates and rate factors are in Exhibit 1. Benefit plan descriptions are in Exhibit 2, which also displays the metal level and actuarial value of each benefit plan. Rates are presented for 89 new plans: 47 EPO (exclusive provider) and 42 POS (point-of-service, includes out-of-network benefits) plans.

Purpose of Filing. UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

In addition to new 1/1/14 effective rates, for each of the last 3 quarters in 2014 we are filing for a 2.57% quarterly trend increase (equivalent to an annual 10.7% trend rate).

A. Description of Benefits. Benefit plan descriptions are in Exhibit 2.

B. Issue Age Range. All ages.

C. Marketing Method. The products will be offered on the exchange, and also marketed through independent brokers and consultants.

D. Premium Basis. Member level rating.

E. Nature of Rate Change and Proposed Rate/Methodology Change. These are new rates for new products on new policy forms, no current rates exist for these forms or plans.

F. For Each Change, Indication if New or Modified. These are new policy forms.

G. For Each Change, Comparison to Status Quo. These are new policy forms.

H. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology. These are new policy forms.

I. Annual Rate Change for DC Policyholders. These are new policy forms, there are no current rates for these forms.

While these are new products and forms, we will be offering these plans to our current small group business. The rate changes indicated in this actuarial memorandum are from our current 2013 rates on this business.

The rates in this filing are for new benefit plans and use the new PPACA required rate calculation approach, which is significantly different from UnitedHealthcare's current products and rating approach in DC. Each existing customer who wishes to continue coverage with UnitedHealthcare will have to decide which new "metal level" benefit plan they wish to move to, either to a leaner or to a richer plan, their rate change will be based on these yet unknown choices.

The average rate increases including all rate changes (rating factors, trend, PPACA fees, essential health benefits), and an estimated neutral change in benefit plan movement to the new metal plans (premium increases from customers moving up in benefits offsetting premium reductions from customers moving down in benefits), are as follows:

Incremental:

1Q14/4Q13: +19.2%

2Q14/1Q14: +2.6%

3Q14/2Q14: +2.5%

4Q14/3Q14: +2.6%

J. Base Period Experience. The base period experience represents all of UnitedHealthcare Insurance Company (UHC) and Optimum Choice, Inc. (OCI) individual and small group business in the DC market. Note: UHC and OCI do not market and have no Individual experience in DC. The base period claims experience is for 1/1/2012 through 12/31/2012 dates of service, for claims paid through March, 2013. The estimate included for claims incurred but not paid is \$233,333 for UnitedHealthcare Insurance Company. No adjustments have been made for large group pooling.

K. Projected Base Period Experience. All claims in the base period are believed to be for essential health benefits. The cost of additional required essential health benefits in 2014 is described in the next section "L. Manual Rate Development". The assumptions used to develop the requested trend increases are shown in Exhibit T. In addition to unit cost and utilization, deductible (or benefit) leveraging is utilized in the trend estimate. These factors are not utilized in the trend determination: future/new benefits and/or mandates, risk profile changes, aging of population, increased portion of pool from conversion policies, and changes in gender and other demographic characteristics. No adjustments have been made to the underlying demographics of the population expected to be insured. Adjustments for projected changes in the average morbidity of the population expected to be insured in 2014 are described in the next section "L. Manual Rate Development". No adjustments have been made projected changes in average cost sharing in force.

L. Manual Rate Development. The base experience is shown in Exhibit A.

In our rate development, we first analyzed the impact of the new required rate calculation approach (member rating by age using the new DC age factors, removal of group size, industry, and underwriting risk adjustment factors) and our proposed product price relationships. Using our February, 2013 book of business (each group's product, and each covered member's age) we first picked base rates by product that would be revenue neutral in total for our two DC small group licenses.

On this total-two-license revenue neutral basis, the average premium weighted rate change by license is:

Optimum Choice, Inc. (OCI):	+7.3%
UnitedHealthcare Insurance Company (UHIC):	<u>-1.6%</u>
Total:	0.0%

We are reducing the price differences between our products to the following:

In-network-only products to products with an out-of-network option: +3.0% (reduced from our current +13.8% on OCI and +18.0% on UHIC).

Gatekeeper with capitation products (OCI HMO) to Open Access products with no capitation (UHIC EPO): +7.0% (reduced from our current +21.0%).

We believe that the +3.0% and the +7.0%, respectively, are the true cost differences between these products.

After the changes to the rating factors and product price relationships, again on a total 2-license revenue neutral basis, we are then proposing these rate increases from our current 4th quarter 2013 rates:

+2.6%	Trend – one quarter at a 10.7% annual trend rate.
+3.5%	PPACA fees (insurer fee + reinsurance assessment).
+1.6%	Essential health benefits.
+1.3%	Market risk adjustments.
-2.4%	Experience adjustment.
+0.7%	Exchange user fee.
<u>+11.0%</u>	Risk adjustment.
+19.2%	Total

Trend: The assumptions used to develop the requested trend increases are shown in Exhibit T.

PPACA Fees: The assumptions used to develop the requested PPACA fee increases are shown in Exhibit B.

Essential Health Benefits: The additional benefits in our plans are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavior analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.
 - Speech therapy: from 20 to unlimited.
 - Pulmonary rehabilitation: from 20 to unlimited.
 - Office spinal manipulation: from 20 to unlimited.
 - Home health service: from 60 to 90.

Market Risk Adjustments: The adjustment for overall changes to the small group marketplace in 2014 is +1.3%.

Experience Adjustment: We are pricing to a 73.0% target loss ratio. Please see the development in Exhibit C. Our analysis indicates that a -2.4% experience adjustment is required to price to a 73.0% loss ratio.

Exchange User Fee: We are using the national Federal facilitated user fee as an estimate of the DC Exchange user fee.

Risk Adjustment: Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses. With the merging of the individual and small group markets in DC for risk adjustments purposes, we expect to be an additional 4.2% risk payer due to the higher morbidity of individual over small group. In total we estimate we will be a $6.8\% + 4.2\% = 11.0\%$ payer.

The development of the proposed 1st quarter 2014 base rates is presented in Exhibit 3a.

Exhibit 3b presents the rates for each benefit plan, and calculates the benefit plan ratios to the index rate developed in the URRT.

M. Credibility. The combined DC experience on our two small group licenses is assumed to be credible.

N. Projected Index Rate. The index rate, prior to adjustment for payments and charges under the risk adjustment and transitional reinsurance programs, as defined by 45 CFR 156.80(d), is calculated and shown in the URRT. The index rate represents the average allowed claim cost per member per month for coverage of essential health benefits for the small group market. Allowed claims were used as the basis for developing the index rate. An adjustment to the index rate for expected changes in morbidity (+1.3%, as described in above section “L. Manual Rate Development”) is included.

O. Market-wide Adjustments to the Index Rate. The market-wide adjustments are +0.7% for estimated Exchange user fees and +11.0% for risk adjustment, as described in the above section “L. Manual Rate Development”.

P. Plan Level Adjustments to the Index Rate. 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 Rx 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.

In addition to the cost-sharing design of each plan, and the provider network and utilization management practices, the benefit plan ratios include administrative costs excluding Exchange user fees.

Q. Non-Benefit Expenses. The expenses assumed in the development of the proposed rates are as follows. These are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

<u>% of Premium</u>	<u>Expense Category</u>
4.5%	General administrative expenses
0.5%	Sales and marketing
3.5%	Commissions and broker fees
5.7%	Premium taxes and other taxes, licenses and fees (does not include FIT)
1.1%	Quality improvement and fraud detection
4.1%	Federal income taxes
<u>7.5%</u>	<u>Profit</u>
27.0%	Total

R. Filed Loss Ratio. The anticipated traditional loss ratio (incurred claims divided by premium) is 73.0%. The anticipated Federal MLR is 80.0%. The estimated Federal MLR adjustments are as follows:

9.8%	Taxes, regulatory fees and assessments
-1.5%	GAAP Medical reclass to MLR SG&A
1.2%	QI/HIT Medical costs added
0.1%	Bad debt
<u>0.0%</u>	<u>Credibility adjustment</u>
9.6%	Total

S. Actuarial Certification.

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is in compliance with 45 CFR 156.80(d)(1) and developed in compliance with applicable ASOPs.

I certify that 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.

I certify that the AV Calculator was used to determine the AV Metal Values. For plans designs that did not fit into the AV Calculator, included in the Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

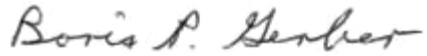
I certify that the rates are reasonable in relation to the benefits provided, and are not excessive, deficient nor unfairly discriminatory.

I certify that the rates comply with all applicable District of Columbia and Federal laws and regulations.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in this submitted actuarial memorandum. 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.

Sincerely,



Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

Date: June 21, 2013

T. District of Columbia Loss Ratio Analysis.

- i. Evaluation Period: 1/1/2012 – 12/31/2012
- ii. Earned Premiums: See Exhibit A.
- iii. Claims: See Exhibit A.
- iv. Number of Claims: Not available.
- v. Loss Development Factors: See Exhibit C.
- vi. Loss Ratio Demonstrations: See Exhibit C.
- vii. Permissible Loss Ratio: 80% Federal MLR.
- viii. Credibility Analysis: We believe our DC experience is credible.
- ix. Determination of Overall Annual Rate Change: See section “L. Manual Rate Development”.

U. District of Columbia and Countrywide Experience.

- i. Earned Premium: See Exhibit A.
- ii. Number of policyholders: As of March, 2013: 635 group policyholders.
- iii. History of Rate Changes: Not applicable, these are new policy forms.

List of exhibits included in rate filing:

- Exhibit 1: Rates and rate factors.
- Exhibit 2: Benefit plan descriptions.
- Exhibit 3a: Rate factor changes & development of base rates.
- Exhibit 3b: Development of plan rates & benefit plan ratios to index rate.
- Exhibit 4: Rating example.
- Exhibit A: Member months, earned premium & incurred claim experience.
- Exhibit B: Explanation, support & development of PPACA fees.
- Exhibit C: Base rate review & development of experience adjustment.
- 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,



Boris P. Gerber, FSA, MAAA
Actuary
UnitedHealthcare

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare Insurance Company

District of Columbia Rate Review

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare Insurance Company
- **State:** District of Columbia
- **HIOS Issuer ID:** 41842
- **Market:** Small Group
- **Effective Date:** 1/1/2014

Company Contact Information:

- **Primary Contact Name:** Boris Gerber
- **Primary Contact Telephone Number:** 860-702-5540
- **Primary Contact Email Address:** boris_gerber@uhc.com

Proposed Rate Increase: UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

In addition to new 1/1/14 effective rates, for each of the last 3 quarters in 2014 we are filing for a 2.57% quarterly trend increase (equivalent to an annual 10.7% trend rate).

In our rate development, we first analyzed the impact of the new required rate calculation approach (member rating by age using the new DC age factors, removal of group size, industry, and underwriting risk adjustment factors) and our proposed product price relationships. Using our February, 2013 book of business (each group's product, and each covered member's age) we first picked base rates by product that would be revenue neutral in total for our two DC small group licenses.

On this total-two-license revenue neutral basis, the average premium weighted rate change by license is:

Optimum Choice, Inc. (OCI):	+7.3%
UnitedHealthcare Insurance Company (UHIC):	<u>-1.6%</u>
Total:	0.0%

We are reducing the price differences between our products to the following:

In-network-only products to products with an out-of-network option: +3.0% (reduced from our current +13.8% on OCI and +18.0% on UHIC).

Gatekeeper with capitation products (OCI HMO) to Open Access products with no capitation (UHIC EPO): +7.0% (reduced from our current +21.0%).

We believe that the +3.0% and the +7.0%, respectively, are the true cost differences between these products.

After the changes to the rating factors and product price relationships, again on a total 2-license revenue neutral basis, we are then proposing these rate increases from our current 4th quarter 2013 rates:

+2.6%	Trend – one quarter at a 10.7% annual trend rate.
+3.5%	PPACA fees (insurer fee + reinsurance assessment).
+1.6%	Essential health benefits.
+1.3%	Market risk adjustments.
-2.4%	Experience adjustment.
+0.7%	Exchange user fee.
<u>+11.0%</u>	Risk adjustment.
+19.2%	Total

Trend: The assumptions used to develop the requested trend increases are shown in Exhibit T.

PPACA Fees: The assumptions used to develop the requested PPACA fee increases are shown in Exhibit B.

Essential Health Benefits: The additional benefits in our plans are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavior analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.

- Speech therapy: from 20 to unlimited.
- Pulmonary rehabilitation: from 20 to unlimited.
- Office spinal manipulation: from 20 to unlimited.
- Home health service: from 60 to 90.

Market Risk Adjustments: The adjustment for overall changes to the small group marketplace in 2014 is +1.3%.

Experience Adjustment: We are pricing to a 73.0% target loss ratio. Please see the development in Exhibit C. Our analysis indicates that a -2.4% experience adjustment is required to price to a 73.0% loss ratio.

Risk Adjustment: Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses. With the merging of the individual and small group markets in DC for risk adjustments purposes, we expect to be an additional 4.2% risk payer due to the higher morbidity of individual over small group. In total we estimate we will be a 6.8% + 4.2% = 11.0% payer.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 1/1/2012 to 12/31/2012 paid through 3/31/2013.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare Insurance Company anticipates paying \$1,130,595 in MLR rebates for 2012 premiums.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 3/31/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e.

catastrophic claims, pending claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
 - 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories:

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 surgery, emergency room, lab, radiology, therapy, observation, ambulance, home health care, DME, other services provided in an outpatient facility setting and billed by the facility.

Professional

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

Pharmacy

- Includes drugs dispensed by a pharmacy, not dispensed by facility (i.e. via inpatient, outpatient), and not physician administered drugs. This amount is net of rebates received from drug manufacturers.

Capitation

- Includes all MHCD services provided under capitated arrangement

Other

- Includes non-capitated, fee-for-service costs for physician procedures, inpatient stay, or and outpatient procedure related to Mental Health / Chemical Dependency (MHCD)

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** A 1.3% increase is included in the URRT to reflect the adjustment for overall changes to the small group marketplace in 2014.
- **Changes in Benefits:** 1.6% included in the URRT is the estimate of the cost of adding Essential Health Benefits developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by DC are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:

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, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). 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.

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 mix of procedures.

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.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of

developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development: The combined DC experience on our two small group licenses is assumed to be credible.

DC Total Experience

Premiums (net of MLR Rebate) in Experience Period:	\$	56,877,268
Incurred Claims in Experience Period	\$	37,174,516
Allowed Claims:	\$	44,186,505
Index Rate of Experience Period		329.24
Experience Period Member Months		134,209

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses. With the merging of the individual and small group markets in DC for risk adjustments purposes, we expect to be an additional 4.2% risk payer due to the higher morbidity of individual over small group. In total we estimate we will be a $6.8\% + 4.2\% = 11.0\%$ payer.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. Our rates are only for small groups within the combined DC market.

Non-Benefit Expenses and Risk Margin: The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
9.7%	Admin Expenses
7.5%	Profit & Risk Load
<u>9.8%</u>	Taxes & Fees
27.0%	Total

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 80.0%.

Index Rate:

DC Small Group													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	1,455	885	737	686	677	917	764	791	778	851	1,034	898	10,473
Allowed Claims PMPM 2012	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24	329.24
Annual Trend Rate	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%
Months of Trend	24	25	26	27	28	29	30	31	32	33	34	35	
Projected Allowed Claims	403.46	406.89	410.36	413.85	417.37	420.92	424.50	428.11	431.75	435.43	439.13	442.87	422.34
Base Index Rate	422.34												
Benefit Increase (EHB)	1.60%												
Exchange User Fee	0.70%												
Subtotal	432.10												
Risk Adjustment	11.00%												
2014 Index Rate	479.63												

AV Metal Values: The below actuarial certification describes the methodology and the AV calculator input values used for the plan design features that do not fit into the parameters of the AV calculator.

Certification for AV Calculator									Exhibit D
Estimation of fit of plan design into the parameters of AV calculator									
Medical Copays After Deductible		OP Copay		Rx Effective Coinsurance Estimation					
Metallic Plan (f)	ER Copays	Imaging (CT/PET Scans, MRIs)	Free Standing Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Hospital Setting Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Generics	Preferred Brand Drugs	Non-Preferred Brand Drugs	Specialty Drugs (i.e. high-cost)	Methodology
Bronze 1	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e
Bronze 1-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b
Bronze 2	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e
Bronze 2-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b
Bronze 3	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e
Bronze 3-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b
Silver 1	-	-	54.09% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 1-A	-	-	54.09% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Silver 2	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e
Silver 2-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 3	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e
Silver 3-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 4	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e
Silver 4-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 5	-	-	-	-	71.01%	74.21%	71.01%	96.59%	a, e
Silver 5-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b
Silver 7	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 7-A	-	-	63.1% (c)	-	57.01%	57.01%	57.01%	57.01%	b, c, d
Silver 8	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 8-A	-	-	63.1% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Silver 9	-	-	72.12% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 9-A	-	-	72.12% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Silver 10	-	-	81.13% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e
Silver 10-A	-	-	81.13% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d
Gold 1	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, e
Gold 1-A	-	-	-	-	75.10%	75.10%	75.10%	75.10%	b
Gold 2	-	-	64.25% (c)	-	-	-	-	96.51%	b, c, d, e
Gold 2-A	-	-	64.25% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d
Gold 3	-	-	73.43% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 3-A	-	-	73.43% (c)	-	70.46%	70.46%	70.46%	70.46%	b, c, d
Gold 4	-	-	72.12% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 4-A	-	-	72.12% (c)	-	64.91%	64.91%	64.91%	64.91%	b, c, d
Gold 5	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 5-A	-	-	85.57% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d
Gold 6	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e
Gold 6-A	-	-	85.57% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d
Gold 7	86.72% (a)	-	-	-	71.01%	75.58%	73.62%	96.51%	a, e
Gold 7-A	-	-	-	-	75.08%	75.08%	75.08%	75.08%	a
Gold 8	-	63.47% (a)	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 8-A	-	63.47% (a)	-	73.43% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d
Gold 9	-	63.47% (a)	-	82.61% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 9-A	-	63.47% (a)	-	82.61% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d
Gold 10	-	63.47% (a)	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 10-A	-	63.47% (a)	-	73.43% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d
Platinum 1	-	63.47% (a)	-	91.79% (c)	-	-	-	95.82%	a, b, c, d, e
Platinum 2	-	-	95.07% (c)	90.15% (c)	71.89%	77.39%	73.88%	95.82%	a, b, c, d, e
Platinum 3	-	-	-	-	57.94%	85.87%	82.58%	95.82%	a, e
Platinum 4	-	-	-	95.07% (c)	-	-	-	95.82%	b, c, d, e
Platinum 5	-	-	96.72% (c)	90.15% (c)	57.94%	85.87%	82.58%	95.82%	a, c, d, e
Platinum 6	-	-	97.54% (c)	95.07% (c)	-	-	-	95.82%	b, c, d, e
Methodology									
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.									
b) Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.									
c) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.									
d) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 45% and 55%, respectively.									
e) Specialty Rx: Multiple cost sharing levels are combined into a composite level using PHS tool unit cost to different tiers.									
f) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name and schedule of benefits form number.									
g) Gold 4/4A: Actuarial value is the blend of estimated 63.5% of members who will utilize premium designated provider and 36.5% of members who will utilize non-premium designated provider.									
Certification									
For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.									
<i>Boris P. Gerber</i>									
Boris P. Gerber, FSA, MAAA									

AV Pricing Values: The fixed reference plan selected as the basis for the AV Pricing Values is medical plan E50/V72 with Rx plan ZU. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections: Membership is projected to continue at the current February, 2013 level.

Terminated Products: The terminated plans are listed below

EPO	
2HK	D1N
2HL	D1O
2HM	D1P
2HN	D1Q
D0A	D1R
D0B	D1S
D0C	D1T
D0D	D1U
D0E	D1V
D0F	D1W
D0G	D1X
D0H	D1Y
D0I	D1Z
D0J	D3A
D0K	D3B
D0L	D3C
D0M	D3D
D0N	D3E
D1A	D3F
D1B	D3G
D1C	D3H
D1D	D3I
D1E	D3J
D1F	D3K
D1G	D3L
D1H	I0N
D1I	I0O
D1J	I0P
D1K	4EE
D1L	4EG
D1M	4EH

EPO - HSA	
D0O	D2A
D0P	D2B
D0Q	D2C
D0R	D2D
D0S	D2E
D0T	D2F
D0U	D2G
D0V	I0S

POS	
8VA	D5E
8VB	D5F
8VC	D5G
ANA	D5H
ANB	D5I
ANC	D5J
AND	D5K
D01	D5L
D02	D5M
D03	D5N
D04	D5O
D05	D5P
D06	D5Q
D07	D5R
D08	D5S
D09	D5T
D0W	D5U
D0X	D5V
D0Y	D5W
D0Z	2EM
D4A	D5X
D4B	D5Y
D4C	D5Z
D4D	DKA
D4E	DKB
D4F	DKC
D4G	DKD
D4H	DKE
D4I	DKF
D4J	DKG
D4K	DKH
D4L	DKI
D4M	G8A
D4N	G8B
D4O	G8C
D4P	I0A
D4Q	I0B
D4R	I0C
D4S	I0D
D4T	I0E
D4U	I0Q
D4V	I0R
D4W	I1S
D4X	JKH
D4Z	JKI
D5A	LIA
D5B	LIB
D5C	LIF
D5D	LIG

POS	
LIH	USS
USA	UST
USB	USU
USC	USV
USD	USW
USE	USY
USF	USZ
USG	W8D
USH	W8E
USI	W8F
USJ	W8G
USK	W8H
USL	W8I
USM	Y3D
USN	Y3E
USO	Y3F
USP	Y3G
USQ	Y3H
	Y3I

POS - HSA	
D6A	HDN
D6B	HDO
D6C	HDP
D6D	HDQ
D6E	HYA
D6F	HYB
D6G	HYC
D6H	I0F
D6S	I0G
HDD	I0H
HDE	I0I
HDF	I0J
HDG	I0K
HDH	I0L
HDI	I0M
HDJ	I0T
HDK	I1T
HDL	RTA
HDM	RTB
RTC	

PPO - HSA	
LDD	LDP
LDF	LDQ

Indemnity	
CWJ	D7B
D7A	

Rx	
0H	BM
0I	BY
2V	CC
3B	CD
4F	CE
5U	CF
5W	CG
7L	CQ
7M	DS
7R	DZ
7S	EA
7T	F5
7U	F7
7V	G4
7W	H9
7X	K4
7Y	K5
7Z	K6
8A	N7
8H	N8
8I	P9
8J	S5
8Y	S8
8Z	U8
9A	W1
A2	W2
AU	Y6
BK	SP1
BL	SP2
	SP3

HSA Rx	
H9 HSA	

PPO	
D9A	NAD
D9B	NAJ
LKA	NAN
LKG	NDA
LKH	NDB
NAA	NDC
NAB	NDD
NAC	

2011 COC Plans	
WMY	HS5
DFG	HS6
DFH	HS7
DFR	DFJ
DFS	DFK
DFT	DFI
DFU	DFL
DFV	DFM
DFW	DFN
DGK	DFO
DGQ	DFP
DGR	DFQ
DGS	1TT
DGT	1TV
DGU	HSY
DGV	HSZ
DGW	FBP
DGX	HS1
DGL	HS2
DGM	2BK
DGN	DD7
DGO	DD8
DGP	DD9
P0C	DEK
FD2	DEL
HS3	CM8
HS4	CM9
FD1	DEM

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance: Not applicable.

Actuarial Certification:

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that 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.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. 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.

Sincerely,



Boris P. Gerber, FSA, MAAA

Actuary, UnitedHealthcare

185 Asylum Street, CT039-16B

Hartford, CT 06103

Phone 860-702-5540 Fax 860-702-5016

Date: 6/21/2013

Rate Factors

Exhibit 1

(1) Index Rate: \$479.63

(2) Benefit Plan Ratios

CH/INS (EPO) Plans							
Product	Plan Name			Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical		Exchange				
	Exchange						
	Off	On					
EPO	C4O	VBY	ZV	Platinum	88.2%	1.10910	
EPO	EY1	V63	ZU	Platinum	90.7%	1.17049	
EPO	E43	V7W	YM	Platinum	88.5%	1.12966	
EPO	E47	V7Y	ZR	Platinum	88.5%	1.12378	
EPO	E5N	V71	ZU	Platinum	91.9%	1.19531	
EPO	EYW	V61	ZV	Platinum	89.0%	1.12575	
EPO-HSA	DW7	VDN	A0	Gold	78.5%	0.84906	
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.84544	
EPO-HSA	DXP	VDP	A0	Gold	78.1%	0.94678	
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.94315	
EPO	EZJ	V67	A0	Gold	79.5%	0.96287	
EPO	EZJ	V67	YM	Gold	78.8%	0.95313	
EPO	EZ2	V7D	C0	Gold	79.1%	0.94329	
EPO	E22	V7D	ZT	Gold	78.9%	0.94943	
EPO	E0P	V7J	A0	Gold	78.9%	0.94241	
EPO	E0P	V7J	YM	Gold	78.3%	0.93267	
EPO	E0X	V7L	A0	Gold	81.6%	1.00401	
EPO	E0X	V7L	YM	Gold	81.1%	0.99427	
EPO	EY5	V65	A0	Gold	81.4%	0.98791	
EPO	EY5	V65	YM	Gold	80.9%	0.97817	
EPO	EZS	V69	B0	Gold	78.1%	0.93941	
EPO	EZS	V69	ZS	Gold	78.7%	0.93198	
EPO	E0H	V7H	A0	Gold	79.7%	0.98735	
EPO	E0H	V7H	ZR	Gold	79.1%	0.96905	
EPO	EZ9	V7F	A0	Gold	79.9%	0.98545	
EPO	EZ9	V7F	ZS	Gold	78.5%	0.95993	
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.73578	
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.73151	
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.74606	
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.74180	
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.75009	
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.74582	
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.72449	
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.72022	
EPO	E06	V7N	ZT	Silver	70.8%	0.83025	
EPO	E06	V7N	ZY	Silver	69.9%	0.80936	
EPO	E2M	V7Q	D0	Silver	71.5%	0.82022	
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.80017	
EPO	E2U	V7S	ZT	Silver	70.0%	0.82478	
EPO	E2U	V7S	ZY	Silver	68.8%	0.80388	
EPO	E26	V7U	ZT	Silver	70.5%	0.83305	
EPO	E26	V7U	ZY	Silver	69.0%	0.81215	
EPO	E18	V7O	ZT	Silver	70.5%	0.83573	
EPO	E18	V7O	ZY	Silver	68.4%	0.81484	
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.62129	
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.62632	
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.69888	

CH+/INS (POS) Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
POS	C5Z	VBZ	ZV	Platinum	88.2%	1.13392
POS	EY2	V64	ZU	Platinum	90.7%	1.19552
POS	E44	V7X	YM	Platinum	88.5%	1.15204
POS	E48	V7Z	ZR	Platinum	88.5%	1.14428
POS	E5O	V72	ZU	Platinum	91.9%	1.22016
POS	EYX	V62	ZV	Platinum	89.0%	1.15051
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.87570
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.87207
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.97577
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.97214
POS	EZL	V68	A0	Gold	79.5%	0.98502
POS	EZL	V68	YM	Gold	78.8%	0.97528
POS	EZ4	V7E	C0	Gold	79.1%	0.96610
POS	EZ4	V7E	ZT	Gold	78.9%	0.97225
POS	E0R	V7K	A0	Gold	78.9%	0.96509
POS	E0R	V7K	YM	Gold	78.3%	0.95536
POS	EY7	V66	A0	Gold	81.4%	1.01058
POS	EY7	V66	YM	Gold	80.9%	1.00084
POS	EZU	V7C	B0	Gold	78.1%	0.96186
POS	EZU	V7C	ZS	Gold	78.7%	0.95443
POS	E0Z	V7M	A0	Gold	81.6%	1.02670
POS	E0Z	V7M	YM	Gold	81.1%	1.01696
POS	E0J	V7I	A0	Gold	79.7%	1.01023
POS	E0J	V7I	ZR	Gold	79.1%	0.99193
POS	E0C	V7G	A0	Gold	79.9%	1.00805
POS	E0C	V7G	ZS	Gold	78.5%	0.98253
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.75738
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.75312
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.76936
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.76509
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.77247
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.76820
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.74305
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.74241
POS	E2O	V7R	D0	Silver	71.5%	0.83880
POS	E2O	V7R	ZZ	Silver	69.2%	0.81876
POS	E2W	V7T	ZT	Silver	70.0%	0.84328
POS	E2W	V7T	ZY	Silver	68.8%	0.82238
POS	E28	V7V	ZT	Silver	70.5%	0.85214
POS	E28	V7V	ZY	Silver	69.0%	0.83125
POS	E2E	V7P	ZT	Silver	70.5%	0.85548
POS	E2E	V7P	ZY	Silver	68.4%	0.83459

(3) Trend Factors

Effective Quarter	Factor
1st Quarter, 2014	1.000
2nd Quarter, 2014	1.026
3rd Quarter, 2014	1.052
4th Quarter, 2014	1.079

(4) Age Factors

Age	Factor
0-20	0.727
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.727
29	0.727
30	0.727
31	0.727

Age	Factor
32	0.727
33	0.727
34	0.727
35	0.805
36	0.836
37	0.869
38	0.903
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094

Age	Factor
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733

Age	Factor
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64 & older	2.181

UnitedHealthcare Insurance Company, 6/21/2013

Product	Plan Name			Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network						Out-of-Network						Copayments										Medical Deduct. Type	Rx																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	Medical Exchange	Rx	Deductible					Coins	OOP Maximum		Deductible		Coins	OOP Maximum		PCP	SCP	UC	ER	OP Surgery		IP	Tier 1	Tier 2	Tier 2 Spec.	Tier 3	Tier 3 Spec.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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POS	EY7	V66	YM	Gold 10	GO10.SBN.CHP.I.14.DC	104075.RDR.RXSBN.PLS.I.14.DC.SB	80.9%	\$500	\$1,000	80%	\$4,500	\$9,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

Rate and Rate Factor Changes, and Development of 1st Quarter 2014 Base Rates

Age Factors: Change to new 2014 DC age factors: see Exhibit 1.

Other Rating Factors: Industry, group size and risk adjustment factors all set to 1.000.

Development of Base Rates:

		Current 4Q13 Base Rates with Trend			Proposed * Base Rates on a Revenue Neutral Basis (col a)	Rate Increases from 4Q13 to 1Q14										Proposed 1Q14 Base Rates (= a x b)
<u>License</u>	<u>Product</u>	<u>Base Rate</u>	<u>Trend x Factor</u>	<u>Total = Rate</u>		<u>1 Qtr Trend</u>	<u>PPACA x Fees</u>	<u>EHB x</u>	<u>Market Adj</u>	<u>Exper. Adj</u>	<u>Exchange x User Fee</u>	<u>Risk Adj</u>	<u>= Total (col b)</u>			
OCI	Gatekeeper HMO	173.96	2.113	367.58	420.31	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192	501.15		
	Gatekeeper HMP	198.00	2.113	418.37	432.92	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192	516.18		
	Rx	59.71	2.113	126.17	142.96	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192	170.46		
UHIC	EPO	174.68	2.546	444.74	449.74	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192	536.23		
	POS	206.13	2.546	524.81	463.23	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192	552.32		
	Rx	55.53	2.546	141.38	142.96	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192	170.46		

* Rates when apply:

- New age factors
- All industry, group size, and risk adjustment factors set to 1.000, and
- New rate relationships between products:
 - +7.0% for gatekeeper to Choice, and
 - +3.0% for in-network only products to products with an out-of-network benefit,

to the total February, 2013 inforce book of business using:

- Each group's product, and each members's age,
- produces the same total (for OCI + UHIC) revenue as the current 4Q13 rates and rating factors.

Development of Plan Rates & Benefit Plan Ratios to Index Rate

Exhibit 3b

Index Rate: \$479.63
(i)

Benefit Plan Ratios

CH/INS (EPO) Plans											
Product	Plan Name		Rx	Metal	Actuarial	Medical	Medical	Rx	Rx	Med	New Plan
	Medical					Net to	Base	Net to	Base	+ Rx	
	Exchange					Allowed	Rate	Allowed	Rate	Rate	
	Off	On				(a)	(b)	(c)	(d)	e = (a x b + c x d)	
				Level	Value						Ratio = e / i
EPO	C4O	VBY	ZV	Platinum	88.2%	0.8328	\$536.23	0.5009	\$170.46	\$531.96	1.10910
EPO	EY1	V63	ZU	Platinum	90.7%	0.8798	\$536.23	0.5258	\$170.46	\$561.40	1.17049
EPO	E43	V7W	YM	Platinum	88.5%	0.8559	\$536.23	0.4861	\$170.46	\$541.82	1.12966
EPO	E47	V7Y	ZR	Platinum	88.5%	0.8583	\$536.23	0.4620	\$170.46	\$539.00	1.12378
EPO	E5N	V71	ZU	Platinum	91.9%	0.9020	\$536.23	0.5258	\$170.46	\$573.31	1.19531
EPO	EYW	V61	ZV	Platinum	89.0%	0.8477	\$536.23	0.5009	\$170.46	\$539.95	1.12575
EPO-HSA	DW7	VDN	AO	Gold	78.5%	0.7562	\$536.23	0.0102	\$170.46	\$407.24	0.84906
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.7562	\$536.23	0.0000	\$170.46	\$405.50	0.84544
EPO-HSA	DXP	VDP	AO	Gold	78.1%	0.8436	\$536.23	0.0102	\$170.46	\$454.10	0.94678
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.8436	\$536.23	0.0000	\$170.46	\$452.36	0.94315
EPO	EZJ	V67	AO	Gold	79.5%	0.6980	\$536.23	0.5135	\$170.46	\$461.82	0.96287
EPO	EZJ	V67	YM	Gold	78.8%	0.6980	\$536.23	0.4861	\$170.46	\$457.15	0.95313
EPO	E22	V7D	CO	Gold	79.1%	0.7145	\$536.23	0.4065	\$170.46	\$452.43	0.94329
EPO	E22	V7D	ZT	Gold	78.9%	0.7145	\$536.23	0.4238	\$170.46	\$455.38	0.94943
EPO	EOP	V7J	AO	Gold	78.9%	0.6797	\$536.23	0.5135	\$170.46	\$452.01	0.94241
EPO	EOP	V7J	YM	Gold	78.3%	0.6797	\$536.23	0.4861	\$170.46	\$447.34	0.93267
EPO	E0X	V7L	AO	Gold	81.6%	0.7348	\$536.23	0.5135	\$170.46	\$481.55	1.00401
EPO	E0X	V7L	YM	Gold	81.1%	0.7348	\$536.23	0.4861	\$170.46	\$476.88	0.99427
EPO	EY5	V65	AO	Gold	81.4%	0.7204	\$536.23	0.5135	\$170.46	\$473.83	0.98791
EPO	EY5	V65	YM	Gold	80.9%	0.7204	\$536.23	0.4861	\$170.46	\$469.16	0.97817
EPO	EZ5	V69	BO	Gold	78.1%	0.6932	\$536.23	0.4626	\$170.46	\$450.57	0.93941
EPO	EZ5	V69	ZS	Gold	78.7%	0.6932	\$536.23	0.4417	\$170.46	\$447.01	0.93198
EPO	E0H	V7H	AO	Gold	79.7%	0.7199	\$536.23	0.5135	\$170.46	\$473.56	0.98735
EPO	E0H	V7H	ZR	Gold	79.1%	0.7199	\$536.23	0.4620	\$170.46	\$464.78	0.96905
EPO	E29	V7F	AO	Gold	79.9%	0.7182	\$536.23	0.5135	\$170.46	\$472.65	0.98545
EPO	E29	V7F	ZS	Gold	78.5%	0.7182	\$536.23	0.4417	\$170.46	\$460.41	0.95993
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.6543	\$536.23	0.0120	\$170.46	\$352.90	0.73578
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.6543	\$536.23	0.0000	\$170.46	\$350.86	0.73151
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.6635	\$536.23	0.0120	\$170.46	\$357.83	0.74606
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.6635	\$536.23	0.0000	\$170.46	\$355.79	0.74180
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.6671	\$536.23	0.0120	\$170.46	\$359.76	0.75009
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.6671	\$536.23	0.0000	\$170.46	\$357.72	0.74582
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.6442	\$536.23	0.0120	\$170.46	\$347.48	0.72449
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.6442	\$536.23	0.0000	\$170.46	\$345.44	0.72022
EPO	E06	V7N	ZT	Silver	70.8%	0.6079	\$536.23	0.4238	\$170.46	\$398.22	0.83025
EPO	E06	V7N	ZY	Silver	69.9%	0.6079	\$536.23	0.3650	\$170.46	\$388.19	0.80936
EPO	E2M	V7Q	DO	Silver	71.5%	0.6124	\$536.23	0.3814	\$170.46	\$393.40	0.82022
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.6124	\$536.23	0.3250	\$170.46	\$383.79	0.80017
EPO	E2U	V7S	ZT	Silver	70.0%	0.6030	\$536.23	0.4238	\$170.46	\$395.59	0.82478
EPO	E2U	V7S	ZY	Silver	68.8%	0.6030	\$536.23	0.3650	\$170.46	\$385.56	0.80388
EPO	E26	V7U	ZT	Silver	70.5%	0.6104	\$536.23	0.4238	\$170.46	\$399.56	0.83305
EPO	E26	V7U	ZY	Silver	69.0%	0.6104	\$536.23	0.3650	\$170.46	\$389.53	0.81215
EPO	E18	V7O	ZT	Silver	70.5%	0.6128	\$536.23	0.4238	\$170.46	\$400.84	0.83573
EPO	E18	V7O	ZY	Silver	68.4%	0.6128	\$536.23	0.3650	\$170.46	\$390.82	0.81484
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.5519	\$536.23	0.0120	\$170.46	\$297.99	0.62129
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.5564	\$536.23	0.0120	\$170.46	\$300.40	0.62632
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.6213	\$536.23	0.0120	\$170.46	\$335.21	0.69888

CH+/INS (POS) Plans																		
Product	Plan Name			Rx	Metal	Actuarial	Medical Net to	Medical Base	Rx Net to	Rx Base	Med + Rx Rate e = (a x b + c x d)	New Plan						
	Medical		Level										Value	Allowed (a)	Rate (b)	Allowed (c)	Rate (d)	Ratio = e / i
	Exchange																	
Off	On																	
POS	C5Z	VBZ	ZV	Platinum	88.2%	0.8301	\$552.32	0.5009	\$170.46	\$543.86	1.13392							
POS	EY2	V64	ZU	Platinum	90.7%	0.8759	\$552.32	0.5258	\$170.46	\$573.40	1.19552							
POS	E44	V7X	YM	Platinum	88.5%	0.8504	\$552.32	0.4861	\$170.46	\$552.55	1.15204							
POS	E48	V7Z	ZR	Platinum	88.5%	0.8511	\$552.32	0.4620	\$170.46	\$548.83	1.14428							
POS	E5O	V72	ZU	Platinum	91.9%	0.8973	\$552.32	0.5258	\$170.46	\$585.22	1.22016							
POS	EYX	V62	ZV	Platinum	89.0%	0.8445	\$552.32	0.5009	\$170.46	\$551.82	1.15051							
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.7573	\$552.32	0.0102	\$170.46	\$420.01	0.87570							
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.7573	\$552.32	0.0000	\$170.46	\$418.27	0.87207							
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.8442	\$552.32	0.0102	\$170.46	\$468.01	0.97577							
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.8442	\$552.32	0.0000	\$170.46	\$466.27	0.97214							
POS	EZL	V68	A0	Gold	79.5%	0.6969	\$552.32	0.5135	\$170.46	\$472.44	0.98502							
POS	EZL	V68	YM	Gold	78.8%	0.6969	\$552.32	0.4861	\$170.46	\$467.77	0.97528							
POS	E24	V7E	C0	Gold	79.1%	0.7135	\$552.32	0.4065	\$170.46	\$463.37	0.96610							
POS	E24	V7E	ZT	Gold	78.9%	0.7135	\$552.32	0.4238	\$170.46	\$466.32	0.97225							
POS	E0R	V7K	A0	Gold	78.9%	0.6796	\$552.32	0.5135	\$170.46	\$462.89	0.96509							
POS	E0R	V7K	YM	Gold	78.3%	0.6796	\$552.32	0.4861	\$170.46	\$458.22	0.95536							
POS	EY7	V66	A0	Gold	81.4%	0.7191	\$552.32	0.5135	\$170.46	\$484.70	1.01058							
POS	EY7	V66	YM	Gold	80.9%	0.7191	\$552.32	0.4861	\$170.46	\$480.03	1.00084							
POS	EZU	V7C	B0	Gold	78.1%	0.6925	\$552.32	0.4626	\$170.46	\$461.34	0.96186							
POS	EZU	V7C	ZS	Gold	78.7%	0.6925	\$552.32	0.4417	\$170.46	\$457.77	0.95443							
POS	E0Z	V7M	A0	Gold	81.6%	0.7331	\$552.32	0.5135	\$170.46	\$492.44	1.02670							
POS	E0Z	V7M	YM	Gold	81.1%	0.7331	\$552.32	0.4861	\$170.46	\$487.77	1.01696							
POS	E0J	V7I	A0	Gold	79.7%	0.7188	\$552.32	0.5135	\$170.46	\$484.54	1.01023							
POS	E0J	V7I	ZR	Gold	79.1%	0.7188	\$552.32	0.4620	\$170.46	\$475.76	0.99193							
POS	E0C	V7G	A0	Gold	79.9%	0.7169	\$552.32	0.5135	\$170.46	\$483.49	1.00805							
POS	E0C	V7G	ZS	Gold	78.5%	0.7169	\$552.32	0.4417	\$170.46	\$471.25	0.98253							
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.6540	\$552.32	0.0120	\$170.46	\$363.26	0.75738							
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.6540	\$552.32	0.0000	\$170.46	\$361.22	0.75312							
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.6644	\$552.32	0.0120	\$170.46	\$369.01	0.76936							
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.6644	\$552.32	0.0000	\$170.46	\$366.96	0.76509							
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.6671	\$552.32	0.0120	\$170.46	\$370.50	0.77247							
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.6671	\$552.32	0.0000	\$170.46	\$368.45	0.76820							
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.6447	\$552.32	0.0018	\$170.46	\$356.39	0.74305							
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.6447	\$552.32	0.0000	\$170.46	\$356.08	0.74241							
POS	E2O	V7R	D0	Silver	71.5%	0.6107	\$552.32	0.3814	\$170.46	\$402.32	0.83880							
POS	E2O	V7R	ZZ	Silver	69.2%	0.6107	\$552.32	0.3250	\$170.46	\$392.70	0.81876							
POS	E2W	V7T	ZT	Silver	70.0%	0.6015	\$552.32	0.4238	\$170.46	\$404.46	0.84328							
POS	E2W	V7T	ZY	Silver	68.8%	0.6015	\$552.32	0.3650	\$170.46	\$394.44	0.82238							
POS	E28	V7V	ZT	Silver	70.5%	0.6092	\$552.32	0.4238	\$170.46	\$408.71	0.85214							
POS	E28	V7V	ZY	Silver	69.0%	0.6092	\$552.32	0.3650	\$170.46	\$398.69	0.83125							
POS	E2E	V7P	ZT	Silver	70.5%	0.6121	\$552.32	0.4238	\$170.46	\$410.32	0.85548							
POS	E2E	V7P	ZY	Silver	68.4%	0.6121	\$552.32	0.3650	\$170.46	\$400.29	0.83459							

Formula & Example

Exhibit 4

Rate Calculation Formula

Monthly premium =

Index Rate
x Plan Ratio
x Trend factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan EZ2 with Rx C0

Effective Date: 4/1/14

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	0.727	0.727
EE #2	35	36	5	9	0.805	0.836	0.727	0.727
EE #3	53	55	19		1.605	1.733	0.727	

Total Members: 11

Sum of Age Factors: 10.721

Rate Calculation

	Rating Factor	Exhibit 1 Location
\$479.63	Index Rate	(1)
0.94329	Plan Ratio (EZ2)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,976.62</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - UHIC

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	9,190	3,849,240	2,728,257	296.87	70.9%
Feb-12	9,374	3,954,953	2,599,181	277.28	65.7%
Mar-12	9,291	3,940,405	3,072,182	330.66	78.0%
Apr-12	9,175	3,912,866	2,698,096	294.07	69.0%
May-12	9,141	3,922,974	2,724,351	298.04	69.4%
Jun-12	9,136	3,940,596	2,604,675	285.10	66.1%
Jul-12	9,204	3,986,074	2,402,937	261.08	60.3%
Aug-12	9,266	4,007,942	2,720,091	293.56	67.9%
Sep-12	9,338	4,011,619	2,222,794	238.04	55.4%
Oct-12	9,083	3,934,272	2,431,348	267.68	61.8%
Nov-12	9,057	3,931,358	2,677,794	295.66	68.1%
Dec-12	8,920	3,876,665	2,446,344	274.25	63.1%
Total	110,175	47,268,964	31,328,050	284.35	66.3%

Explanation, Support & Development of PPACA Fee Increases

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. The two largest cost impacts both take effect with calendar year 2014 earned premiums.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. The Oliver Wyman report "Simulation of the Impact of the Annual Fees on Insurers Using 2011 Data", dated June 27, 2012, estimates that the denominator premiums to which this fee will be applied will be \$527.085 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a % of premium, the needed fee is $\$8B \text{ Insurer Fee} / \$527.085 \text{ Net Industry Premiums} / 65\% \text{ FIT} = 2.3\%$.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. HHS has proposed a \$5.25 pmpm assessment for 2014, or an estimated 1.1% of DC small group premiums.

The total needed PPACA fee increase is 3.5% (2.3% for Insurer Fee, plus 1.2% for Reinsurance Assessment).

The below details the calculation of the Insurer Fee and Reinsurance Assessment.

Calculation of 2014 Fees Impact

Insurer Fee Impact Calculation

Insurer Fee in 2014 (Billions)	\$8
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
Insurer Fee as % of Health Insurance Premiums	1.5%
Gross Up by Federal Income Tax (35%)	2.3%

*from Oliver Wyman Study published on June 27, 2012

Reinsurance Assessment Impact Calculation

Reinsurance Assessment Per Member Per Month - HHS Proposed	\$5.25
Reinsurance Fee as a Percent of Premium	1.2%

DC Small Group Rate Review - Development of Experience Adjustment

	OCI	UHIC	Total
1. Experience 1/1/12-13			
1a. Member Months	24,034	110,175	134,209
1b. Average Mbrs (1a/12)	2,003	9,181	11,184
1c. Incurred Claims	\$5,846,466	\$31,328,050	\$37,174,516
1d. Claim PMPM (1c/1a)	\$243.26	\$284.35	\$276.99
1e. Earned Premium	\$11,537,610	\$47,268,964	\$58,806,574
1f. Premium PMPM (1e/1a)	\$480.05	\$429.04	\$438.17
1g. Loss Ratio (1c/1e)	50.7%	66.3%	63.2%
2. Needed Revenue for 10/1/13 Effective Date			
2a. Claim trend	1.195	1.195	1.195
From center of experience period: 7/1/12			
to center of 10/1/13 pricing period: 4/1/14			
(21 months at 10.7% annual rate)			
2b. Claim cost subtotal (1d x 2a)	\$290.62	\$339.71	\$330.92
2c. Target loss ratio	73.0%	73.0%	73.0%
2d. Needed revenue PMPM for 10/1/13 effective date (2b/2c)	\$398.11	\$465.36	\$453.31
3. Current Manual Rate 10/1/13			
3a. Medical base rate 10/1/2013	\$178.47	\$199.99	\$196.14
3b. Average medical plan relativity	0.9034	0.8715	0.8772
3c. Medical pricing trend factor	2.113	2.546	2.468
<u>3d. Subtotal: Medical (3a x 3b x 3c)</u>	<u>\$340.68</u>	<u>\$443.76</u>	<u>\$425.30</u>
3e. Pharmacy base rate 10/1/2013	\$59.71	\$55.53	\$56.28
3f. Average Rx plan relativity	0.5048	0.4396	0.4513
3g. Rx pricing trend factor	2.113	2.546	2.468
<u>3h. Subtotal: Pharmacy (3e x 3f x 3g)</u>	<u>\$63.69</u>	<u>\$62.16</u>	<u>\$62.43</u>
<u>3i. Subtotal: Medical+Pharmacy (3d + 3h)</u>	<u>\$404.37</u>	<u>\$505.92</u>	<u>\$487.73</u>
3j. Age/Sex Factors	1.0610	0.9485	0.9687
3k. Area factors	1.0000	1.0000	1.0000
3l. Industry factors	0.9969	0.9703	0.9751
3m. Size factors	1.0196	1.0108	1.0123
3n. Current premium PMPM for 10/1/13 effective date (3i x 3j x 3k x 3l x 3m)	\$436.11	\$470.63	\$464.45
4. Supportable Pricing Adjustment (2d / 3n -1)	-8.7%	-1.1%	-2.4%
(rate adjustment required to achieve 73% loss ratio)			

UNITED HEALTHCARE
HEALTHCARE ECONOMICS

Exhibit T

DISTRICT OF COLUMBIA PRICING TREND DEVELOPMENT
APRIL 2013 RATE FILING SUPPORT

SG PRICING TREND BY COMPONENT

SMALL GROUP PRICING TREND BY COMPONENT									
	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>
Total Proposed Pricing Trend	[6]	7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Utilization / Service Mix	[1] , [2]	0.1%	5.1%	4.4%	4.0%	0.0%	3.5%	4.2%	3.6%
Unit Cost	[3]	6.0%	5.4%	3.7%	4.7%	2.3%	4.8%	4.8%	4.8%
Benefit Leveraging	[4]	0.2%	0.7%	1.2%	0.9%	0.2%	0.8%	1.8%	0.9%
Margin		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
<u>Demographic Change</u>	[5]	<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>
Sub-Total Claims Trend		7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Management Adjustment		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Rate Factors

Exhibit 1

(1) Index Rate: \$479.63

(2) Benefit Plan Ratios

CH/INS (EPO) Plans							
Product	Plan Name			Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical		Exchange				
	Exchange						
	Off	On					
EPO	C4O	VBY	ZV	Platinum	88.2%	1.10910	
EPO	EY1	V63	ZU	Platinum	90.7%	1.17049	
EPO	E43	V7W	YM	Platinum	88.5%	1.12966	
EPO	E47	V7Y	ZR	Platinum	88.5%	1.12378	
EPO	E5N	V71	ZU	Platinum	91.9%	1.19531	
EPO	EYW	V61	ZV	Platinum	89.0%	1.12575	
EPO-HSA	DW7	VDN	A0	Gold	78.5%	0.84906	
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.84544	
EPO-HSA	DXP	VDP	A0	Gold	78.1%	0.94678	
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.94315	
EPO	EZJ	V67	A0	Gold	79.5%	0.96287	
EPO	EZJ	V67	YM	Gold	78.8%	0.95313	
EPO	EZ2	V7D	C0	Gold	79.1%	0.94329	
EPO	E22	V7D	ZT	Gold	78.9%	0.94943	
EPO	E0P	V7J	A0	Gold	78.9%	0.94241	
EPO	E0P	V7J	YM	Gold	78.3%	0.93267	
EPO	E0X	V7L	A0	Gold	81.6%	1.00401	
EPO	E0X	V7L	YM	Gold	81.1%	0.99427	
EPO	EY5	V65	A0	Gold	81.4%	0.98791	
EPO	EY5	V65	YM	Gold	80.9%	0.97817	
EPO	EZS	V69	B0	Gold	78.1%	0.93941	
EPO	EZS	V69	ZS	Gold	78.7%	0.93198	
EPO	E0H	V7H	A0	Gold	79.7%	0.98735	
EPO	E0H	V7H	ZR	Gold	79.1%	0.96905	
EPO	EZ9	V7F	A0	Gold	79.9%	0.98545	
EPO	EZ9	V7F	ZS	Gold	78.5%	0.95993	
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.73578	
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.73151	
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.74606	
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.74180	
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.75009	
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.74582	
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.72449	
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.72022	
EPO	E06	V7N	ZT	Silver	70.8%	0.83025	
EPO	E06	V7N	ZY	Silver	69.9%	0.80936	
EPO	E2M	V7Q	D0	Silver	71.5%	0.82022	
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.80017	
EPO	E2U	V7S	ZT	Silver	70.0%	0.82478	
EPO	E2U	V7S	ZY	Silver	68.8%	0.80388	
EPO	E26	V7U	ZT	Silver	70.5%	0.83305	
EPO	E26	V7U	ZY	Silver	69.0%	0.81215	
EPO	E18	V7O	ZT	Silver	70.5%	0.83573	
EPO	E18	V7O	ZY	Silver	68.4%	0.81484	
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.62129	
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.62632	
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.69888	

CH+/INS (POS) Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
POS	C5Z	VBZ	ZV	Platinum	88.2%	1.13392
POS	EY2	V64	ZU	Platinum	90.7%	1.19552
POS	E44	V7X	YM	Platinum	88.5%	1.15204
POS	E48	V7Z	ZR	Platinum	88.5%	1.14428
POS	E5O	V72	ZU	Platinum	91.9%	1.22016
POS	EYX	V62	ZV	Platinum	89.0%	1.15051
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.87570
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.87207
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.97577
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.97214
POS	EZL	V68	A0	Gold	79.5%	0.98502
POS	EZL	V68	YM	Gold	78.8%	0.97528
POS	EZ4	V7E	C0	Gold	79.1%	0.96610
POS	EZ4	V7E	ZT	Gold	78.9%	0.97225
POS	E0R	V7K	A0	Gold	78.9%	0.96509
POS	E0R	V7K	YM	Gold	78.3%	0.95536
POS	EY7	V66	A0	Gold	81.4%	1.01058
POS	EY7	V66	YM	Gold	80.9%	1.00084
POS	EZU	V7C	B0	Gold	78.1%	0.96186
POS	EZU	V7C	ZS	Gold	78.7%	0.95443
POS	E0Z	V7M	A0	Gold	81.6%	1.02670
POS	E0Z	V7M	YM	Gold	81.1%	1.01696
POS	E0J	V7I	A0	Gold	79.7%	1.01023
POS	E0J	V7I	ZR	Gold	79.1%	0.99193
POS	E0C	V7G	A0	Gold	79.9%	1.00805
POS	E0C	V7G	ZS	Gold	78.5%	0.98253
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.75738
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.75312
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.76936
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.76509
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.77247
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.76820
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.74305
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.74241
POS	E2O	V7R	D0	Silver	71.5%	0.83880
POS	E2O	V7R	ZZ	Silver	69.2%	0.81876
POS	E2W	V7T	ZT	Silver	70.0%	0.84328
POS	E2W	V7T	ZY	Silver	68.8%	0.82238
POS	E28	V7V	ZT	Silver	70.5%	0.85214
POS	E28	V7V	ZY	Silver	69.0%	0.83125
POS	E2E	V7P	ZT	Silver	70.5%	0.85548
POS	E2E	V7P	ZY	Silver	68.4%	0.83459

(3) Trend Factors

Effective Quarter	Factor
1st Quarter, 2014	1.000
2nd Quarter, 2014	1.026
3rd Quarter, 2014	1.052
4th Quarter, 2014	1.079

(4) Age Factors

Age	Factor
0-20	0.727
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.727
29	0.727
30	0.727
31	0.727

Age	Factor
32	0.727
33	0.727
34	0.727
35	0.805
36	0.836
37	0.869
38	0.903
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094

Age	Factor
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733

Age	Factor
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64 & older	2.181

Product	Plan Name				Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network					Out-of-Network					Copayments							Medical Deduct. Type	Deduct. Type	Deduct.	Tier 1	Tier 2	Tier 2 Spec	Tier 3	Tier 3 Spec.																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Exchange	Off	On	Coins					Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family									Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins

Product	Plan Name			Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network						Out-of-Network						Copayments										Medical Deduct. Type	Rx																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	Medical Exchange	Off	On					Indiv.	Family	Coins	OOP Maximum		Indiv.	Family	Coins	OOP Maximum		PCP	SCP	UC	ER	OP Surgery				IP	Deduct. Type	Deduct.	Tier 1		Tier 2	Tier 2 Spec.	Tier 3	Tier 3 Spec.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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POS	EY7	V66	YM	Gold 10	GO10.SBN.CHP.I.14.DC	104075.RDR.RXSBN.PLS.I.14.DC.SB	80.9%	\$500	\$1,000	80%	\$4,500	\$9,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	

Rate and Rate Factor Changes, and Development of 1st Quarter 2014 Base Rates

Age Factors: Change to new 2014 DC age factors: see Exhibit 1.

Other Rating Factors: Industry, group size and risk adjustment factors all set to 1.000.

Development of Base Rates:

<u>License</u>	<u>Product</u>	Current 4Q13 Base Rates with Trend			Proposed * Base Rates on a Revenue Neutral Basis (col a)	Rate Increases from 4Q13 to 1Q14										Proposed 1Q14 Base Rates (= a x b)
		<u>Base</u>	<u>Trend</u>	<u>Total</u>		<u>1 Qtr</u>	<u>PPACA</u>		<u>Market</u>	<u>Exper.</u>	<u>Exchange</u>	<u>Risk</u>				
		<u>Rate</u>	x <u>Factor</u>	= <u>Rate</u>		<u>Trend</u>	x <u>Fees</u>	x <u>EHB</u>	x <u>Adj</u>	x <u>Adj</u>	x <u>User Fee</u>	x <u>Adj</u>	= <u>Total</u>		(col b)	
OCI	Gatekeeper HMO	173.96	2.113	367.58	420.31	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192			501.15
	Gatekeeper HMP	198.00	2.113	418.37	432.92	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192			516.18
	Rx	59.71	2.113	126.17	142.96	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192			170.46
UHIC	EPO	174.68	2.546	444.74	449.74	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192			536.23
	POS	206.13	2.546	524.81	463.23	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192			552.32
	Rx	55.53	2.546	141.38	142.96	1.026	1.035	1.016	1.013	0.976	1.007	1.110	1.192			170.46

* Rates when apply:

- New age factors
- All industry, group size, and risk adjustment factors set to 1.000, and
- New rate relationships between products:
 - +7.0% for gatekeeper to Choice, and
 - +3.0% for in-network only products to products with an out-of-network benefit,

to the total February, 2013 inforce book of business using:

- Each group's product, and each members's age,
- produces the same total (for OCI + UHIC) revenue as the current 4Q13 rates and rating factors.

Development of Plan Rates & Benefit Plan Ratios to Index Rate

Exhibit 3b

Index Rate: \$479.63
(i)

Benefit Plan Ratios

CH/INS (EPO) Plans											
Product	Plan Name			Metal	Actuarial	Medical Net to	Medical Base	Rx Net to	Rx Base	Med + Rx Rate e = (a x b + c x d)	New Plan Ratio = e / i
	Medical		Rx								
	Exchange										
	Off	On									
Level	Value	Allowed (a)	Rate (b)	Allowed (c)	Rate (d)						
EPO	C4O	VBY	ZV	Platinum	88.2%	0.8328	\$536.23	0.5009	\$170.46	\$531.96	1.10910
EPO	EY1	V63	ZU	Platinum	90.7%	0.8798	\$536.23	0.5258	\$170.46	\$561.40	1.17049
EPO	E43	V7W	YM	Platinum	88.5%	0.8559	\$536.23	0.4861	\$170.46	\$541.82	1.12966
EPO	E47	V7Y	ZR	Platinum	88.5%	0.8583	\$536.23	0.4620	\$170.46	\$539.00	1.12378
EPO	E5N	V71	ZU	Platinum	91.9%	0.9020	\$536.23	0.5258	\$170.46	\$573.31	1.19531
EPO	EYW	V61	ZV	Platinum	89.0%	0.8477	\$536.23	0.5009	\$170.46	\$539.95	1.12575
EPO-HSA	DW7	VDN	AO	Gold	78.5%	0.7562	\$536.23	0.0102	\$170.46	\$407.24	0.84906
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.7562	\$536.23	0.0000	\$170.46	\$405.50	0.84544
EPO-HSA	DXP	VDP	AO	Gold	78.1%	0.8436	\$536.23	0.0102	\$170.46	\$454.10	0.94678
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.8436	\$536.23	0.0000	\$170.46	\$452.36	0.94315
EPO	EZJ	V67	AO	Gold	79.5%	0.6980	\$536.23	0.5135	\$170.46	\$461.82	0.96287
EPO	EZJ	V67	YM	Gold	78.8%	0.6980	\$536.23	0.4861	\$170.46	\$457.15	0.95313
EPO	E22	V7D	CO	Gold	79.1%	0.7145	\$536.23	0.4065	\$170.46	\$452.43	0.94329
EPO	E22	V7D	ZT	Gold	78.9%	0.7145	\$536.23	0.4238	\$170.46	\$455.38	0.94943
EPO	EOP	V7J	AO	Gold	78.9%	0.6797	\$536.23	0.5135	\$170.46	\$452.01	0.94241
EPO	EOP	V7J	YM	Gold	78.3%	0.6797	\$536.23	0.4861	\$170.46	\$447.34	0.93267
EPO	E0X	V7L	AO	Gold	81.6%	0.7348	\$536.23	0.5135	\$170.46	\$481.55	1.00401
EPO	E0X	V7L	YM	Gold	81.1%	0.7348	\$536.23	0.4861	\$170.46	\$476.88	0.99427
EPO	EY5	V65	AO	Gold	81.4%	0.7204	\$536.23	0.5135	\$170.46	\$473.83	0.98791
EPO	EY5	V65	YM	Gold	80.9%	0.7204	\$536.23	0.4861	\$170.46	\$469.16	0.97817
EPO	EZ5	V69	BO	Gold	78.1%	0.6932	\$536.23	0.4626	\$170.46	\$450.57	0.93941
EPO	EZ5	V69	ZS	Gold	78.7%	0.6932	\$536.23	0.4417	\$170.46	\$447.01	0.93198
EPO	E0H	V7H	AO	Gold	79.7%	0.7199	\$536.23	0.5135	\$170.46	\$473.56	0.98735
EPO	E0H	V7H	ZR	Gold	79.1%	0.7199	\$536.23	0.4620	\$170.46	\$464.78	0.96905
EPO	E29	V7F	AO	Gold	79.9%	0.7182	\$536.23	0.5135	\$170.46	\$472.65	0.98545
EPO	E29	V7F	ZS	Gold	78.5%	0.7182	\$536.23	0.4417	\$170.46	\$460.41	0.95993
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.6543	\$536.23	0.0120	\$170.46	\$352.90	0.73578
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.6543	\$536.23	0.0000	\$170.46	\$350.86	0.73151
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.6635	\$536.23	0.0120	\$170.46	\$357.83	0.74606
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.6635	\$536.23	0.0000	\$170.46	\$355.79	0.74180
EPO-HSA	DYJ	VDT	YM	Silver	71.0%	0.6671	\$536.23	0.0120	\$170.46	\$359.76	0.75009
EPO-HSA	DYJ	VDT	ZX	Silver	70.1%	0.6671	\$536.23	0.0000	\$170.46	\$357.72	0.74582
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.6442	\$536.23	0.0120	\$170.46	\$347.48	0.72449
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.6442	\$536.23	0.0000	\$170.46	\$345.44	0.72022
EPO	E06	V7N	ZT	Silver	70.8%	0.6079	\$536.23	0.4238	\$170.46	\$398.22	0.83025
EPO	E06	V7N	ZY	Silver	69.9%	0.6079	\$536.23	0.3650	\$170.46	\$388.19	0.80936
EPO	E2M	V7Q	DO	Silver	71.5%	0.6124	\$536.23	0.3814	\$170.46	\$393.40	0.82022
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.6124	\$536.23	0.3250	\$170.46	\$383.79	0.80017
EPO	E2U	V7S	ZT	Silver	70.0%	0.6030	\$536.23	0.4238	\$170.46	\$395.59	0.82478
EPO	E2U	V7S	ZY	Silver	68.8%	0.6030	\$536.23	0.3650	\$170.46	\$385.56	0.80388
EPO	E26	V7U	ZT	Silver	70.5%	0.6104	\$536.23	0.4238	\$170.46	\$399.56	0.83305
EPO	E26	V7U	ZY	Silver	69.0%	0.6104	\$536.23	0.3650	\$170.46	\$389.53	0.81215
EPO	E18	V7O	ZT	Silver	70.5%	0.6128	\$536.23	0.4238	\$170.46	\$400.84	0.83573
EPO	E18	V7O	ZY	Silver	68.4%	0.6128	\$536.23	0.3650	\$170.46	\$390.82	0.81484
EPO-HSA	DWZ	VDK	YM	Bronze	60.9%	0.5519	\$536.23	0.0120	\$170.46	\$297.99	0.62129
EPO-HSA	DW2	VDL	YM	Bronze	61.5%	0.5564	\$536.23	0.0120	\$170.46	\$300.40	0.62632
EPO-HSA	DW4	VDM	YM	Bronze	59.3%	0.6213	\$536.23	0.0120	\$170.46	\$335.21	0.69888

CH+/INS (POS) Plans											
Product	Plan Name			Metal	Actuarial	Medical Net to	Medical Base	Rx Net to	Rx Base	Med + Rx Rate e = (a x b + c x d)	New Plan
	Medical		Rx								
	Exchange										
	Off	On									
				Level	Value	Allowed (a)	Rate (b)	Allowed (c)	Rate (d)		Ratio = e / i
POS	CSZ	VBZ	ZV	Platinum	88.2%	0.8301	\$552.32	0.5009	\$170.46	\$543.86	1.13392
POS	EY2	V64	ZU	Platinum	90.7%	0.8759	\$552.32	0.5258	\$170.46	\$573.40	1.19552
POS	E44	V7X	YM	Platinum	88.5%	0.8504	\$552.32	0.4861	\$170.46	\$552.55	1.15204
POS	E48	V7Z	ZR	Platinum	88.5%	0.8511	\$552.32	0.4620	\$170.46	\$548.83	1.14428
POS	E5O	V72	ZU	Platinum	91.9%	0.8973	\$552.32	0.5258	\$170.46	\$585.22	1.22016
POS	EYX	V62	ZV	Platinum	89.0%	0.8445	\$552.32	0.5009	\$170.46	\$551.82	1.15051
POS-HSA	DXL	VDO	AO	Gold	78.5%	0.7573	\$552.32	0.0102	\$170.46	\$420.01	0.87570
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.7573	\$552.32	0.0000	\$170.46	\$418.27	0.87207
POS-HSA	DXR	VDQ	AO	Gold	78.1%	0.8442	\$552.32	0.0102	\$170.46	\$468.01	0.97577
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.8442	\$552.32	0.0000	\$170.46	\$466.27	0.97214
POS	EZL	V68	AO	Gold	79.5%	0.6969	\$552.32	0.5135	\$170.46	\$472.44	0.98502
POS	EZL	V68	YM	Gold	78.8%	0.6969	\$552.32	0.4861	\$170.46	\$467.77	0.97528
POS	E24	V7E	CO	Gold	79.1%	0.7135	\$552.32	0.4065	\$170.46	\$463.37	0.96610
POS	E24	V7E	ZT	Gold	78.9%	0.7135	\$552.32	0.4238	\$170.46	\$466.32	0.97225
POS	E0R	V7K	AO	Gold	78.9%	0.6796	\$552.32	0.5135	\$170.46	\$462.89	0.96509
POS	E0R	V7K	YM	Gold	78.3%	0.6796	\$552.32	0.4861	\$170.46	\$458.22	0.95536
POS	EY7	V66	AO	Gold	81.4%	0.7191	\$552.32	0.5135	\$170.46	\$484.70	1.01058
POS	EY7	V66	YM	Gold	80.9%	0.7191	\$552.32	0.4861	\$170.46	\$480.03	1.00084
POS	EZU	V7C	BO	Gold	78.1%	0.6925	\$552.32	0.4626	\$170.46	\$461.34	0.96186
POS	EZU	V7C	ZS	Gold	78.7%	0.6925	\$552.32	0.4417	\$170.46	\$457.77	0.95443
POS	E0Z	V7M	AO	Gold	81.6%	0.7331	\$552.32	0.5135	\$170.46	\$492.44	1.02670
POS	E0Z	V7M	YM	Gold	81.1%	0.7331	\$552.32	0.4861	\$170.46	\$487.77	1.01696
POS	E0J	V7I	AO	Gold	79.7%	0.7188	\$552.32	0.5135	\$170.46	\$484.54	1.01023
POS	E0J	V7I	ZR	Gold	79.1%	0.7188	\$552.32	0.4620	\$170.46	\$475.76	0.99193
POS	E0C	V7G	AO	Gold	79.9%	0.7169	\$552.32	0.5135	\$170.46	\$483.49	1.00805
POS	E0C	V7G	ZS	Gold	78.5%	0.7169	\$552.32	0.4417	\$170.46	\$471.25	0.98253
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.6540	\$552.32	0.0120	\$170.46	\$363.26	0.75738
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.6540	\$552.32	0.0000	\$170.46	\$361.22	0.75312
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.6644	\$552.32	0.0120	\$170.46	\$369.01	0.76936
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.6644	\$552.32	0.0000	\$170.46	\$366.96	0.76509
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.6671	\$552.32	0.0120	\$170.46	\$370.50	0.77247
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.6671	\$552.32	0.0000	\$170.46	\$368.45	0.76820
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.6447	\$552.32	0.0018	\$170.46	\$356.39	0.74305
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.6447	\$552.32	0.0000	\$170.46	\$356.08	0.74241
POS	E2O	V7R	DO	Silver	71.5%	0.6107	\$552.32	0.3814	\$170.46	\$402.32	0.83880
POS	E2O	V7R	ZZ	Silver	69.2%	0.6107	\$552.32	0.3250	\$170.46	\$392.70	0.81876
POS	E2W	V7T	ZT	Silver	70.0%	0.6015	\$552.32	0.4238	\$170.46	\$404.46	0.84328
POS	E2W	V7T	ZY	Silver	68.8%	0.6015	\$552.32	0.3650	\$170.46	\$394.44	0.82238
POS	E28	V7V	ZT	Silver	70.5%	0.6092	\$552.32	0.4238	\$170.46	\$408.71	0.85214
POS	E28	V7V	ZY	Silver	69.0%	0.6092	\$552.32	0.3650	\$170.46	\$398.69	0.83125
POS	E2E	V7P	ZT	Silver	70.5%	0.6121	\$552.32	0.4238	\$170.46	\$410.32	0.85548
POS	E2E	V7P	ZY	Silver	68.4%	0.6121	\$552.32	0.3650	\$170.46	\$400.29	0.83459

Formula & Example

Exhibit 4

Rate Calculation Formula

Monthly premium =

Index Rate
x Plan Ratio
x Trend factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan EZ2 with Rx C0

Effective Date: 4/1/14

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	0.727	0.727
EE #2	35	36	5	9	0.805	0.836	0.727	0.727
EE #3	53	55	19		1.605	1.733	0.727	

Total Members: 11

Sum of Age Factors: 10.721

Rate Calculation

	Rating Factor	Exhibit 1 Location
\$479.63	Index Rate	(1)
0.94329	Plan Ratio (EZ2)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,976.62</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - UHIC

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	9,190	3,849,240	2,728,257	296.87	70.9%
Feb-12	9,374	3,954,953	2,599,181	277.28	65.7%
Mar-12	9,291	3,940,405	3,072,182	330.66	78.0%
Apr-12	9,175	3,912,866	2,698,096	294.07	69.0%
May-12	9,141	3,922,974	2,724,351	298.04	69.4%
Jun-12	9,136	3,940,596	2,604,675	285.10	66.1%
Jul-12	9,204	3,986,074	2,402,937	261.08	60.3%
Aug-12	9,266	4,007,942	2,720,091	293.56	67.9%
Sep-12	9,338	4,011,619	2,222,794	238.04	55.4%
Oct-12	9,083	3,934,272	2,431,348	267.68	61.8%
Nov-12	9,057	3,931,358	2,677,794	295.66	68.1%
Dec-12	8,920	3,876,665	2,446,344	274.25	63.1%
Total	110,175	47,268,964	31,328,050	284.35	66.3%

Explanation, Support & Development of PPACA Fee Increases

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. The two largest cost impacts both take effect with calendar year 2014 earned premiums.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. The Oliver Wyman report "Simulation of the Impact of the Annual Fees on Insurers Using 2011 Data", dated June 27, 2012, estimates that the denominator premiums to which this fee will be applied will be \$527.085 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a % of premium, the needed fee is $\$8B \text{ Insurer Fee} / \$527.085 \text{ Net Industry Premiums} / 65\% \text{ FIT} = 2.3\%$.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. HHS has proposed a \$5.25 pmpm assessment for 2014, or an estimated 1.1% of DC small group premiums.

The total needed PPACA fee increase is 3.5% (2.3% for Insurer Fee, plus 1.2% for Reinsurance Assessment).

The below details the calculation of the Insurer Fee and Reinsurance Assessment.

Calculation of 2014 Fees Impact

Insurer Fee Impact Calculation

Insurer Fee in 2014 (Billions)	\$8
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
Insurer Fee as % of Health Insurance Premiums	1.5%
Gross Up by Federal Income Tax (35%)	2.3%

*from Oliver Wyman Study published on June 27, 2012

Reinsurance Assessment Impact Calculation

Reinsurance Assessment Per Member Per Month - HHS Proposed	\$5.25
Reinsurance Fee as a Percent of Premium	1.2%

DC Small Group Rate Review - Development of Experience Adjustment

	OCI	UHIC	Total
1. Experience 1/1/12-13			
1a. Member Months	24,034	110,175	134,209
1b. Average Mbrs (1a/12)	2,003	9,181	11,184
1c. Incurred Claims	\$5,846,466	\$31,328,050	\$37,174,516
1d. Claim PMPM (1c/1a)	\$243.26	\$284.35	\$276.99
1e. Earned Premium	\$11,537,610	\$47,268,964	\$58,806,574
1f. Premium PMPM (1e/1a)	\$480.05	\$429.04	\$438.17
1g. Loss Ratio (1c/1e)	50.7%	66.3%	63.2%
2. Needed Revenue for 10/1/13 Effective Date			
2a. Claim trend	1.195	1.195	1.195
From center of experience period: 7/1/12			
to center of 10/1/13 pricing period: 4/1/14			
(21 months at 10.7% annual rate)			
2b. Claim cost subtotal (1d x 2a)	\$290.62	\$339.71	\$330.92
2c. Target loss ratio	73.0%	73.0%	73.0%
2d. Needed revenue PMPM for 10/1/13 effective date (2b/2c)	\$398.11	\$465.36	\$453.31
3. Current Manual Rate 10/1/13			
3a. Medical base rate 10/1/2013	\$178.47	\$199.99	\$196.14
3b. Average medical plan relativity	0.9034	0.8715	0.8772
3c. Medical pricing trend factor	2.113	2.546	2.468
<u>3d. Subtotal: Medical (3a x 3b x 3c)</u>	<u>\$340.68</u>	<u>\$443.76</u>	<u>\$425.30</u>
3e. Pharmacy base rate 10/1/2013	\$59.71	\$55.53	\$56.28
3f. Average Rx plan relativity	0.5048	0.4396	0.4513
3g. Rx pricing trend factor	2.113	2.546	2.468
<u>3h. Subtotal: Pharmacy (3e x 3f x 3g)</u>	<u>\$63.69</u>	<u>\$62.16</u>	<u>\$62.43</u>
<u>3i. Subtotal: Medical+Pharmacy (3d + 3h)</u>	<u>\$404.37</u>	<u>\$505.92</u>	<u>\$487.73</u>
3j. Age/Sex Factors	1.0610	0.9485	0.9687
3k. Area factors	1.0000	1.0000	1.0000
3l. Industry factors	0.9969	0.9703	0.9751
3m. Size factors	1.0196	1.0108	1.0123
3n. Current premium PMPM for 10/1/13 effective date (3i x 3j x 3k x 3l x 3m)	\$436.11	\$470.63	\$464.45
4. Supportable Pricing Adjustment (2d / 3n -1)	-8.7%	-1.1%	-2.4%
(rate adjustment required to achieve 73% loss ratio)			

UNITED HEALTHCARE
HEALTHCARE ECONOMICS

Exhibit T

DISTRICT OF COLUMBIA PRICING TREND DEVELOPMENT
APRIL 2013 RATE FILING SUPPORT

SG PRICING TREND BY COMPONENT

SMALL GROUP PRICING TREND BY COMPONENT									
	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>
Total Proposed Pricing Trend	[6]	7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Utilization / Service Mix	[1] , [2]	0.1%	5.1%	4.4%	4.0%	0.0%	3.5%	4.2%	3.6%
Unit Cost	[3]	6.0%	5.4%	3.7%	4.7%	2.3%	4.8%	4.8%	4.8%
Benefit Leveraging	[4]	0.2%	0.7%	1.2%	0.9%	0.2%	0.8%	1.8%	0.9%
Margin		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
<u>Demographic Change</u>	[5]	<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>
Sub-Total Claims Trend		7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Management Adjustment		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Rate Factors

Exhibit 1

(1) Starting Base Rates

EPO: \$548.33 medical
\$174.31 prescription drugs

POS: \$564.78 medical
\$174.31 prescription drugs

(2) Benefit Plan Ratios

CH/INS (EPO) Plans							
Product	Plan Name			Metal Level	Actuarial Value	Medical Ratio	Rx Ratio
	Medical		Rx				
	Exchange						
	Off	On					
EPO	C40	VBY	ZV	Platinum	88.2%	0.8328	0.5009
EPO	EY1	V63	ZU	Platinum	90.7%	0.8798	0.5258
EPO	E43	V7W	YM	Platinum	88.5%	0.8559	0.4861
EPO	E47	V7Y	ZR	Platinum	88.5%	0.8583	0.4620
EPO	E5N	V71	ZU	Platinum	91.9%	0.9020	0.5258
EPO	EYW	V61	ZV	Platinum	89.0%	0.8477	0.5009
EPO-HSA	DW7	VDN	A0	Gold	78.5%	0.7562	0.0102
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.7562	0.0000
EPO-HSA	DXP	VDP	A0	Gold	78.1%	0.8436	0.0102
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.8436	0.0000
EPO	EZJ	V67	A0	Gold	79.5%	0.6980	0.5135
EPO	EZJ	V67	YM	Gold	78.8%	0.6980	0.4861
EPO	EZ2	V7D	C0	Gold	79.1%	0.7145	0.4065
EPO	E22	V7D	ZT	Gold	78.9%	0.7145	0.4238
EPO	E0P	V7J	A0	Gold	78.9%	0.6797	0.5135
EPO	E0P	V7J	YM	Gold	78.3%	0.6797	0.4861
EPO	E0X	V7L	A0	Gold	81.6%	0.7348	0.5135
EPO	E0X	V7L	YM	Gold	81.1%	0.7348	0.4861
EPO	EY5	V65	A0	Gold	81.4%	0.7204	0.5135
EPO	EY5	V65	YM	Gold	80.9%	0.7204	0.4861
EPO	EZS	V69	B0	Gold	78.1%	0.6932	0.4626
EPO	EZS	V69	ZS	Gold	78.7%	0.6932	0.4417
EPO	E0H	V7H	A0	Gold	79.7%	0.7199	0.5135
EPO	E0H	V7H	ZR	Gold	79.1%	0.7199	0.4620
EPO	EZ9	V7F	A0	Gold	79.9%	0.7182	0.5135
EPO	EZ9	V7F	ZS	Gold	78.5%	0.7182	0.4417
EPO-HSA	DXV	VDI	YM	Silver	70.2%	0.6543	0.0120
EPO-HSA	DXV	VDI	ZX	Silver	69.7%	0.6543	0.0000
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.6635	0.0120
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.6635	0.0000
EPO-HSA	DYJ	VDI	YM	Silver	71.0%	0.6671	0.0120
EPO-HSA	DYJ	VDI	ZX	Silver	70.1%	0.6671	0.0000
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.6442	0.0120
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.6442	0.0000
EPO	E06	V7N	ZT	Silver	70.8%	0.6079	0.4238
EPO	E06	V7N	ZY	Silver	69.9%	0.6079	0.3650
EPO	E2M	V7Q	D0	Silver	71.5%	0.6124	0.3814
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.6124	0.3250
EPO	E2U	V7S	ZT	Silver	70.0%	0.6030	0.4238
EPO	E2U	V7S	ZY	Silver	68.8%	0.6030	0.3650
EPO	E26	V7U	ZT	Silver	70.5%	0.6104	0.4238
EPO	E26	V7U	ZY	Silver	69.0%	0.6104	0.3650
EPO	E18	V7O	ZT	Silver	70.5%	0.6128	0.4238
EPO	E18	V7O	ZY	Silver	68.4%	0.6128	0.3650
EPO	DWZ	VDK	YM	Bronze	60.9%	0.5519	0.0120
EPO	DW2	VDL	YM	Bronze	61.5%	0.5564	0.0120
EPO	DW4	VDM	YM	Bronze	59.3%	0.6213	0.0120

CH+/INS (POS) Plans							
Product	Plan Name			Metal Level	Actuarial Value	Medical Ratio	Rx Ratio
	Medical		Rx				
	Exchange						
	Off	On					
POS	CSZ	VBZ	ZV	Platinum	88.2%	0.8301	0.5009
POS	EY2	V64	ZU	Platinum	90.7%	0.8759	0.5258
POS	E44	V7X	YM	Platinum	88.5%	0.8504	0.4861
POS	E48	V7Z	ZR	Platinum	88.5%	0.8511	0.4620
POS	E50	V72	ZU	Platinum	91.9%	0.8973	0.5258
POS	EYX	V62	ZV	Platinum	89.0%	0.8445	0.5009
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.7573	0.0102
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.7573	0.0000
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.8442	0.0102
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.8442	0.0000
POS	EZL	V68	A0	Gold	79.5%	0.6969	0.5135
POS	EZL	V68	YM	Gold	78.8%	0.6969	0.4861
POS	EZ4	V7E	C0	Gold	79.1%	0.7135	0.4065
POS	EZ4	V7E	ZT	Gold	78.9%	0.7135	0.4238
POS	E0R	V7K	A0	Gold	78.9%	0.6796	0.5135
POS	E0R	V7K	YM	Gold	78.3%	0.6796	0.4861
POS	EY7	V66	A0	Gold	81.4%	0.7191	0.5135
POS	EY7	V66	YM	Gold	80.9%	0.7191	0.4861
POS	EZU	V7C	B0	Gold	78.1%	0.6925	0.4626
POS	EZU	V7C	ZS	Gold	78.7%	0.6925	0.4417
POS	E0Z	V7M	A0	Gold	81.6%	0.7331	0.5135
POS	E0Z	V7M	YM	Gold	81.1%	0.7331	0.4861
POS	E0J	V7I	A0	Gold	79.7%	0.7188	0.5135
POS	E0J	V7I	ZR	Gold	79.1%	0.7188	0.4620
POS	E0C	V7G	A0	Gold	79.9%	0.7169	0.5135
POS	E0C	V7G	ZS	Gold	78.5%	0.7169	0.4417
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.6540	0.0120
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.6540	0.0000
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.6644	0.0120
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.6644	0.0000
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.6671	0.0120
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.6671	0.0000
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.6447	0.0018
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.6447	0.0000
POS	E20	V7R	D0	Silver	71.5%	0.6107	0.3814
POS	E20	V7R	ZZ	Silver	69.2%	0.6107	0.3250
POS	E2W	V7T	ZT	Silver	70.0%	0.6015	0.4238
POS	E2W	V7T	ZY	Silver	68.8%	0.6015	0.3650
POS	E28	V7V	ZT	Silver	70.5%	0.6092	0.4238
POS	E28	V7V	ZY	Silver	69.0%	0.6092	0.3650
POS	E2E	V7P	ZT	Silver	70.5%	0.6121	0.4238
POS	E2E	V7P	ZY	Silver	68.4%	0.6121	0.3650

(3) Trend Factors

Effective Quarter	Factor
1st Quarter, 2014	1.000
2nd Quarter, 2014	1.026
3rd Quarter, 2014	1.052
4th Quarter, 2014	1.079

(4) Age Factors

Age	Factor	Age	Factor	Age	Factor	Age	Factor
0-20	0.727	32	0.727	44	1.137	56	1.801
21	0.727	33	0.727	45	1.181	57	1.871
22	0.727	34	0.727	46	1.227	58	1.944
23	0.727	35	0.805	47	1.275	59	2.020
24	0.727	36	0.836	48	1.325	60	2.099
25	0.727	37	0.869	49	1.377	61	2.181
26	0.727	38	0.903	50	1.431	62	2.181
27	0.727	39	0.938	51	1.487	63	2.181
28	0.727	40	0.975	52	1.545	64 & older	2.181
29	0.727	41	1.013	53	1.605		
30	0.727	42	1.053	54	1.668		
31	0.727	43	1.094	55	1.733		

Product	Plan Name			Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network					Out-of-Network					Copayments							Medical Deduct. Type	Rx																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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EPO	C40	VBY	ZV	Platinum 3	PL3.SBN.CHC.I.14.DC	152550.RDR.RXSNB.NET.I.14.DC.SB	88.2%	\$250	\$500	90%	\$2,500	\$5,000																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		

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POS	EY7	V66	YM	Gold 10	GO10.SBN.CHP.I.14.DC	104075.RDR.RXSBN.PLS.I.14.DC.SB	80.9%	\$500	\$1,000	80%	\$4,500	\$9,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																</

Rate and Rate Factor Changes, and Development of 1st Quarter 2014 Base Rates

Age Factors: Change to new 2014 DC age factors: see Exhibit 1.

Other Rating Factors: Industry, group size and risk adjustment factors all set to 1.000.

Development of Base Rates:

<u>License</u>	<u>Product</u>	<u>Current 4Q13 Base Rates with Trend</u>			<u>Proposed * Base Rates on a Revenue Neutral Basis (col a)</u>	<u>Rate Increases from 4Q13 to 1Q14</u>							<u>Proposed 1Q14 Base Rates (= a x b)</u>
		<u>Base Rate</u>	<u>Trend Factor</u>	<u>Total Rate</u>		<u>1 Qtr Trend</u>	<u>PPACA Fees</u>	<u>EHB</u>	<u>Market Adj</u>	<u>Exper. Adj</u>	<u>Risk Adj</u>	<u>Total (col b)</u>	
OCI	Gatekeeper HMO	173.96	2.113	367.58	420.31	1.026	1.035	1.016	1.013	0.976	1.143	1.219	512.46
	Gatekeeper HMP	198.00	2.113	418.37	432.92	1.026	1.035	1.016	1.013	0.976	1.143	1.219	527.83
	Rx	59.71	2.113	126.17	142.96	1.026	1.035	1.016	1.013	0.976	1.143	1.219	174.31
UHIC	EPO	174.68	2.546	444.74	449.74	1.026	1.035	1.016	1.013	0.976	1.143	1.219	548.33
	POS	206.13	2.546	524.81	463.23	1.026	1.035	1.016	1.013	0.976	1.143	1.219	564.78
	Rx	55.53	2.546	141.38	142.96	1.026	1.035	1.016	1.013	0.976	1.143	1.219	174.31

* Rates when apply:

- New age factors
 - All industry, group size, and risk adjustment factors set to 1.000, and
 - New rate relationships between products:
 - +7.0% for gatekeeper to Choice, and
 - +3.0% for in-network only products to products with an out-of-network benefit,
- to the total February, 2013 inforce book of business using:
- Each group's product, and each members's age,
- produces the same total (for OCI + UHIC) revenue as the current 4Q13 rates and rating factors.

Formula & Example

Exhibit 4

Rate Calculation Formula

Monthly premium =

(Medical starting base rate x Medical plan ratio) +
(Rx starting base rate x Rx plan ratio)
x Trend factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan EZ2 with Rx C0

Effective Date: 4/1/14

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	0.727	0.727
EE #2	35	36	5	9	0.805	0.836	0.727	0.727
EE #3	53	55	19		1.605	1.733	0.727	

Total Members: 11

Sum of Age Factors: 10.721

Rate Calculation

	Rating Factor	Exhibit 1 Location
\$548.33	Medical Base Rate	(1)
0.7145	Benefit Plan Ratio (EZ2)	(2)
\$174.31	Rx Base Rate	(1)
0.4065	Rx Plan Ratio (C0)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$5,088.91</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - UHIC

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	9,190	3,849,240	2,728,257	296.87	70.9%
Feb-12	9,374	3,954,953	2,599,181	277.28	65.7%
Mar-12	9,291	3,940,405	3,072,182	330.66	78.0%
Apr-12	9,175	3,912,866	2,698,096	294.07	69.0%
May-12	9,141	3,922,974	2,724,351	298.04	69.4%
Jun-12	9,136	3,940,596	2,604,675	285.10	66.1%
Jul-12	9,204	3,986,074	2,402,937	261.08	60.3%
Aug-12	9,266	4,007,942	2,720,091	293.56	67.9%
Sep-12	9,338	4,011,619	2,222,794	238.04	55.4%
Oct-12	9,083	3,934,272	2,431,348	267.68	61.8%
Nov-12	9,057	3,931,358	2,677,794	295.66	68.1%
Dec-12	8,920	3,876,665	2,446,344	274.25	63.1%
Total	110,175	47,268,964	31,328,050	284.35	66.3%

Explanation, Support & Development of PPACA Fee Increases

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. The two largest cost impacts both take effect with calendar year 2014 earned premiums.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. The Oliver Wyman report "Simulation of the Impact of the Annual Fees on Insurers Using 2011 Data", dated June 27, 2012, estimates that the denominator premiums to which this fee will be applied will be \$527.085 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a % of premium, the needed fee is $\$8B \text{ Insurer Fee} / \$527.085 \text{ Net Industry Premiums} / 65\% \text{ FIT} = 2.3\%$.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. HHS has proposed a \$5.25 pmpm assessment for 2014, or an estimated 1.1% of DC small group premiums.

The total needed PPACA fee increase is 3.5% (2.3% for Insurer Fee, plus 1.2% for Reinsurance Assessment).

The below details the calculation of the Insurer Fee and Reinsurance Assessment.

Calculation of 2014 Fees Impact

Insurer Fee Impact Calculation

Insurer Fee in 2014 (Billions)	\$8
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
Insurer Fee as % of Health Insurance Premiums	1.5%
Gross Up by Federal Income Tax (35%)	2.3%

*from Oliver Wyman Study published on June 27, 2012

Reinsurance Assessment Impact Calculation

Reinsurance Assessment Per Member Per Month - HHS Proposed	\$5.25
Reinsurance Fee as a Percent of Premium	1.2%

DC Small Group Rate Review - Development of Experience Adjustment

	OCI	UHIC	Total
1. Experience 1/1/12-13			
1a. Member Months	24,034	110,175	134,209
1b. Average Mbrs (1a/12)	2,003	9,181	11,184
1c. Incurred Claims	\$5,846,466	\$31,328,050	\$37,174,516
1d. Claim PMPM (1c/1a)	\$243.26	\$284.35	\$276.99
1e. Earned Premium	\$11,537,610	\$47,268,964	\$58,806,574
1f. Premium PMPM (1e/1a)	\$480.05	\$429.04	\$438.17
1g. Loss Ratio (1c/1e)	50.7%	66.3%	63.2%
2. Needed Revenue for 10/1/13 Effective Date			
2a. Claim trend	1.195	1.195	1.195
From center of experience period: 7/1/12			
to center of 10/1/13 pricing period: 4/1/14			
(21 months at 10.7% annual rate)			
2b. Claim cost subtotal (1d x 2a)	\$290.62	\$339.71	\$330.92
2c. Target loss ratio	73.0%	73.0%	73.0%
2d. Needed revenue PMPM for 10/1/13 effective date (2b/2c)	\$398.11	\$465.36	\$453.31
3. Current Manual Rate 10/1/13			
3a. Medical base rate 10/1/2013	\$178.47	\$199.99	\$196.14
3b. Average medical plan relativity	0.9034	0.8715	0.8772
3c. Medical pricing trend factor	2.113	2.546	2.468
<u>3d. Subtotal: Medical (3a x 3b x 3c)</u>	<u>\$340.68</u>	<u>\$443.76</u>	<u>\$425.30</u>
3e. Pharmacy base rate 10/1/2013	\$59.71	\$55.53	\$56.28
3f. Average Rx plan relativity	0.5048	0.4396	0.4513
3g. Rx pricing trend factor	2.113	2.546	2.468
<u>3h. Subtotal: Pharmacy (3e x 3f x 3g)</u>	<u>\$63.69</u>	<u>\$62.16</u>	<u>\$62.43</u>
<u>3i. Subtotal: Medical+Pharmacy (3d + 3h)</u>	<u>\$404.37</u>	<u>\$505.92</u>	<u>\$487.73</u>
3j. Age/Sex Factors	1.0610	0.9485	0.9687
3k. Area factors	1.0000	1.0000	1.0000
3l. Industry factors	0.9969	0.9703	0.9751
3m. Size factors	1.0196	1.0108	1.0123
3n. Current premium PMPM for 10/1/13 effective date (3i x 3j x 3k x 3l x 3m)	\$436.11	\$470.63	\$464.45
4. Supportable Pricing Adjustment (2d / 3n -1)	-8.7%	-1.1%	-2.4%
(rate adjustment required to achieve 73% loss ratio)			

UNITED HEALTHCARE
HEALTHCARE ECONOMICS

Exhibit T

DISTRICT OF COLUMBIA PRICING TREND DEVELOPMENT
APRIL 2013 RATE FILING SUPPORT

SG PRICING TREND BY COMPONENT

SMALL GROUP PRICING TREND BY COMPONENT									
	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>
Total Proposed Pricing Trend	[6]	7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Utilization / Service Mix	[1] , [2]	0.1%	5.1%	4.4%	4.0%	0.0%	3.5%	4.2%	3.6%
Unit Cost	[3]	6.0%	5.4%	3.7%	4.7%	2.3%	4.8%	4.8%	4.8%
Benefit Leveraging	[4]	0.2%	0.7%	1.2%	0.9%	0.2%	0.8%	1.8%	0.9%
Margin		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
<u>Demographic Change</u>	[5]	<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>
Sub-Total Claims Trend		7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Management Adjustment		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Rate Factors

Exhibit 1

(1) Starting Base Rates

EPO: \$548.33 medical
\$174.31 prescription drugs

POS: \$564.78 medical
\$174.31 prescription drugs

(2) Benefit Plan Ratios

CH/INS (EPO) Plans							
Product	Plan Name			Metal Level	Actuarial Value	Medical Ratio	Rx Ratio
	Medical		Rx				
	Exchange						
	Off	On					
EPO	C40	VBY	ZV	Platinum	88.2%	0.8328	0.5009
EPO	EY1	V63	ZU	Platinum	90.7%	0.8798	0.5258
EPO	E43	V7W	YM	Platinum	88.5%	0.8559	0.4861
EPO	E47	V7Y	ZR	Platinum	88.5%	0.8583	0.4620
EPO	E5N	V71	ZU	Platinum	91.9%	0.9020	0.5258
EPO	EYW	V61	ZV	Platinum	89.0%	0.8477	0.5009
EPO-HSA	DW7	VDN	A0	Gold	78.5%	0.7562	0.0102
EPO-HSA	DW7	VDN	YM	Gold	78.4%	0.7562	0.0000
EPO-HSA	DXP	VDP	A0	Gold	78.1%	0.8436	0.0102
EPO-HSA	DXP	VDP	YM	Gold	78.0%	0.8436	0.0000
EPO	EZJ	V67	A0	Gold	79.5%	0.6980	0.5135
EPO	EZJ	V67	YM	Gold	78.8%	0.6980	0.4861
EPO	E2Z	V7D	C0	Gold	79.1%	0.7145	0.4065
EPO	E2Z	V7D	ZT	Gold	78.9%	0.7145	0.4238
EPO	E0P	V7J	A0	Gold	78.9%	0.6797	0.5135
EPO	E0P	V7J	YM	Gold	78.3%	0.6797	0.4861
EPO	E0X	V7L	A0	Gold	81.6%	0.7348	0.5135
EPO	E0X	V7L	YM	Gold	81.1%	0.7348	0.4861
EPO	EY5	V65	A0	Gold	81.4%	0.7204	0.5135
EPO	EY5	V65	YM	Gold	80.9%	0.7204	0.4861
EPO	EZS	V69	B0	Gold	78.1%	0.6932	0.4626
EPO	EZS	V69	ZS	Gold	78.7%	0.6932	0.4417
EPO	E0H	V7H	A0	Gold	79.7%	0.7199	0.5135
EPO	E0H	V7H	ZR	Gold	79.1%	0.7199	0.4620
EPO	EZ9	V7F	A0	Gold	79.9%	0.7182	0.5135
EPO	EZ9	V7F	ZS	Gold	78.5%	0.7182	0.4417
EPO-HSA	DXY	VDI	YM	Silver	70.2%	0.6543	0.0120
EPO-HSA	DXY	VDI	ZX	Silver	69.7%	0.6543	0.0000
EPO-HSA	DX9	VDR	YM	Silver	70.4%	0.6635	0.0120
EPO-HSA	DX9	VDR	ZX	Silver	69.3%	0.6635	0.0000
EPO-HSA	DYJ	VDI	YM	Silver	71.0%	0.6671	0.0120
EPO-HSA	DYJ	VDI	ZX	Silver	70.1%	0.6671	0.0000
EPO-HSA	DYP	VDV	YM	Silver	69.1%	0.6442	0.0120
EPO-HSA	DYP	VDV	ZX	Silver	68.3%	0.6442	0.0000
EPO	E06	V7N	ZT	Silver	70.8%	0.6079	0.4238
EPO	E06	V7N	ZY	Silver	69.9%	0.6079	0.3650
EPO	E2M	V7Q	D0	Silver	71.5%	0.6124	0.3814
EPO	E2M	V7Q	ZZ	Silver	69.2%	0.6124	0.3250
EPO	E2U	V7S	ZT	Silver	70.0%	0.6030	0.4238
EPO	E2U	V7S	ZY	Silver	68.8%	0.6030	0.3650
EPO	E26	V7U	ZT	Silver	70.5%	0.6104	0.4238
EPO	E26	V7U	ZY	Silver	69.0%	0.6104	0.3650
EPO	E18	V7O	ZT	Silver	70.5%	0.6128	0.4238
EPO	E18	V7O	ZY	Silver	68.4%	0.6128	0.3650
EPO	DWZ	VDK	YM	Bronze	60.9%	0.5519	0.0120
EPO	DW2	VDL	YM	Bronze	61.5%	0.5564	0.0120
EPO	DW4	VDM	YM	Bronze	59.3%	0.6213	0.0120

CH+/INS (POS) Plans							
Product	Plan Name			Metal Level	Actuarial Value	Medical Ratio	Rx Ratio
	Medical		Rx				
	Exchange						
	Off	On					
POS	CSZ	VBZ	ZV	Platinum	88.2%	0.8301	0.5009
POS	EY2	V64	ZU	Platinum	90.7%	0.8759	0.5258
POS	E44	V7X	YM	Platinum	88.5%	0.8504	0.4861
POS	E48	V7Z	ZR	Platinum	88.5%	0.8511	0.4620
POS	E50	V72	ZU	Platinum	91.9%	0.8973	0.5258
POS	EYX	V62	ZV	Platinum	89.0%	0.8445	0.5009
POS-HSA	DXL	VDO	A0	Gold	78.5%	0.7573	0.0102
POS-HSA	DXL	VDO	YM	Gold	78.4%	0.7573	0.0000
POS-HSA	DXR	VDQ	A0	Gold	78.1%	0.8442	0.0102
POS-HSA	DXR	VDQ	YM	Gold	78.0%	0.8442	0.0000
POS	EZL	V68	A0	Gold	79.5%	0.6969	0.5135
POS	EZL	V68	YM	Gold	78.8%	0.6969	0.4861
POS	E24	V7E	C0	Gold	79.1%	0.7135	0.4065
POS	E24	V7E	ZT	Gold	78.9%	0.7135	0.4238
POS	E0R	V7K	A0	Gold	78.9%	0.6796	0.5135
POS	E0R	V7K	YM	Gold	78.3%	0.6796	0.4861
POS	EY7	V66	A0	Gold	81.4%	0.7191	0.5135
POS	EY7	V66	YM	Gold	80.9%	0.7191	0.4861
POS	EZU	V7C	B0	Gold	78.1%	0.6925	0.4626
POS	EZU	V7C	ZS	Gold	78.7%	0.6925	0.4417
POS	E0Z	V7M	A0	Gold	81.6%	0.7331	0.5135
POS	E0Z	V7M	YM	Gold	81.1%	0.7331	0.4861
POS	E0J	V7I	A0	Gold	79.7%	0.7188	0.5135
POS	E0J	V7I	ZR	Gold	79.1%	0.7188	0.4620
POS	E0C	V7G	A0	Gold	79.9%	0.7169	0.5135
POS	E0C	V7G	ZS	Gold	78.5%	0.7169	0.4417
POS-HSA	DXX	VDJ	YM	Silver	70.2%	0.6540	0.0120
POS-HSA	DXX	VDJ	ZX	Silver	69.7%	0.6540	0.0000
POS-HSA	DX7	VDS	YM	Silver	70.4%	0.6644	0.0120
POS-HSA	DX7	VDS	ZX	Silver	69.3%	0.6644	0.0000
POS-HSA	DYI	VDU	YM	Silver	71.0%	0.6671	0.0120
POS-HSA	DYI	VDU	ZX	Silver	70.1%	0.6671	0.0000
POS-HSA	DYQ	VDW	YM	Silver	69.1%	0.6447	0.0018
POS-HSA	DYQ	VDW	ZX	Silver	68.3%	0.6447	0.0000
POS	E20	V7R	D0	Silver	71.5%	0.6107	0.3814
POS	E20	V7R	ZZ	Silver	69.2%	0.6107	0.3250
POS	E2W	V7T	ZT	Silver	70.0%	0.6015	0.4238
POS	E2W	V7T	ZY	Silver	68.8%	0.6015	0.3650
POS	E28	V7V	ZT	Silver	70.5%	0.6092	0.4238
POS	E28	V7V	ZY	Silver	69.0%	0.6092	0.3650
POS	E2E	V7P	ZT	Silver	70.5%	0.6121	0.4238
POS	E2E	V7P	ZY	Silver	68.4%	0.6121	0.3650

(3) Trend Factors

Effective Quarter	Factor
1st Quarter, 2014	1.000
2nd Quarter, 2014	1.026
3rd Quarter, 2014	1.052
4th Quarter, 2014	1.079

(4) Age Factors

Age	Factor	Age	Factor	Age	Factor	Age	Factor
0-20	0.727	32	0.727	44	1.137	56	1.801
21	0.727	33	0.727	45	1.181	57	1.871
22	0.727	34	0.727	46	1.227	58	1.944
23	0.727	35	0.805	47	1.275	59	2.020
24	0.727	36	0.836	48	1.325	60	2.099
25	0.727	37	0.869	49	1.377	61	2.181
26	0.727	38	0.903	50	1.431	62	2.181
27	0.727	39	0.938	51	1.487	63	2.181
28	0.727	40	0.975	52	1.545	64 & older	2.181
29	0.727	41	1.013	53	1.605		
30	0.727	42	1.053	54	1.668		
31	0.727	43	1.094	55	1.733		

Product	Plan Name			Metal Level	Medical Schedule of Benefits Form #	Rx Schedule of Benefits Form #	Act'l Value	In-Network					Out-of-Network					Copayments							Medical Deduct. Type	Rx																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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POS	EY7	V66	YM	Gold 10	GO10.SBN.CHP.I.14.DC	104075.RDR.RXSBN.PLS.I.14.DC.SB	80.9%	\$500	\$1,000	80%	\$4,500	\$9,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		</

Rate and Rate Factor Changes, and Development of 1st Quarter 2014 Base Rates

Age Factors: Change to new 2014 DC age factors: see Exhibit 1.

Other Rating Factors: Industry, group size and risk adjustment factors all set to 1.000.

Development of Base Rates:

<u>License</u>	<u>Product</u>	Current 4Q13 Base Rates with Trend			Proposed * Base Rates on a Revenue Neutral Basis (col a)	Rate Increases from 4Q13 to 1Q14							Proposed 1Q14 Base Rates (= a x b)
		Base Rate	Trend Factor	Total Rate		1 Qtr Trend	PPACA Fees	EHF	Market Adj	Exper. Adj	Risk Adj	Total	
			x	=			x		x			(col b)	
OCI	Gatekeeper HMO	173.96	2.113	367.58	420.31	1.026	1.035	1.016	1.013	0.976	1.143	1.219	512.46
	Gatekeeper HMP	198.00	2.113	418.37	432.92	1.026	1.035	1.016	1.013	0.976	1.143	1.219	527.83
	Rx	59.71	2.113	126.17	142.96	1.026	1.035	1.016	1.013	0.976	1.143	1.219	174.31
UHIC	EPO	174.68	2.546	444.74	449.74	1.026	1.035	1.016	1.013	0.976	1.143	1.219	548.33
	POS	206.13	2.546	524.81	463.23	1.026	1.035	1.016	1.013	0.976	1.143	1.219	564.78
	Rx	55.53	2.546	141.38	142.96	1.026	1.035	1.016	1.013	0.976	1.143	1.219	174.31

* Rates when apply:

- New age factors
 - All industry, group size, and risk adjustment factors set to 1.000, and
 - New rate relationships between products:
 - +7.0% for gatekeeper to Choice, and
 - +3.0% for in-network only products to products with an out-of-network benefit,
- to the total February, 2013 inforce book of business using:
- Each group's product, and each members's age,
- produces the same total (for OCI + UHIC) revenue as the current 4Q13 rates and rating factors.

Formula & Example

Exhibit 4

Rate Calculation Formula

Monthly premium =

(Medical starting base rate x Medical plan ratio) +
(Rx starting base rate x Rx plan ratio)
x Trend factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan EZ2 with Rx C0

Effective Date: 4/1/14

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	0.727	0.727
EE #2	35	36	5	9	0.805	0.836	0.727	0.727
EE #3	53	55	19		1.605	1.733	0.727	

Total Members: 11

Sum of Age Factors: 10.721

Rate Calculation

	Rating Factor	Exhibit 1 Location
\$548.33	Medical Base Rate	(1)
0.7145	Benefit Plan Ratio (EZ2)	(2)
\$174.31	Rx Base Rate	(1)
0.4065	Rx Plan Ratio (C0)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$5,088.91</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - UHIC

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	9,190	3,849,240	2,728,257	296.87	70.9%
Feb-12	9,374	3,954,953	2,599,181	277.28	65.7%
Mar-12	9,291	3,940,405	3,072,182	330.66	78.0%
Apr-12	9,175	3,912,866	2,698,096	294.07	69.0%
May-12	9,141	3,922,974	2,724,351	298.04	69.4%
Jun-12	9,136	3,940,596	2,604,675	285.10	66.1%
Jul-12	9,204	3,986,074	2,402,937	261.08	60.3%
Aug-12	9,266	4,007,942	2,720,091	293.56	67.9%
Sep-12	9,338	4,011,619	2,222,794	238.04	55.4%
Oct-12	9,083	3,934,272	2,431,348	267.68	61.8%
Nov-12	9,057	3,931,358	2,677,794	295.66	68.1%
Dec-12	8,920	3,876,665	2,446,344	274.25	63.1%
Total	110,175	47,268,964	31,328,050	284.35	66.3%

Explanation, Support & Development of PPACA Fee Increases

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. The two largest cost impacts both take effect with calendar year 2014 earned premiums.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. The Oliver Wyman report "Simulation of the Impact of the Annual Fees on Insurers Using 2011 Data", dated June 27, 2012, estimates that the denominator premiums to which this fee will be applied will be \$527.085 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a % of premium, the needed fee is $\$8B \text{ Insurer Fee} / \$527.085 \text{ Net Industry Premiums} / 65\% \text{ FIT} = 2.3\%$.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. HHS has proposed a \$5.25 pmpm assessment for 2014, or an estimated 1.1% of DC small group premiums.

The total needed PPACA fee increase is 3.5% (2.3% for Insurer Fee, plus 1.2% for Reinsurance Assessment).

The below details the calculation of the Insurer Fee and Reinsurance Assessment.

Calculation of 2014 Fees Impact

Insurer Fee Impact Calculation

Insurer Fee in 2014 (Billions)	\$8
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
Insurer Fee as % of Health Insurance Premiums	1.5%
Gross Up by Federal Income Tax (35%)	2.3%

*from Oliver Wyman Study published on June 27, 2012

Reinsurance Assessment Impact Calculation

Reinsurance Assessment Per Member Per Month - HHS Proposed	\$5.25
Reinsurance Fee as a Percent of Premium	1.2%

DC Small Group Rate Review - Development of Experience Adjustment

	OCI	UHIC	Total
1. Experience 1/1/12-13			
1a. Member Months	24,034	110,175	134,209
1b. Average Mbrs (1a/12)	2,003	9,181	11,184
1c. Incurred Claims	\$5,846,466	\$31,328,050	\$37,174,516
1d. Claim PMPM (1c/1a)	\$243.26	\$284.35	\$276.99
1e. Earned Premium	\$11,537,610	\$47,268,964	\$58,806,574
1f. Premium PMPM (1e/1a)	\$480.05	\$429.04	\$438.17
1g. Loss Ratio (1c/1e)	50.7%	66.3%	63.2%
2. Needed Revenue for 10/1/13 Effective Date			
2a. Claim trend	1.195	1.195	1.195
From center of experience period: 7/1/12			
to center of 10/1/13 pricing period: 4/1/14			
(21 months at 10.7% annual rate)			
2b. Claim cost subtotal (1d x 2a)	\$290.62	\$339.71	\$330.92
2c. Target loss ratio	73.0%	73.0%	73.0%
2d. Needed revenue PMPM for 10/1/13 effective date (2b/2c)	\$398.11	\$465.36	\$453.31
3. Current Manual Rate 10/1/13			
3a. Medical base rate 10/1/2013	\$178.47	\$199.99	\$196.14
3b. Average medical plan relativity	0.9034	0.8715	0.8772
3c. Medical pricing trend factor	2.113	2.546	2.468
<u>3d. Subtotal: Medical (3a x 3b x 3c)</u>	<u>\$340.68</u>	<u>\$443.76</u>	<u>\$425.30</u>
3e. Pharmacy base rate 10/1/2013	\$59.71	\$55.53	\$56.28
3f. Average Rx plan relativity	0.5048	0.4396	0.4513
3g. Rx pricing trend factor	2.113	2.546	2.468
<u>3h. Subtotal: Pharmacy (3e x 3f x 3g)</u>	<u>\$63.69</u>	<u>\$62.16</u>	<u>\$62.43</u>
<u>3i. Subtotal: Medical+Pharmacy (3d + 3h)</u>	<u>\$404.37</u>	<u>\$505.92</u>	<u>\$487.73</u>
3j. Age/Sex Factors	1.0610	0.9485	0.9687
3k. Area factors	1.0000	1.0000	1.0000
3l. Industry factors	0.9969	0.9703	0.9751
3m. Size factors	1.0196	1.0108	1.0123
3n. Current premium PMPM for 10/1/13 effective date (3i x 3j x 3k x 3l x 3m)	\$436.11	\$470.63	\$464.45
4. Supportable Pricing Adjustment (2d / 3n -1)	-8.7%	-1.1%	-2.4%
(rate adjustment required to achieve 73% loss ratio)			

UNITED HEALTHCARE
HEALTHCARE ECONOMICS

Exhibit T

DISTRICT OF COLUMBIA PRICING TREND DEVELOPMENT
APRIL 2013 RATE FILING SUPPORT

SG PRICING TREND BY COMPONENT

SMALL GROUP PRICING TREND BY COMPONENT									
	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>
Total Proposed Pricing Trend	[6]	7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Utilization / Service Mix	[1] , [2]	0.1%	5.1%	4.4%	4.0%	0.0%	3.5%	4.2%	3.6%
Unit Cost	[3]	6.0%	5.4%	3.7%	4.7%	2.3%	4.8%	4.8%	4.8%
Benefit Leveraging	[4]	0.2%	0.7%	1.2%	0.9%	0.2%	0.8%	1.8%	0.9%
Margin		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
<u>Demographic Change</u>	[5]	<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>
Sub-Total Claims Trend		7.5%	12.7%	10.7%	11.0%	3.6%	10.4%	12.3%	10.7%
Management Adjustment		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Actuarial Memorandum
UnitedHealthcare Insurance Company, NAIC #79413
DC Small Group Rate Filing

May 15, 2013

This rate filing presents proposed premium rates effective January 1, 2014 through December 31, 2014 for new medical and Rx benefit plans to be sold by the UnitedHealthcare Insurance Company to small group employers (employers with 50 or fewer eligible employees).

The benefit plans and rates are for non-grandfathered employers, and are for both on and off-exchange. The proposed rates and rate factors are in Exhibit 1. Benefit plan descriptions are in Exhibit 2, which also displays the metal level and actuarial value of each benefit plan. Rates are presented for 89 new plans: 47 EPO (exclusive provider) and 42 POS (point-of-service, includes out-of-network benefits) plans.

Purpose of Filing. UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

In addition to new 1/1/14 effective rates, for each of the last 3 quarters in 2014 we are filing for a 2.57% quarterly trend increase (equivalent to an annual 10.7% trend rate).

A. Description of Benefits. Benefit plan descriptions are in Exhibit 2.

B. Issue Age Range. All ages.

C. Marketing Method. The products will be offered on the exchange, and also marketed through independent brokers and consultants.

D. Premium Basis. Member level rating.

E. Nature of Rate Change and Proposed Rate/Methodology Change. These are new rates for new products on new policy forms, no current rates exist for these forms or plans.

F. For Each Change, Indication if New or Modified. These are new policy forms.

G. For Each Change, Comparison to Status Quo. These are new policy forms.

H. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology. These are new policy forms.

I. Annual Rate Change for DC Policyholders. These are new policy forms, there are no current rates for these forms.

While these are new products and forms, we will be offering these plans to our current small group business. The rate changes indicated in this actuarial memorandum are from our current 2013 rates on this business.

The rates in this filing are for new benefit plans and use the new PPACA required rate calculation approach, which is significantly different from UnitedHealthcare's current products and rating

approach in DC. Each existing customer who wishes to continue coverage with UnitedHealthcare will have to decide which new “metal level” benefit plan they wish to move to, either to a leaner or to a richer plan, their rate change will be based on these yet unknown choices.

The average rate increases including all rate changes (rating factors, trend, PPACA fees, essential health benefits), and an estimated neutral change in benefit plan movement to the new metal plans (premium increases from customers moving up in benefits offsetting premium reductions from customers moving down in benefits), are as follows:

Incremental:

1Q14/4Q13: +21.9%
2Q14/1Q14: +2.6%
3Q14/2Q14: +2.5%
4Q14/3Q14: +2.6%

J. Base Period Experience. The base period experience represents all of UnitedHealthcare Insurance Company (UHIC) and Optimum Choice, Inc. (OCI) individual and small group business in the DC market. Note: UHIC and OCI do not market and have no Individual experience in DC. The base period claims experience is for 1/1/2012 through 12/31/2012 dates of service, for claims paid through March, 2013. The estimate included for claims incurred but not paid is \$233,333 for UnitedHealthcare Insurance Company. No adjustments have been made for large group pooling.

K. Projected Base Period Experience. All claims in the base period are believed to be for essential health benefits. The cost of additional required essential health benefits in 2014 is described in the next section “L. Manual Rate Development”. The assumptions used to develop the requested trend increases are shown in Exhibit T. In addition to unit cost and utilization, deductible (or benefit) leveraging is utilized in the trend estimate. These factors are not utilized in the trend determination: future/new benefits and/or mandates, risk profile changes, aging of population, increased portion of pool from conversion policies, and changes in gender and other demographic characteristics. No adjustments have been made to the underlying demographics of the population expected to be insured. Adjustments for projected changes in the average morbidity of the population expected to be insured in 2014 are described in the next section “L. Manual Rate Development”. No adjustments have been made projected changes in average cost sharing in force.

L. Manual Rate Development. The base experience is shown in Exhibit A.

In our rate development, we first analyzed the impact of the new required rate calculation approach (member rating by age using the new DC age factors, removal of group size, industry, and underwriting risk adjustment factors) and our proposed product price relationships. Using our February, 2013 book of business (each group’s product, and each covered member’s age) we first picked base rates by product that would be revenue neutral in total for our two DC small group licenses.

On this total-two-license revenue neutral basis, the average premium weighted rate change by license is:

Optimum Choice, Inc. (OCI):	+7.3%
UnitedHealthcare Insurance Company (UHIC):	<u>-1.6%</u>
Total:	0.0%

We are reducing the price differences between our products to the following:

In-network-only products to products with an out-of-network option: +3.0% (reduced from our current +13.8% on OCI and +18.0% on UHIC).

Gatekeeper with capitation products (OCI HMO) to Open Access products with no capitation (UHIC EPO): +7.0% (reduced from our current +21.0%).

We believe that the +3.0% and the +7.0%, respectively, are the true cost differences between these products.

After the changes to the rating factors and product price relationships, again on a total 2-license revenue neutral basis, we are then proposing these rate increases from our current 4th quarter 2013 rates:

+2.6%	Trend – one quarter at a 10.7% annual trend rate.
+3.5%	PPACA fees (insurer fee + reinsurance assessment).
+1.6%	Essential health benefits.
+1.3%	Market risk adjustments.
-2.4%	Experience adjustment.
<u>+14.3%</u>	Risk adjustment.
+21.9%	Total

Trend: The assumptions used to develop the requested trend increases are shown in Exhibit T.

PPACA Fees: The assumptions used to develop the requested PPACA fee increases are shown in Exhibit B.

Essential Health Benefits: The additional benefits in our plans are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavior analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.
 - Speech therapy: from 20 to unlimited.
 - Pulmonary rehabilitation: from 20 to unlimited.
 - Office spinal manipulation: from 20 to unlimited.
 - Home health service: from 60 to 90.

Market Risk Adjustments: The adjustment for overall changes to the small group marketplace in 2014 is +1.3%.

Experience Adjustment: We are pricing to a 73.0% target loss ratio. Please see the development in Exhibit C. Our analysis indicates that a -2.4% experience adjustment is required to price to a 73.0% loss ratio.

Risk Adjustment: Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk

payer in total for our two licenses. With the merging of the individual and small group markets in DC for risk adjustments purposes, we expect to be an additional 7.5% risk payer due to the higher morbidity of individual over small group. In total we estimate we will be a $6.8\% + 7.5\% = 14.3\%$ payer.

The development of the proposed 1st quarter 2014 base rates is presented in Exhibit 3.

M. Credibility. The combined DC experience on our two small group licenses is assumed to be credible.

N. Projected Index Rate. The index rate presented in the Unified Rate Review Template represents the average allowed claim cost per member per month for coverage of essential health benefits for the small group market, prior to adjustment for payments and charges under the risk adjustment and transitional reinsurance programs, as defined by 45 CFR 156.80(d). Allowed claims were used as the basis for developing the index rate.

O. Market-wide Adjustments to the Index Rate. Market-wide risk adjustments are described in the above section “L. Manual Rate Development”.

P. Plan Level Adjustments to the Index Rate. 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 Rx 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.

Q. Non-Benefit Expenses. The expenses assumed in the development of the proposed rates are as follows. These are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

<u>% of Premium</u>	<u>Expense Category</u>
4.5%	General administrative expenses
0.5%	Sales and marketing
3.5%	Commissions and broker fees
5.7%	Premium taxes and other taxes, licenses and fees (does not include FIT)
1.1%	Quality improvement and fraud detection
4.1%	Federal income taxes
<u>7.5%</u>	<u>Profit</u>
27.0%	Total

R. Filed Loss Ratio. The anticipated traditional loss ratio (incurred claims divided by premium) is 73.0%. The anticipated Federal MLR is 80.0%. The estimated Federal MLR adjustments are as follows:

9.8% Taxes, regulatory fees and assessments
-1.5% GAAP Medical reclass to MLR SG&A
1.2% QI/HIT Medical costs added
0.1% Bad debt
0.0% Credibility adjustment
9.6% Total

S. Actuarial Certification.

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is in compliance with 45 CFR 156.80(d)(1) and developed in compliance with applicable ASOPs.

I certify that 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.


I certify that the AV Calculator was used to determine the AV Metal Values. For plans designs that did not fit into the AV Calculator, included in the Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I certify that the rates are reasonable in relation to the benefits provided, and are not excessive, deficient nor unfairly discriminatory.

I certify that the rates comply with all applicable District of Columbia and Federal laws and regulations.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in this submitted actuarial memorandum. 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.

Sincerely,



Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

Date: May 15, 2013

T. District of Columbia Loss Ratio Analysis.

- i. Evaluation Period: 1/1/2012 – 12/31/2012
- ii. Earned Premiums: See Exhibit A.
- iii. Claims: See Exhibit A.
- iv. Number of Claims: Not available.

- v. Loss Development Factors: See Exhibit C.
- vi. Loss Ratio Demonstrations: See Exhibit C.
- vii. Permissible Loss Ratio: 80% Federal MLR.
- viii. Credibility Analysis: We believe our DC experience is credible.
- ix. Determination of Overall Annual Rate Change: See section "L. Manual Rate Development".

U. District of Columbia and Countrywide Experience.

- i. Earned Premium: See Exhibit A.
- ii. Number of policyholders: As of March, 2013: 635 group policyholders.
- iii. History of Rate Changes: Not applicable, these are new policy forms.

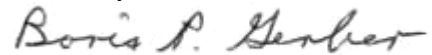
List of exhibits included in rate filing:

- Exhibit 1: Rates and rate factors.
- Exhibit 2: Benefit plan descriptions.
- Exhibit 3: Rate factor changes & development of base rates.
- Exhibit 4: Rating example.
- Exhibit A: Member months, earned premium & incurred claim experience.
- Exhibit B: Explanation, support & development of PPACA fees.
- Exhibit C: Base rate review & development of experience adjustment.
- 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,



Boris P. Gerber, FSA, MAAA
Actuary
UnitedHealthcare

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare Insurance Company

District of Columbia Rate Review

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare Insurance Company
- **State:** District of Columbia
- **HIOS Issuer ID:** 41842
- **Market:** Small Group
- **Effective Date:** 1/1/2014

Company Contact Information:

- **Primary Contact Name:** Boris Gerber
- **Primary Contact Telephone Number:** 860-702-5540
- **Primary Contact Email Address:** boris_gerber@uhc.com

Proposed Rate Increase: UnitedHealthcare is filing for the first time rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

In addition to new 1/1/14 effective rates, for each of the last 3 quarters in 2014 we are filing for a 2.57% quarterly trend increase (equivalent to an annual 10.7% trend rate).

In our rate development, we first analyzed the impact of the new required rate calculation approach (member rating by age using new DC age factors, removal of group size, industry, and underwriting risk adjustment factors) and our proposed product price relationships. Using our February, 2013 book of business (each group's product, and each covered member's age) we first picked base rates by product that would be revenue neutral in total for our two DC small group licenses.

On this total-two-license revenue neutral basis, the average premium weighted rate change by license is:

Optimum Choice, Inc. (OCI):	+7.3%
UnitedHealthcare Insurance Company (UHIC):	<u>-1.6%</u>
Total:	0.0%

We are reducing the price differences between our products to the following:

In-network-only products to products with an out-of-network option: +3.0% (reduced from our current +13.8% on OCI and +18.0% on UHIC).

Gatekeeper with capitation products (OCI HMO) to Open Access products with no capitation (UHIC EPO): +7.0% (reduced from our current +21.0%).

We believe that the +3.0% and the +7.0%, respectively, are the true unit cost differences between these products.

After the changes to the rating factors and product price relationships, again on a total 2-license revenue neutral basis, we are then proposing these rate increases from our current 4th quarter 2013 rates:

+2.6%	Trend – one quarter at a 10.7% annual trend rate.
+3.5%	PPACA fees (insurer fee + reinsurance assessment).
+1.6%	Essential health benefits.
+1.3%	Market adjustments.
-2.4%	Experience adjustment.
<u>+14.3%</u>	Risk adjustment.
+21.9%	Total

Trend: The medical inflation and increased utilization assumptions in the 10.7% annual trend rate are shown by component in Part I.

PPACA Fees: The total needed PPACA fees in 2014 are 3.5% of premium.

Essential Health Benefits: The additional benefits in our plans are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavioral analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.
 - Speech therapy: from 20 to unlimited.
 - Pulmonary rehabilitation: from 20 to unlimited.

- Office spinal manipulation: from 20 to unlimited.
- Home health service: from 60 to 90.

Market Adjustments: The adjustment for overall changes to the small group marketplace in 2014 is 1.3%.

Experience Adjustment: We are pricing to a 73.0% target loss ratio. Our analysis indicates that a -2.4% experience adjustment is required to price to a 73.0% loss ratio.

Risk Adjustment: Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses. With the merging of the individual and small group markets in DC for risk adjustments purposes, we expect to be an additional 7.5% risk payer due to the higher morbidity of individual over small group. In total we estimate we will be a $6.8\% + 7.5\% = 14.3\%$ payer.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 1/1/2012 to 12/31/2012 paid through 3/31/2013.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. UnitedHealthcare Insurance Company anticipates paying \$0.93 million in MLR rebates for 2012 premiums.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 3/31/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where

adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.

- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories:

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 surgery, emergency room, lab, radiology, therapy, observation, ambulance, home health care, DME, other services provided in an outpatient facility setting and billed by the facility.

Professional

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

Pharmacy

- Includes drugs dispensed by a pharmacy, not dispensed by facility (i.e. via inpatient, outpatient), and not physician administered drugs. This amount is net of rebates received from drug manufacturers.

Capitation

- Includes all MHCD services provided under capitated arrangement

Other

- Includes non-capitated, fee-for-service costs for physician procedures, inpatient stay, or and outpatient procedure related to Mental Health / Chemical Dependency (MHCD)

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors adopted by DC are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:

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, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). 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.

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 mix of procedures.

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.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development: The combined DC experience on our two small group licenses is assumed to be credible.

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 6.8% risk payer in total for our two licenses. With the merging of the individual and small group markets in DC for risk adjustments purposes, we expect to be an additional 7.5% risk payer due to the higher morbidity of individual over small group. In total we estimate we will be a $6.8\% + 7.5\% = 14.3\%$ payer.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. Our rates are only for small groups within the combined DC market.

Non-Benefit Expenses and Risk Margin: The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
9.7%	Admin Expenses
7.5%	Profit & Risk Load
<u>9.8%</u>	Taxes & Fees
27.0%	Total

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 80.0%.

Index Rate:

[illegible]

AV Metal Values: The below actuarial certification describes the methodology and the AV calculator input values used for the plan design features that do not fit into the parameters of the AV calculator.

Certification for AV Calculator										Exhibit D
Estimation of fit of plan design into the parameters of AV calculator										
			OP Copay							
Medical Copays After Deductible			Free Standing	Hospital Setting	Rx Effective Coinsurance Estimation					
Metallic Plan (f)	ER Copays	Imaging (CT/PET Scans, MRIs)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Generics	Preferred Brand Drugs	Non-Preferred Brand Drugs	Specialty Drugs (i.e. high-cost)	Methodology	
Bronze 1	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e	
Bronze 1-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b	
Bronze 2	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e	
Bronze 2-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b	
Bronze 3	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, e	
Bronze 3-A	-	-	-	-	67.1%	67.1%	67.1%	67.1%	b	
Silver 1	-	-	54.09% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e	
Silver 1-A	-	-	54.09% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d	
Silver 2	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e	
Silver 2-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b	
Silver 3	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e	
Silver 3-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b	
Silver 4	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e	
Silver 4-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b	
Silver 5	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, e	
Silver 5-A	-	-	-	-	67.10%	67.10%	67.10%	67.10%	b	
Silver 7	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e	
Silver 7-A	-	-	63.1% (c)	-	57.01%	57.01%	57.01%	57.01%	b, c, d	
Silver 8	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e	
Silver 8-A	-	-	63.1% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d	
Silver 9	-	-	72.12% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e	
Silver 9-A	-	-	72.12% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d	
Silver 10	-	-	81.13% (c)	-	-	74.21%	71.01%	96.59%	a, c, d, e	
Silver10-A	-	-	81.13% (c)	-	61.10%	61.10%	61.10%	61.10%	b, c, d	
Gold 1	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, e	
Gold 1-A	-	-	-	-	75.10%	75.10%	75.10%	75.10%	b	
Gold 2	-	-	64.25% (c)	-	-	-	-	96.51%	b, c, d, e	
Gold 2-A	-	-	64.25% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d	
Gold 3	-	-	73.43% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e	
Gold 3-A	-	-	73.43% (c)	-	70.46%	70.46%	70.46%	70.46%	b, c, d	
Gold 4	-	-	72.12% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e	
Gold 4-A	-	-	72.12% (c)	-	64.91%	64.91%	64.91%	64.91%	b, c, d	
Gold 5	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e	
Gold 5-A	-	-	85.57% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d	
Gold 6	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, c, d, e	
Gold 6-A	-	-	85.57% (c)	-	75.08%	75.08%	75.08%	75.08%	b, c, d	
Gold 7	86.72% (a)	-	-	-	71.01%	75.58%	73.62%	96.51%	a, e	
Gold 7-A	-	-	-	-	75.08%	75.08%	75.08%	75.08%	a	
Gold 8	-	63.47% (a)	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e	
Gold 8-A	-	63.47% (a)	-	73.43% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d	
Gold 9	-	63.47% (a)	-	82.61% (c)	-	-	-	96.51%	a, b, c, d, e	
Gold 9-A	-	63.47% (a)	-	82.61% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d	
Gold 10	-	63.47% (a)	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e	
Gold 10-A	-	63.47% (a)	-	73.43% (c)	75.08%	75.08%	75.08%	75.08%	a, b, c, d	
Platinum 1	-	63.47% (a)	-	91.79% (c)	-	-	-	95.82%	a, b, c, d, e	
Platinum 2	-	-	95.07% (c)	90.15% (c)	71.89%	77.39%	73.88%	95.82%	a, b, c, d, e	
Platinum 3	-	-	-	-	57.94%	85.87%	82.58%	95.82%	a, e	
Platinum 4	-	-	-	95.07% (c)	-	-	-	95.82%	b, c, d, e	
Platinum 5	-	-	96.72% (c)	90.15% (c)	57.94%	85.87%	82.58%	95.82%	a, c, d, e	
Platinum 6	-	-	97.54% (c)	95.07% (c)	-	-	-	95.82%	b, c, d, e	
Methodology										
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.										
b) Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.										
c) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.										
d) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 45% and 55%, respectively.										
e) Specialty Rx: Multiple cost sharing levels are combined into a composite level using HHS tool unit cost to different tiers.										
f) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name and schedule of benefits form number.										
g) Gold 4/4A: Actuarial value is the blend of estimated 63.5% of members who will utilize premium designated provider and 36.5% of members who will utilize non-premium designated provider.										
Certification										
For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.										
Boris P. Gerber										
Boris P. Gerber, FSA, MAAA										

AV Pricing Values: For EPO, medical plan V71/E5N with Rx plan ZU is the fixed reference plan selected as the basis for the AV Pricing Values. For POS, medical plan V72/E5O with Rx plan ZU is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Membership Projections: Membership is projected to continue at the current February, 2013 level.

Terminated Products: No products are being terminated.

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance: Not applicable.

Actuarial Certification:

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that 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.


I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not

fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. 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.

Sincerely,

A handwritten signature in cursive script, reading "Boris P. Gerber".

Boris P. Gerber, FSA, MAAA

Actuary, UnitedHealthcare

185 Asylum Street, CT039-16B

Hartford, CT 06103

Phone 860-702-5540 Fax 860-702-5016

Date: 5/15/2013

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1/1/2014	1/2/2014	1/3/2014	1/4/2014	1/5/2014	1/6/2014	1/7/2014	1/8/2014	1/9/2014	1/10/2014	1/11/2014	1/12/2014	1/13/2014	1/14/2014	1/15/2014	1/16/2014	1/17/2014	1/18/2014	1/19/2014	1/20/2014	1/21/2014	1/22/2014	1/23/2014	1/24/2014	1/25/2014	1/26/2014	1/27/2014	1/28/2014	1/29/2014	1/30/2014	1/31/2014	2/1/2014	2/2/2014	2/3/2014	2/4/2014	2/5/2014	2/6/2014	2/7/2014	2/8/2014	2/9/2014	2/10/2014	2/11/2014	2/12/2014	2/13/2014	2/14/2014	2/15/2014	2/16/2014	2/17/2014	2/18/2014	2/19/2014	2/20/2014	2/21/2014	2/22/2014	2/23/2014	2/24/2014	2/25/2014	2/26/2014	2/27/2014	2/28/2014	2/29/2014	3/1/2014	3/2/2014	3/3/2014	3/4/2014	3/5/2014	3/6/2014	3/7/2014	3/8/2014	3/9/2014	3/10/2014	3/11/2014	3/12/2014	3/13/2014	3/14/2014	3/15/2014	3/16/2014	3/17/2014	3/18/2014	3/19/2014	3/20/2014	3/21/2014	3/22/2014	3/23/2014	3/24/2014	3/25/2014	3/26/2014	3/27/2014	3/28/2014	3/29/2014	3/30/2014	3/31/2014	4/1/2014	4/2/2014	4/3/2014	4/4/2014	4/5/2014	4/6/2014	4/7/2014	4/8/2014	4/9/2014	4/10/2014	4/11/2014	4/12/2014	4/13/2014	4/14/2014	4/15/2014	4/16/2014	4/17/2014	4/18/2014	4/19/2014	4/20/2014	4/21/2014	4/22/2014	4/23/2014	4/24/2014	4/25/2014	4/26/2014	4/27/2014	4/28/2014	4/29/2014	4/30/2014	5/1/2014	5/2/2014	5/3/2014	5/4/2014	5/5/2014	5/6/2014	5/7/2014	5/8/2014	5/9/2014	5/10/2014	5/11/2014	5/12/2014	5/13/2014	5/14/2014	5/15/2014	5/16/2014	5/17/2014	5/18/2014	5/19/2014	5/20/2014	5/21/2014	5/22/2014	5/23/2014	5/24/2014	5/25/2014	5/26/2014	5/27/2014	5/28/2014	5/29/2014	5/30/2014	5/31/2014	6/1/2014	6/2/2014	6/3/2014	6/4/2014	6/5/2014	6/6/2014	6/7/2014	6/8/2014	6/9/2014	6/10/2014	6/11/2014	6/12/2014	6/13/2014	6/14/2014	6/15/2014	6/16/2014	6/17/2014	6/18/2014	6/19/2014	6/20/2014	6/21/2014	6/22/2014	6/23/2014	6/24/2014	6/25/2014	6/26/2014	6/27/2014	6/28/2014	6/29/2014	6/30/2014	7/1/2014	7/2/2014	7/3/2014	7/4/2014	7/5/2014	7/6/2014	7/7/2014	7/8/2014	7/9/2014	7/10/2014	7/11/2014	7/12/2014	7/13/2014	7/14/2014	7/15/2014	7/16/2014	7/17/2014	7/18/2014	7/19/2014	7/20/2014	7/21/2014	7/22/2014	7/23/2014	7/24/2014	7/25/2014	7/26/2014	7/27/2014	7/28/2014	7/29/2014	7/30/2014	7/31/2014	8/1/2014	8/2/2014	8/3/2014	8/4/2014	8/5/2014	8/6/2014	8/7/2014	8/8/2014	8/9/2014	8/10/2014	8/11/2014	8/12/2014	8/13/2014	8/14/2014	8/15/2014	8/16/2014	8/17/2014	8/18/2014	8/19/2014	8/20/2014	8/21/2014	8/22/2014	8/23/2014	8/24/2014	8/25/2014	8/26/2014	8/27/2014	8/28/2014	8/29/2014	8/30/2014	8/31/2014	9/1/2014	9/2/2014	9/3/2014	9/4/2014	9/5/2014	9/6/2014	9/7/2014	9/8/2014	9/9/2014	9/10/2014	9/11/2014	9/12/2014	9/13/2014	9/14/2014	9/15/2014	9/16/2014	9/17/2014	9/18/2014	9/19/2014	9/20/2014	9/21/2014	9/22/2014	9/23/2014	9/24/2014	9/25/2014	9/26/2014	9/27/2014	9/28/2014	9/29/2014	9/30/2014	10/1/2014	10/2/2014	10/3/2014	10/4/2014	10/5/2014	10/6/2014	10/7/2014	10/8/2014	10/9/2014	10/10/2014	10/11/2014	10/12/2014	10/13/2014	10/14/2014	10/15/2014	10/16/2014	10/17/2014	10/18/2014	10/19/2014	10/20/2014	10/21/2014	10/22/2014	10/23/201
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