

SERFF Tracking #:

UHLC-129030739

State Tracking #:

Company Tracking #:

State: District of Columbia **Filing Company:** Optimum Choice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DC-SG-OCI-2104-01
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Review & Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 01/01/2013
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):
Optimum Choice, Inc.	Increase	21.900%	21.900%	\$2,526,737	196	\$11,537,610	181.100%	-32.300%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	1,862							
Policy Holders:	196							

State: District of Columbia

Filing Company: Optimum Choice, Inc.

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

Product Name: DC-SG-OCI-2104-01

Project Name/Number: /

Rate Review Detail

State: District of Columbia **Filing Company:** Optimum Choice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: DC-SG-OCI-2104-01
Project Name/Number: /

COMPANY:

Company Name: Optimum Choice, Inc.
HHS Issuer Id: 75753
Product Names: HMO and HMO+
Trend Factors: The current annual trend factor is 0.0%. The proposed 2014 annual trend factor is 10.7%.

FORMS:

State: District of Columbia Filing Company: Optimum Choice, Inc.
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
 - HMO
 Product Name: DC-SG-OCI-2104-01
 Project Name/Number: /

New Policy Forms: POL.OCI.14.SB.DC, COC.OCI.14.SB.DC, PL1.SBN.OCI.POS.14.DC,
 PL2.SBN.OCI.POS.14.DC, PL3.SBN.OCI.POS.14.DC,
 PL4.SBN.OCI.POS.14.DC, PL5.SBN.OCI.POS.14.DC,
 PL6.SBN.OCI.POS.14.DC, GO1.SBN.OCI.POS.14.DC,
 GO2.SBN.OCI.POS.14.DC, GO3.SBN.OCI.POS.14.DC,
 GO4.SBN.OCI.POS.14.DC, GO5.SBN.OCI.POS.14.DC,
 GO6.SBN.OCI.POS.14.DC, GO7.SBN.OCI.POS.14.DC,
 GO8.SBN.OCI.POS.14.DC, GO9.SBN.OCI.POS.14.DC,
 GO10.SBN.OCI.POS.14.DC, SL2.SBN.OCI.POS.14.DC,
 SL3.SBN.OCI.POS.14.DC, SL4.SBN.OCI.POS.14.DC,
 SL5.SBN.OCI.POS.14.DC, SL7.SBN.OCI.POS.14.DC,
 SL8.SBN.OCI.POS.14.DC, SL9.SBN.OCI.POS.14.DC,
 SL10.SBN.OCI.POS.14.DC, PL1.SBN.OCI.NET.14.DC,
 PL2.SBN.OCI.NET.14.DC, PL3.SBN.OCI.NET.14.DC,
 PL4.SBN.OCI.NET.14.DC, PL5.SBN.OCI.NET.14.DC,
 PL6.SBN.OCI.NET.14.DC, GO1.SBN.OCI.NET.14.DC,
 GO2.SBN.OCI.NET.14.DC, GO3.SBN.OCI.NET.14.DC,
 GO4.SBN.OCI.NET.14.DC, GO5.SBN.OCI.NET.14.DC,
 GO6.SBN.OCI.NET.14.DC, GO7.SBN.OCI.NET.14.DC,
 GO8.SBN.OCI.NET.14.DC, GO9.SBN.OCI.NET.14.DC,
 GO10.SBN.OCI.NET.14.DC, SL1.SBN.OCI.NET.14.DC,
 SL2.SBN.OCI.NET.14.DC, SL3.SBN.OCI.NET.14.DC,
 SL4.SBN.OCI.NET.14.DC, SL5.SBN.OCI.NET.14.DC,
 SL7.SBN.OCI.NET.14.DC, SL8.SBN.OCI.NET.14.DC,
 SL9.SBN.OCI.NET.14.DC, SL10.SBN.OCI.NET.14.DC,
 BR1.SBN.OCI.NET.14.DC, BR2.SBN.OCI.NET.14.DC,
 BR3.SBN.OCI.NET.14.DC, RID.PDS.NET-NON.MD.OCI.14.DC,
 RID.PDS.NET-NON.DD.OCI.14.DC, MM.RID.PVC.NET.OCI.14.DC,
 AP.RID.PVC.NET.OCI.14.DC, AP.RID.PVCS.NET-NON.OCI.14.DC,
 MM.RID.PVCS.NET-NON.OCI.14.DC, RDR.OCI.14.OB.DC,
 RDR.RX.NET.OCI.14.DC.SB, RDR.RX.PLS.OCI.14.DC.SB,
 152550.RDR.RXSBN.NET.OCI.14.DC.SB,
 104075.RDR.RXSBN.NET.OCI.14.DC.SB,
 104075.DD.RDR.RXSBN.NET.OCI.14.DC.SB,
 153050.RDR.RXSBN.NET.OCI.14.DC.SB,
 102040.RDR.RXSBN.NET.OCI.14.DC.SB,
 152550.RDR.RXSBN.PLS.OCI.14.DC.SB,
 104075.RDR.RXSBN.PLS.OCI.14.DC.SB,
 104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB,
 153050.RDR.RXSBN.PLS.OCI.14.DC.SB,
 102040.RDR.RXSBN.PLS.OCI.14.DC.SB

Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
 Member Months: 24,034

State: District of Columbia **Filing Company:** Optimum Choice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: DC-SG-OCI-2104-01
Project Name/Number: /

Benefit Change: Increase
Percent Change Requested: Min: -32.3 Max: 181.1 Avg: 21.9

PRIOR RATE:

Total Earned Premium: 11,537,610.00
Total Incurred Claims: 5,846,466.00
Annual \$: Min: 910.31 Max: 143.91 Avg: 480.05

REQUESTED RATE:

Projected Earned Premium: 14,556,598.00
Projected Incurred Claims: 10,626,317.00
Annual \$: Min: 637.85 Max: 418.69 Avg: 605.67

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

Product Name: DC-SG-OCI-2104-01

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC-SG-OCI-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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Product Name: DC-SG-OCI-2104-01
Project Name/Number: /

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

Satisfied - Item:	Actuarial Value Snapshot
Comments:	
Attachment(s):	AV Part-6.pdf AV Part-7.pdf AV Part-1.pdf AV part-2.pdf AV Part-3.pdf AV Part-4.pdf AV Part-5.pdf AV Part-11.pdf AV Part-8.pdf AV Part-9.pdf AV Part-10.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:	Prior Rating Factors
Comments:	
Attachment(s):	DC-SG-OCI-2013-RateFactors.pdf
Item Status:	
Status Date:	

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Product Name: DC-SG-OCI-2104-01

Project Name/Number: /

Satisfied - Item:	Responses to 6/14/2013 Objections
Comments:	
Attachment(s):	DC-DOI-SG-questions-2013-06-14-OCI.pdf
Item Status:	
Status Date:	

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

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State:

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Filing Company:

Optimum Choice, Inc.

TOI/Sub-TOI:

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

Product Name:

DC-SG-OCI-2104-01

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: Optimum Choice, Inc.
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 Optimum Choice, Inc. 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: Optimum Choice, Inc.

B. NAIC Company Code: 96940

C. Marketing Name of Products: HMO and HMP (or HMO plus, or OCI Preferred).

D. Date Filing Submitted: 5/15/2013

E. Proposed Effective Date: 1/1/2014

F. Type of Product: Medical and prescription drug HMO, 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

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	
		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? <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.
77.90%

77.90x 0.45
78.33x 0.55
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

[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 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?

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: Calculation Successful.
 Actuarial Value: 78.29%
 Metal Tier: Gold

78.29 x 0.45
 78.14 x 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

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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: Calculation Successful.
 Actuarial Value: 78.14%
 Metal Tier: 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	
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 (\$)	\$1,500.00	\$250.00	
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"/>		\$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: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="text"/>

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

77.23%

$$\begin{aligned}
 & 77.23\% \cdot 1 \cdot x 0.45 + 80.99 \cdot x 0.55 \\
 & = 79.27\% \cdot x 0.635 \\
 & = 78.21\% \cdot x 0.365 \\
 & = \boxed{78.88\%}
 \end{aligned}$$

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)	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"/>		\$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.

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		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (% 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
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	80.00%	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.
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	
Coinsurance (% 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?	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"/>		\$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/Coinsurance 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 Year-Over-Over

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

$$\begin{aligned}
 & 79.13 \times 0.95 + 79.33 \times 0.55 \\
 & = (79.24) \text{ For } 100\% \\
 & \quad (\times 0.635) \\
 & + 78.98 \text{ For } 80\% \\
 & \quad (\times 0.365) \\
 & = \boxed{79.14\%} \Rightarrow \text{Edge Plan Final}
 \end{aligned}$$

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	
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

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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"/>		\$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):
<input type="checkbox"/>
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.
 79.33%
 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 (% Insurer's Cost Share)	90.00%	100.00%
OOP Maximum (\$)	\$3,250.00	
OOP Maximum if Separate (\$)		

[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 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 x 0.45
 78.76 x 0.55

78.54.1

Gold 5: 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 (\$)	\$1,300.00	\$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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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"/>	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: Calculation Successful.
 Actuarial Value: 78.76%
 Metal Tier: 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

$$79.02 \times 0.45$$

$$79.13 \times 0.55$$

$$\boxed{79.08\%}$$

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

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			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,000.00			
Coinsurance (% Insurer's Cost Share)			70.00%			
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 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

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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.
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
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 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: Calculation Successful.
 Actuarial Value: 61.50%
 Metal Tier: 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			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			
Coinsurance (% Insurer's Cost Share)			60.00%			
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 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: Calculation Successful.
 Actuarial Value: 61.18%
 Metal Tier: 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
		\$5,000.00
		100.00%
		\$6,250.00

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 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: Calculation Successful
 Actuarial Value: 59.27%
 Metal Tier: 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		
	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
Deductible (\$)	\$2,000.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	60.00%	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"/>		\$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? <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:

71.05%

Silver

$$\begin{aligned}
 & 71.05 \times 0.45 \\
 + & 70.64 \times 0.55 \\
 \hline
 & 70.82 \%
 \end{aligned}$$

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

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 70.02%
 Silver

$$70.02 \times 45\% + 69.86 \times 55\%$$

$$69.93\%$$

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
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 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

Silver-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: 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)			70.00%
OOP Maximum (\$)			\$4,000.00
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 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: Calculation Successful.
 Actuarial Value: 70.18%
 Metal Tier: 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)			70.00%
OOP Maximum (\$)			\$4,000.00
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 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.

69.70%

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

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
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 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

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)		80.00%
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 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
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? <input type="checkbox"/> All	Subject to Coinsurance? <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate	Subject to Deductible? <input type="checkbox"/> All	Subject to Coinsurance? <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate
Medical								
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: Calculation Successful.
 Actuarial Value: 69.05%
 Metal Tier: 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
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 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

71.42×0.45

71.48×0.55

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
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"/>		\$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: Calculation Successful.
 Actuarial Value: 71.48%
 Metal Tier: Silver

Silver Fa: 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	\$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
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	70.00%	57.01%	
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"/>	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 x 0.45
69.36 x 0.55

69.24.1

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 (\$)	\$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
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"/> AE	<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
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"/>		\$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 x 0.45
68.86 x 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
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"/>		\$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

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
70.47.1

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 (\$)	\$2,500.00	\$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 (\$)			
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"/>		\$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: Calculation Successful.
 Actuarial Value: 70.51%
 Metal Tier: 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
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"/>		\$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: Calculation Successful.
 Actuarial Value: 68.88%
 Metal Tier: 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 x 0.45
70.65 x 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
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"/>		\$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
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"/>		\$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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,300.00
Coinsurance (%; Insurer's Cost Share)		90.00%
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 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: Calculation Successful
 Actuarial Value: 78.40%
 Metal Tier: 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: Calculation Successful.
 Actuarial Value: 78.45%
 Metal Tier: 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	
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%	
OOP Maximum (\$)	\$3,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
	Medical	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinsurance (% 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?	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"/>		\$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 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: Calculation Successful.
 Actuarial Value: 78.90%
 Metal Tier: Gold

$$78.90 \times 0.45$$

$$78.79 \times 0.55$$

$$78.84$$

Gold 2: 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 (\$)	\$1,500.00	\$0.00	
Coinsurance (% 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?	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.

78.79%

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 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)	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	
Coinsurance (% , 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?	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"/>		\$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/Coinsurance 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

79.52×0.45

79.41×0.55

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		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	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"/>		\$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 checked="" type="checkbox"/>	<input checked="" 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/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful,
 Actuarial Value: 79.41%
 Metal Tier: 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:	

	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 (\$)			
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"/>		\$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

$$78.4 \times 0.45$$

$$78.9 \times 0.55$$

$$78.68\%$$

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"/>		\$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 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? <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):

Platinum 5 - Hospital Setting

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
88.3%
Platinum

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
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 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: Calculation Successful
 Actuarial Value: 91.0%
 Metal Tier: Platinum

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
\$1,500.00	\$0.00	
90.00%	75.08%	
\$4,000.00		

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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"/>		\$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 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

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
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"/>	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
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"/>	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: Calculation Successful.
 Actuarial Value: 78.10%
 Metal Tier: 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 x 0.45
78.13 x 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: Calculation Successful.
 Actuarial Value: 78.13%
 Metal Tier: 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?	<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:
79.18%
Gold

79.18 x 0.45
78.72 x 0.55

78.92%

~~78.18~~
~~78.72 x 0.45~~
78.13 x 0.55

78.15%

~~78.18 x 0.45~~
~~78.72 x 0.55~~

Gold SA: 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%	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	
Coinsurance (%; 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?	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 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: Calculation Successful.
 Actuarial Value: 78.72%
 Metal Tier: 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 checked="" type="checkbox"/> All	<input checked="" 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?	<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: Calculation Successful.
 Actuarial Value: 81.53%
 Metal Tier: 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: Calculation Successful.
 Actuarial Value: 80.65%
 Metal Tier: Gold

Gold Plan 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input 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%

Gold 9a - 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
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	90.00%	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?	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
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$4,500.00	
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"/>		\$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

81.23 x 0.45
80.60 x 0.55

80.881

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
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	75.08%
OOP Maximum (\$)	\$4,500.00	
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"/>		\$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: Calculation Successful.
 Actuarial Value: 81.10%
 Metal Tier: 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

$$81.73 \times 0.45$$

$$81.10 \times 0.55$$

$$81.38 \%$$

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
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"/>		\$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

$$89.16 \times 0.45$$

$$87.90 \times 0.55$$

$$87.87 \times 0.55$$

$$88.47$$

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	
Coinsurance (% 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
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"/>		\$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 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/Coinsurance 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 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%

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

Platinum 5 - 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? <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:
89.9%
Platinum

$$89.9\% \times 0.45$$

$$88.3\% \times 0.55$$

$$89.02\%$$

DC Small Group 2012 Member			
Months Distribution by Age			
	<u>OCl</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	0	8	8
Total	24,034	110,175	134,209
Avg Age	37.7	33.6	34.3

Rating Factors

Exhibit 1a

(1) Starting Base Rate

	<u>Medical</u>	<u>Rx</u>
HMO:	\$173.96	\$59.71
HMP:	\$198.00	\$59.71

(2) Effective Date Adjustment Factor

<u>Policy Effective Dates</u>	<u>Factor</u>
On or after January 1, 2013	2.113

(3) Age Factors

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
Child	0.524	45	1.127
<25	0.708	46	1.172
25	0.736	47	1.218
26	0.736	48	1.266
27	0.765	49	1.316
28	0.765	50	1.368
29	0.795	51	1.422
30	0.795	52	1.478
31	0.826	53	1.536
32	0.826	54	1.597
33	0.826	55	1.660
34	0.859	56	1.726
35	0.859	57	1.795
36	0.859	58	1.866
37	0.893	59	1.866
38	0.893	60	1.940
39	0.928	61	1.940
40	0.928	62	2.017
41	0.965	63	2.017
42	1.003	64	2.097
43	1.043	65+ Plan Primary	2.097
44	1.084	65+ Medicare	1.251

Maximum number of children assumed is 3 per family.

(4) Benefit Plan Ratios

HMO	
Plan	Ratio
ADC	0.9293
ADD	0.9055
ADE	0.8555
ADF	0.8136
ADG	0.8150
ADH	0.7618
ADI	0.7495
ADJ	0.6908
ADK	0.6638
ADL	0.6195
KVA	0.9454
KVB	0.9166
KVC	0.8951
KVD	0.8500
KVE	0.8946
KVF	0.8715
KVG	0.9463
KVH	0.9175
KVI	0.8960
KVM	0.7104
KVN	0.6590
KVO	0.6328
Edge1	0.6197
Edge2	0.6865
Edge3	0.6539

HMP	
Plan	Ratio
1M1	0.9006
1M2	0.8505
1M3	0.8120
1M4	0.8120
1M5	0.7590
1M6	0.7486
1M7	0.6919
1M8	0.6634
1M9	0.6183
1MN	0.9233
KXA	0.9414
KXB	0.9140
KXC	0.8936
KXD	0.8507
KXE	0.8931
KXF	0.8711
KXG	0.7094
KXH	0.6554
KXI	0.6298
Edge4	0.6160
Edge5	0.6523
Edge6	0.6846

HMO-HSA	
Plan	Ratio
SWT	0.8677
SWU	0.7115
SWV	0.8269
SWW	0.6734
SWX	0.7586
SWY	0.6118
SWZ	0.5770
SW1	0.5478

HMP-HSA	
Plan	Ratio
SW2	0.8680
SW3	0.7126
SW4	0.8264
SW5	0.6739
SW6	0.7576
SW7	0.6111
SW8	0.5752
SW9	0.5453

Rx	
Plan	Ratio
0J	0.3821
0K	0.4260
0L	0.4863
0M	0.5487
0N	0.4736
0P	0.5345
0R	0.4628
0S	0.5220
0T	0.4643
0U	0.5215
0V	0.4469
0W	0.5020
0X	0.4364
0Y	0.4899
8H	0.5432
8I	0.5163
8J	0.4850
8K	0.4970
8L	0.4425
8M	0.4321
8P	0.4597
8T	0.4814
8U	0.4689
8V	0.5291
8W	0.4582
8X	0.5168
9B	0.3783
9C	0.4217
JK	0.7444
SP1	0.5484
SP2	0.4771
SP3	0.3575
9U	0.5634
9Y	0.4589
TF	0.3214

* For HSA plans the medical plan ratio includes the cost for Rx Plan 9Y (\$10/35/60). HSA plans may be offered with Rx plan 0Y (\$10/30/50).

HSA Rx *	
Plan	Ratio
0Y HSA	0.0087

(5) Group Size Factor

Group Size	
<u>(# Emps)</u>	<u>Factor</u>
1	1.30
2	1.15
3	1.10
4-50	1.00

(6) Risk Adjustment Factor

a) Maximum New Business Premium Discount for Medical Underwriting

<u>Type of Application</u>	<u>Factor</u>	<u>Default Group Size</u>
Individual Application	1.03	1-2
Individual Application	0.75	3-24
Group Level Application	0.92	25-50

b) Other Factors

Based on use of the "Milliman Health Cost Guidelines: Small Group Medical Underwriting" (assigns medical underwriting factors based on members' medical conditions) groups will be assigned an underwriting factor in the range of 0.75 to 6.00.

(7) Industry Factors

Industry		Industry		Industry		Industry		Industry	
<u>SIC Code</u>	<u>Factor</u>	<u>SIC Code</u>	<u>Factor</u>	<u>SIC Code</u>	<u>Factor</u>	<u>SIC Code</u>	<u>Factor</u>	<u>SIC Code</u>	<u>Factor</u>
0001-0783	1.00	4300-4811	1.05	6412-6711	1.00	7390-7399	0.95	8714-8720	0.95
0784-1010	1.05	4812-4999	1.00	6712-6799	0.95	7400-7910	1.05	8721	0.90
1011-1099	1.20	5000-5153	0.95	6800-6999	1.00	7911-7999	1.15	8722-8731	0.95
1100-1210	1.10	5154-5158	1.00	7000-7299	1.05	8000-8011	1.05	8732-8733	0.90
1211-1241	1.20	5159-5169	0.95	7300-7360	0.95	8012-8020	1.10	8734-8740	0.95
1242-1310	1.10	5170	1.00	7361-7362	1.00	8021	1.05	8741-8744	0.90
1311-1389	1.20	5171-5199	0.95	7363	1.05	8022-8042	1.10	8745-8747	0.95
1390-1410	1.10	5200-5499	1.00	7364-7370	0.95	8043	1.05	8748	0.90
1411-1499	1.20	5500-5510	1.05	7371	0.85	8044-8049	1.10	8749-8810	0.95
1500-1610	1.00	5511-5521	1.10	7372	0.90	8050	1.05	8811	1.20
1611-1710	1.05	5522-5599	1.05	7373-7375	0.85	8051-8069	1.10	8812-9110	1.00
1711-2410	1.00	5600-5799	1.00	7376-7377	0.90	8070	1.05	9111-9210	1.10
2411-2499	1.10	5800-5899	1.20	7378-7379	0.85	8071-8099	1.10	9211-9310	1.15
2500-2796	0.95	5900-5920	1.00	7380	0.95	8100-8110	1.00	9311-9510	1.10
2797-3311	1.00	5921	1.15	7381	1.00	8111-8299	0.95	9511-9610	1.05
3312-3399	1.20	5922-5991	1.00	7382	0.90	8300-8399	1.00	9611-9710	1.10
3400-4013	0.95	5992	1.10	7383	0.95	8400-8639	0.95	9711-9720	1.05
4014-4110	1.00	5993-6010	0.95	7384	0.90	8640-8699	1.00	9721-9721	1.15
4111-4200	1.05	6011-6099	0.90	7385-7388	0.95	8700-8710	0.95	9722-9999	1.10
4201-4299	1.00	6100-6411	0.95	7389	0.90	8711-8713	0.90		

DC SG Objections & Responses - OCI

Summarized Main Issue/ Objection--- (Detailed Objections 'point-by-point' follow)

It appears that United did not develop a single index rate across the entire small group market (i.e. all products combined) for each legal entity. The ACA requires that the index rate be the average allowed cost PMPM for EHB benefits only across the entire market (i.e. individual or small group). United appears to have maintained prior "base rates" that differ by product. This common index rate must then be adjusted to reflect the anticipated population that is expected to enroll and the utilization of the average benefit plan that they are expected to be enrolled in. So, for example, if the average AV underlying the base period index rate is .80 but the expected average benefit during the projection period is 0.76 then the base period index rate must be adjusted to reflect anticipated lower utilization due to the lower benefits in developing the projection period index rates. United has not made this demonstration by showing their AV underlying the base period, their projected population by plan, the corresponding average AV in the projections period, and finally the adjustment that should be applied to the index rate. The base period index rate must also be adjusted to reflect anticipated changes in morbidity, provider contracts, average demographics, etc. as well. The ACA requires that these adjustments be applied to the index rate so that they are spread across the entire market to take morbidity out of the equation. United has also not demonstrated any of these adjustments. Again, these adjustments would be specific to each operating entity (e.g., United vs. Optimum). It also appears that the current "base rates" include administration expenses and other retention items. The index rate must reflect ONLY allowed claims to ensure the same average claim cost is used as the starting point for developing rates for each plan to spread the average morbidity across all plans. The admin expenses then get added as a separate plan level adjustment.

In our submitted rate filings we provided index rates in the Unified Rate Review Templates (URRT's) that meet the HHS requirements, and we developed rates in a manner that meet the PPACA requirements to use a single risk pool and to provide rates that are not based on the health characteristics of members or groups.

CCIO representatives in their American Academy of Actuaries sponsored webinars have stated that the URRT is not a rate development tool, and the URRT Part I instructions state: "The purpose of Worksheet 1 is to capture information at the market level for non-grandfathered products, consistent with the requirement to set premium rates using a single risk pool, as defined in 45 CFR Part 156, §156.80. The worksheet is not intended to prescribe a rate development methodology. Rather, the worksheet captures experience period data and key assumptions consistent with those used in the development of the proposed premium rate increases. The worksheet uses the data to show that the average gross premium rate complies with the requirements of the single risk pool, and reports the total and annualized change in the gross premium relative to the experience period. These calculated changes in the average premium are not equal to the average rate increase of the pool, but rather provide information on how the average gross premiums have changed over time."

We are providing revised URRT's to respond to the objections we have received. In developing the index rate, we first begin with the base period allowed claims. We then adjust for trend from the experience period to the projection period, adjust for expected changes in morbidity, and adjust for EHB additions and subtractions. We then make market wide adjustments to this index rate for risk adjustment and for estimated SHOP user exchange fees. Finally, the permitted plan level adjustments are included in our benefit plan ratios (cost-sharing design of each plan, provider network and utilization management practices, and administrative costs excluding Exchange user fees). The rate development is as described in the actuarial memorandum we provide with our rate filing to the DC Department of Insurance.

1) We note that you are offering a number of products and a number of plans at the same metal level in regions. Please provide information on all of your offerings describing what differentiates them and what the target market is for each.

The member cost sharing features of each benefit plan (copays, deductibles, coinsurance, and out-of-pocket maximums) are presented in the rate filing Exhibit 2. We wish to offer small employers in DC options to best meet the specific needs of their employees and families. We currently offer a wide range of benefit plan options and believe many customers will wish to choose a plan close to their present coverage. We are offering both in-network only HMO plans, and plans with an out-of-network option, again to meet the different needs and desires of DC small group employers.

2) 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.

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

Please see the screen shots submitted via SERFF.

4) Worksheet 2 of the URRT uses different reference plans for the two products. Please provide a revised URRT using a single reference plan.

A revised URRT using a single reference plan has been submitted.

5) Please provide quantitative actuarial support for the 2.113 factor used to trend base rates to the 3rd quarter 2013. What time period is encompassed by the trend factor?

This is the actual factor used in calculating our 2013 rates. It is from our current approved rate filing (SERFF tracking # UHLC-128716373). Copies of our current rates and rate factors are being provided (see response to Question #15).

6) 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).

7) 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.

8) 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.

9) Please provide quantitative actuarial support for the assumptions that +3.0% and +7.0% are the true cost differences between products.

Our experience has always indicated a higher than 3% claim cost difference between in-network only plans and plans with an out-of-network benefit. We believe this is due to selection: groups that are higher utilizers of medical care are more likely to choose plans that offer out-of-network benefits, for example to cover members with on-going health conditions being serviced by out-of-network providers. The ACA requires carriers to remove morbidity from their pricing, to not have rates based on the health characteristics of the groups we insure. Based on a review of the benefits offered in and out-of-network on our benefit plans, we believe that 3% is the appropriate pricing differential that removes morbidity.

The 7% differential between the OCI HMO product, which includes both a PCP gatekeeper and provider capitation, and our UHIC EPO product, which is Open Access with no gatekeeper requirement and no provider capitation, is comprised of two components: 5% for gatekeeper plus 2% for capitation.

10) Please provide a description of the base data used for the manual rate including:

1) Was it the two companies combined or just UHIC as indicated in the Part III Actuarial memorandum or just OCI as indicated on Exhibit A and referenced in item L of the DC actuarial memorandum?

2) If it was the combined experience, please explain why this is appropriate basis for the credibility manual?

The combined experience of our two companies, UHIC and OCI, is used, which we believe is credible in total.

11) 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 Into <u>Model</u> x	Revenue Neutral <u>Factor</u> x	4Q13 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 to Manual: Current rate rel. factor: 1.030
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%

12) Please provide a quantitative development of your plan rates demonstrating how the overall base rate was adjusted to get the individual plan base rates with all allowed adjustments quantified before age factors are applied.

The medical plan price relativities that are applied to the base rates to get the individual plan rates 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.

Exhibit 3b displays the calculation of each plan's rate (medical base rate x medical net-to-allowed ratio + Rx base rate x Rx net-to-allowed ratio), and the calculation of each plan's ratio to the index rate as developed in the URRT's. Included in the benefit plan ratios are the cost-sharing design of each plan, the provider network and utilization management practices, and the administrative costs excluding Exchange user fees.

13) The Part III Actuarial Memorandum states that no products are being terminated, but the URRT shows terminated products. Please correct or explain.

We are not terminating products, but are terminating benefit plans. The current benefit plans do not meet the PPACA requirements for non-grandfathered groups. All groups must move to new 2014 metal level plans.

14) 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.

15) Please provide your rating factors for the prior rates.

Attached are copies of Exhibits 1a, 1b, and 1c from our current approved rate filing, providing all our 2013 rating factors.

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DC-SG-OCI-2104-01
Project Name/Number: /

Filing Company: Optimum Choice, Inc.

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-OCI-2014-01-All Exhibits 2013-06-26.pdf (Superseded)
06/26/2013		Supporting Document	Actuarial Memorandum	06/27/2013	DC-SG-OCI-ActMemo-2013-06-26.pdf (Superseded)
06/26/2013		Supporting Document	Actuarial Memorandum and Certifications	06/27/2013	OCI-Part III-2014-01 (6-26-2013).pdf (Superseded)
06/26/2013		Supporting Document	Unified Rate Review Template	06/27/2013	DC-OCI-URRT-2014-01 (6-26-2013).xslm (Superseded)
06/26/2013		Supporting Document	Rate Filing Exhibits	06/27/2013	DCSG-OCI-2014-01-All Exhibits 2013-06-26.pdf (Superseded)
06/26/2013		Supporting Document	Rate Template	06/27/2013	DC-OCI- Rate Template 2013-06-26.zip (Superseded)
06/25/2013		Rate	Rate Filing Exhibits	06/26/2013	DCSG-OCI-2014-01-All Exhibits 2013-06-25.pdf (Superseded)
06/25/2013		Supporting Document	Actuarial Memorandum	06/26/2013	DC-SG-OCI-ActMemo-2013-06-25.pdf (Superseded)
06/25/2013		Supporting Document	Actuarial Memorandum and Certifications	06/26/2013	OCI-Part III-2014-01 (6-25-2013).pdf (Superseded)
06/25/2013		Supporting Document	Unified Rate Review Template	06/26/2013	DC-OCI-URRT-2014-01.xslm (Superseded)
06/25/2013		Supporting Document	Rate Filing Exhibits	06/26/2013	DCSG-OCI-2014-01-All Exhibits 2013-06-25.pdf (Superseded)

SERFF Tracking #:

UHLC-129030739

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company: Optimum Choice, Inc.

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

Product Name: DC-SG-OCI-2104-01

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-OCI- Rate Template 2013-06-25.zip (Superceded)
06/21/2013		Supporting Document	Actuarial Memorandum	06/25/2013	DC-SG-OCI-ActMemo-2013-06-21.pdf (Superceded)
06/21/2013		Supporting Document	Actuarial Memorandum and Certifications	06/25/2013	OCI-Part III-2014-01 (6-21-2013).pdf (Superceded)
06/21/2013		Supporting Document	Unified Rate Review Template	06/25/2013	DC-OCI-URRT-2014-01.xlsm (Superceded)
06/21/2013		Supporting Document	Rate Filing Exhibits	06/25/2013	DCSG-OCI-2014-01-All Exhibits 2013-06-21.pdf (Superceded)
06/21/2013		Rate	Rate Filing Exhibits	06/25/2013	DCSG-OCI-2014-01-All Exhibits 2013-06-21.pdf (Superceded)
06/21/2013		Supporting Document	Rate Template	06/25/2013	DC-OCI- Rate Template 2013-06-21.zip (Superceded)
05/15/2013		Rate	Rate Filing Exhibits	06/21/2013	DCSG-OCI-2014-01-All Exhibits 2013-05-15.pdf (Superceded)
05/15/2013		Supporting Document	Rate Filing Exhibits	06/21/2013	DCSG-OCI-2014-01-All Exhibits 2013-05-15.pdf (Superceded)
05/15/2013		Supporting Document	Actuarial Memorandum	06/21/2013	DC-SG-OCI-ActMemo-2013-05-15.pdf (Superceded)
05/15/2013		Supporting Document	Actuarial Memorandum and Certifications	06/21/2013	OCI-Part III-2014-01 (5-15-2013).pdf (Superceded)
05/15/2013		Supporting Document	Unified Rate Review Template	06/21/2013	DC-OCI-URRT-2014-01.pdf (Superceded)

SERFF Tracking #:

UHLC-129030739

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company: Optimum Choice, Inc.

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

Product Name: DC-SG-OCI-2104-01

Project Name/Number: /

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

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

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Attachment DC-OCI- 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

HMO Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMO	C4N	VM9	ZV	Platinum	88.2%	1.00524
HMO	EY3	V75	ZU	Platinum	90.7%	1.06083
HMO	E45	V87	YM	Platinum	88.5%	1.02334
HMO	E49	V89	ZR	Platinum	88.5%	1.01753
HMO	E5P	V9E	ZU	Platinum	91.9%	1.08306
HMO	EY	V73	ZV	Platinum	89.0%	1.02017
HMO-HSA	DW8	VZW	A0	Gold	78.5%	0.76122
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.75776
HMO-HSA	DW6	VZY	A0	Gold	78.1%	0.84881
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.84535
HMO	EZO	V79	A0	Gold	79.5%	0.87445
HMO	EZO	V79	YM	Gold	78.8%	0.86511
HMO	EZ5	V8N	C0	Gold	79.1%	0.85451
HMO	EZ5	V8N	ZT	Gold	78.9%	0.86043
HMO	E0T	V8T	A0	Gold	78.9%	0.85612
HMO	E0T	V8T	YM	Gold	78.3%	0.84678
HMO	EY9	V77	A0	Gold	81.4%	0.89690
HMO	EY9	V77	YM	Gold	80.9%	0.88756
HMO	EZY	V8L	B0	Gold	78.1%	0.85230
HMO	EZY	V8L	ZS	Gold	78.7%	0.84517
HMO	E02	V8V	A0	Gold	81.6%	0.91133
HMO	E02	V8V	YM	Gold	81.1%	0.90199
HMO	E0L	V8R	A0	Gold	79.7%	0.89640
HMO	E0L	V8R	ZR	Gold	79.1%	0.87885
HMO	E0E	V8P	A0	Gold	79.9%	0.89471
HMO	E0E	V8P	ZS	Gold	78.5%	0.87022
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.65975
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.65565
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.66896
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.66486
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.67255
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.66848
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.64961
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.64553
HMO	E08	V8X	ZT	Silver	70.8%	0.75360
HMO	E08	V8X	ZY	Silver	69.9%	0.73355
HMO	E2Q	V81	D0	Silver	71.5%	0.74365
HMO	E2Y	V83	ZT	Silver	70.0%	0.74868
HMO	E2Y	V83	ZY	Silver	70.0%	0.72866
HMO	E3Y	V85	ZT	Silver	70.5%	0.75611
HMO	E3Y	V85	ZY	Silver	69.0%	0.73607
HMO	E2I	V8Y	ZT	Silver	70.5%	0.75852
HMO	E2I	V8Y	ZY	Silver	68.4%	0.73847
HMO	E2Q	V81	ZZ	Silver	69.2%	0.72443
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.55305
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.55755
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.62258

HMP Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMP	C4M	VM8	ZV	Platinum	88.2%	1.02748
HMP	EYZ	V74	ZV	Platinum	89.0%	1.04234
HMP	EY4	V76	ZU	Platinum	90.7%	1.08323
HMP	E46	V88	YM	Platinum	88.5%	1.04338
HMP	E5M	V9D	ZR	Platinum	88.5%	1.03591
HMP	E5Q	V9F	ZU	Platinum	91.9%	1.10534
HMP-HSA	DW9	VZX	A0	Gold	78.5%	0.78510
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.78162
HMP-HSA	DXQ	VZZ	A0	Gold	78.1%	0.87479
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.87131
HMP	EZQ	V8K	YM	Gold	78.8%	0.88496
HMP	EZ7	V8O	C0	Gold	79.1%	0.87497
HMP	E27	V8O	ZT	Gold	78.9%	0.88086
HMP	E0V	V8U	A0	Gold	78.9%	0.87644
HMP	E0V	V8U	YM	Gold	78.3%	0.86710
HMP	EZF	V78	YM	Gold	80.9%	0.90788
HMP	EZF	V78	A0	Gold	81.4%	0.91722
HMP	EZQ	V8K	A0	Gold	79.5%	0.89430
HMP	EZZ	V8M	B0	Gold	78.1%	0.87241
HMP	EZZ	V8M	ZS	Gold	78.7%	0.86528
HMP	E04	V8W	A0	Gold	81.6%	0.93165
HMP	E04	V8W	YM	Gold	81.1%	0.92232
HMP	E0N	V8S	A0	Gold	79.7%	0.91690
HMP	E0N	V8S	ZR	Gold	79.1%	0.89935
HMP	E0G	V8Q	A0	Gold	79.9%	0.91495
HMP	E0G	V8Q	ZS	Gold	78.5%	0.89046
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.67910
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.67500
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.69262
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.68852
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.68982
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.68573
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.66950
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.66540
HMP	E2S	V82	D0	Silver	71.5%	0.76031
HMP	E25	V84	ZT	Silver	70.0%	0.76526
HMP	E2K	V8Z	ZT	Silver	70.5%	0.77620
HMP	E2K	V8Z	ZY	Silver	68.4%	0.75615
HMP	E41	V86	ZT	Silver	70.5%	0.77321
HMP	E41	V86	ZY	Silver	69.0%	0.75316
HMP	E2S	V82	ZZ	Silver	69.2%	0.74109

(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
0-20	0.727	32	0.727	44	1.137
21	0.727	33	0.727	45	1.181
22	0.727	34	0.727	46	1.227
23	0.727	35	0.805	47	1.275
24	0.727	36	0.836	48	1.325
25	0.727	37	0.869	49	1.377
26	0.727	38	0.903	50	1.431
27	0.727	39	0.938	51	1.487
28	0.727	40	0.975	52	1.545
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
				64 & older	2.181

Table with columns for Plan Name, Medical Schedule of Benefits, Rx Schedule of Benefits, In-Network, Out-of-Network, Copayments, and Medical Deductible. It lists various insurance plans like HMO-C4N, HMO-E43, etc., and their associated costs and coverage details.

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						Deductible	Coins	OOP Maximum		Deductible	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.						
	Off	On							Indiv.	Family			Indiv.	Family					Indiv.	Family										Indiv.	Family	Free-St.	Hospital		
HMP	EZZ	V8M	B0	Gold 3-A	GO3.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	78.1%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250							Emb	Sep	\$100	\$10	20% to \$100	40% to \$300		
HMP	EZZ	V8M	ZS	Gold 3	GO3.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.7%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250							Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP	E04	V8W	A0	Gold 9-A	GO9.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	81.6%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40									Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E04	V8W	YM	Gold 9	GO9.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	81.1%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40									Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	A0	Gold 6-A	GO6.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.7%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150							Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	ZR	Gold 6	GO6.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	79.1%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150							Emb	Sep	\$50	\$10	\$40	\$100	\$75	\$300
HMP	E0G	V8Q	A0	Gold 5-A	GO5.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.9%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150							Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0G	V8Q	ZS	Gold 5	GO5.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.5%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150							Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP-HSA	DXZ	VZS	YM	Silver 2	SL2.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.2%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DXZ	VZS	ZX	Silver 2-A	SL2.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.7%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYH	VZ3	YM	Silver 4	SL4.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	71.0%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYH	VZ3	ZX	Silver 4-A	SL4.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	70.1%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DX6	VZ4	YM	Silver 3	SL3.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DX6	VZ4	ZX	Silver 3-A	SL3.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.3%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYO	VZ6	YM	Silver 5	SL5.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYO	VZ6	ZX	Silver 5-A	SL5.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.3%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP	E2S	V82	D0	Silver 7	SL7.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	71.5%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300							Emb	Sep	\$500	\$10	\$40	\$100	\$75	\$300
HMP	E2S	V84	ZT	Silver 8	SL8.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.0%	\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300							Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZT	Silver 10	SL10.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZY	Silver 10-A	SL10.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.4%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E41	V86	ZT	Silver 9	SL9.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E41	V86	ZY	Silver 9-A	SL9.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.0%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E2S	V82	ZZ	Silver 7-A	SL7.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.2%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300							Emb	Sep	\$500	\$15	30% to \$100	50% to \$300		

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>Exchange User Fee</u>	<u>Risk Adj</u>	<u>Total</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.

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 EZ5 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)
0.85451	Plan Ratio (EZ5)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,337.63</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - OCI

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	2,097	1,001,289	676,230	322.47	67.5%
Feb-12	2,092	1,008,153	490,703	234.56	48.7%
Mar-12	2,087	1,004,079	429,754	205.92	42.8%
Apr-12	2,048	983,024	542,506	264.90	55.2%
May-12	2,021	968,813	519,526	257.06	53.6%
Jun-12	1,964	958,002	448,492	228.36	46.8%
Jul-12	2,013	967,548	416,466	206.89	43.0%
Aug-12	1,979	950,252	489,288	247.24	51.5%
Sep-12	1,958	924,100	405,175	206.93	43.8%
Oct-12	1,936	919,699	561,423	289.99	61.0%
Nov-12	1,936	929,625	477,799	246.80	51.4%
Dec-12	1,903	923,026	389,104	204.47	42.2%
Total	24,034	11,537,610	5,846,466	243.26	50.7%

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 ppm assessment for 2014, or an estimated 1.2% 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
<hr/>	
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
<hr/>	
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 / intensity of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Actuarial Memorandum
Optimum Choice, Inc., NAIC #96940
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 Optimum Choice, Inc. 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 88 new plans: 47 HMO and 41 HMP (or HMO-Plus, 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 \$121,252 for Optimum Choice, Inc. 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.
-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 82.9%. The estimated Federal MLR adjustments are as follows:

9.1%	Taxes, regulatory fees and assessments
-1.7%	GAAP Medical reclass to MLR SG&A
1.5%	QI/HIT Medical costs added
0.1%	Bad debt
<u>0.0%</u>	<u>Credibility adjustment</u>
8.9%	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.

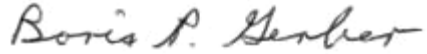
I certify that the rates are reasonable in relation to the benefits provided, and are not excessive, deficient nor unfairly discriminatory.

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: 194 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 Optimum Choice, Inc.

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:** Optimum Choice, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 75753
- **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. Optimum Choice, Inc. anticipates paying \$798,711 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 82.9%.

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.

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)	Free Standing Facility Fee (e.g., Ambulatory Surgery Center)	Hospital Setting 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	-	-	-	-	71.35%	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/A: 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: The fixed reference plan selected as the basis for the AV Pricing Values is medical plan E5Q/V9F 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:

HMO	
ADC	KVD
ADD	KVE
ADE	KVF
ADF	KVG
ADG	KVH
ADH	KVI
ADI	KVM
ADJ	KVN
ADK	KVO
ADL	Edge1
KVA	Edge2
KVB	Edge3
KVC	

HMO-HSA	
SWT	SWX
SWU	SWY
SWV	SWZ
SWW	SW1

HMP	
1M1	KXB
1M2	KXC
1M3	KXD
1M4	KXE
1M5	KXF
1M6	KXG
1M7	KXH
1M8	KXI
1M9	Edge4
1MN	Edge5
KXA	Edge6

HMP-HSA	
SW2	SW6
SW3	SW7
SW4	SW8
SW5	SW9

Rx	
0J	8L
0K	8M
0L	8P
0M	8T
0N	8U
0P	8V
0R	8W
0S	8X
0T	9B
0U	9C
0V	JK
0W	SP1
0X	SP2
0Y	SP3
8H	9U
8I	9Y
8J	TF
8K	

HSA Rx	
0Y HSA	

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

HMO Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMO	C4N	VM9	ZV	Platinum	88.2%	1.00524
HMO	EY3	V75	ZU	Platinum	90.7%	1.06083
HMO	E45	V87	YM	Platinum	88.5%	1.02334
HMO	E49	V89	ZR	Platinum	88.5%	1.01753
HMO	E5P	V9E	ZU	Platinum	91.9%	1.08306
HMO	EY	V73	ZV	Platinum	89.0%	1.02017
HMO-HSA	DW8	VZW	A0	Gold	78.5%	0.76122
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.75776
HMO-HSA	DW6	VZY	A0	Gold	78.1%	0.84881
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.84535
HMO	EZO	V79	A0	Gold	79.5%	0.87445
HMO	EZO	V79	YM	Gold	78.8%	0.86511
HMO	EZ5	V8N	C0	Gold	79.1%	0.85451
HMO	EZ5	V8N	ZT	Gold	78.9%	0.86043
HMO	E0T	V8T	A0	Gold	78.9%	0.85612
HMO	E0T	V8T	YM	Gold	78.3%	0.84678
HMO	EY9	V77	A0	Gold	81.4%	0.89690
HMO	EY9	V77	YM	Gold	80.9%	0.88756
HMO	EZY	V8L	B0	Gold	78.1%	0.85230
HMO	EZY	V8L	ZS	Gold	78.7%	0.84517
HMO	E02	V8V	A0	Gold	81.6%	0.91133
HMO	E02	V8V	YM	Gold	81.1%	0.90199
HMO	E0L	V8R	A0	Gold	79.7%	0.89640
HMO	E0L	V8R	ZR	Gold	79.1%	0.87885
HMO	E0E	V8P	A0	Gold	79.9%	0.89471
HMO	E0E	V8P	ZS	Gold	78.5%	0.87022
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.65975
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.65565
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.66896
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.66486
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.67255
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.66848
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.64961
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.64553
HMO	E08	V8X	ZT	Silver	70.8%	0.75360
HMO	E08	V8X	ZY	Silver	69.9%	0.73355
HMO	E2Q	V81	D0	Silver	71.5%	0.74365
HMO	E2Y	V83	ZT	Silver	70.0%	0.74868
HMO	E2Y	V83	ZY	Silver	70.0%	0.72866
HMO	E3Y	V85	ZT	Silver	70.5%	0.75611
HMO	E3Y	V85	ZY	Silver	69.0%	0.73607
HMO	E2I	V8Y	ZT	Silver	70.5%	0.75852
HMO	E2I	V8Y	ZY	Silver	68.4%	0.73847
HMO	E2Q	V81	ZZ	Silver	69.2%	0.72443
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.55305
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.55755
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.62258

HMP Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMP	C4M	VM8	ZV	Platinum	88.2%	1.02748
HMP	EYZ	V74	ZV	Platinum	89.0%	1.04234
HMP	EY4	V76	ZU	Platinum	90.7%	1.08323
HMP	E46	V88	YM	Platinum	88.5%	1.04338
HMP	E5M	V9D	ZR	Platinum	88.5%	1.03591
HMP	E5Q	V9F	ZU	Platinum	91.9%	1.10534
HMP-HSA	DW9	VZX	A0	Gold	78.5%	0.78510
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.78162
HMP-HSA	DXQ	VZZ	A0	Gold	78.1%	0.87479
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.87131
HMP	EZQ	V8K	YM	Gold	78.8%	0.88496
HMP	EZ7	V8O	C0	Gold	79.1%	0.87497
HMP	E27	V8O	ZT	Gold	78.9%	0.88086
HMP	E0V	V8U	A0	Gold	78.9%	0.87644
HMP	E0V	V8U	YM	Gold	78.3%	0.86710
HMP	EZF	V78	YM	Gold	80.9%	0.90788
HMP	EZF	V78	A0	Gold	81.4%	0.91722
HMP	EZQ	V8K	A0	Gold	79.5%	0.89430
HMP	EZZ	V8M	B0	Gold	78.1%	0.87241
HMP	EZZ	V8M	ZS	Gold	78.7%	0.86528
HMP	E04	V8W	A0	Gold	81.6%	0.93165
HMP	E04	V8W	YM	Gold	81.1%	0.92232
HMP	E0N	V8S	A0	Gold	79.7%	0.91690
HMP	E0N	V8S	ZR	Gold	79.1%	0.89935
HMP	E0G	V8Q	A0	Gold	79.9%	0.91495
HMP	E0G	V8Q	ZS	Gold	78.5%	0.89046
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.67910
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.67500
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.69262
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.68852
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.68982
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.68573
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.66950
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.66540
HMP	E2S	V82	D0	Silver	71.5%	0.76031
HMP	E25	V84	ZT	Silver	70.0%	0.76526
HMP	E2K	V8Z	ZT	Silver	70.5%	0.77620
HMP	E2K	V8Z	ZY	Silver	68.4%	0.75615
HMP	E41	V86	ZT	Silver	70.5%	0.77321
HMP	E41	V86	ZY	Silver	69.0%	0.75316
HMP	E2S	V82	ZZ	Silver	69.2%	0.74109

(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
0-20	0.727	32	0.727	44	1.137
21	0.727	33	0.727	45	1.181
22	0.727	34	0.727	46	1.227
23	0.727	35	0.805	47	1.275
24	0.727	36	0.836	48	1.325
25	0.727	37	0.869	49	1.377
26	0.727	38	0.903	50	1.431
27	0.727	39	0.938	51	1.487
28	0.727	40	0.975	52	1.545
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
				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	Rx													
	Medical Exchange						Deductible	Coins	OOP Maximum		Deductible	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.							
	Off	On							Indiv.	Family			Indiv.	Family					Indiv.	Family										Indiv.	Family	Free-St.	Hospital			
HMP	EZZ	V8M	B0	Gold 3-A	GO3.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	78.1%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250								Emb	Sep	\$100	\$10	20% to \$100	40% to \$300		
HMP	EZZ	V8M	ZS	Gold 3	GO3.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.7%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250								Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP	E04	V8W	A0	Gold 9-A	GO9.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	81.6%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40										Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E04	V8W	YM	Gold 9	GO9.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	81.1%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40										Emb	Sep	\$10	\$40	\$100	\$75	\$300	
HMP	E0N	V8S	A0	Gold 6-A	GO6.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.7%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150								Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	ZR	Gold 6	GO6.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	79.1%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150								Emb	Sep	\$50	\$10	\$40	\$100	\$75	\$300
HMP	E0G	V8Q	A0	Gold 5-A	GO5.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.9%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150								Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0G	V8Q	ZS	Gold 5	GO5.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.5%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150								Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP-HSA	DXZ	VZS	YM	Silver 2	SL2.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.2%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DXZ	VZS	ZX	Silver 2-A	SL2.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.7%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000												NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYH	VZ3	YM	Silver 4	SL4.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	71.0%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYH	VZ3	ZX	Silver 4-A	SL4.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	70.1%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP-HSA	DX6	VZ4	YM	Silver 3	SL3.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DX6	VZ4	ZX	Silver 3-A	SL3.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.3%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP-HSA	DYO	VZ6	YM	Silver 5	SL5.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300		
HMP-HSA	DYO	VZ6	ZX	Silver 5-A	SL5.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.3%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP	E2S	V82	D0	Silver 7	SL7.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	71.5%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$500	\$10	\$40	\$100	\$75	\$300
HMP	E2S	V84	ZT	Silver 8	SL8.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.0%	\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZT	Silver 10	SL10.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZY	Silver 10-A	SL10.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.4%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E41	V86	ZT	Silver 9	SL9.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E41	V86	ZY	Silver 9-A	SL9.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.0%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E2S	V82	ZZ	Silver 7-A	SL7.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.2%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$500	\$15	30% to \$100	50% to \$300		

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>Market EHB</u>	<u>Exper. Adj</u>	<u>Exchange Adj</u>	<u>Risk User Fee</u>	<u>Total Adj</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

HMO Plans												
Product	Plan Name			Metal	Actuarial Value	Medical Net to Allowed (a)	Medical Base Rate (b)	Rx Net to Allowed (c)	Rx Base Rate (d)	Med + Rx Rate $e = (a \times b + c \times d)$	New Plan Ratio = e / i	
	Off	Medical										Rx
		Exchange										
HMO	C4N	VM9	ZV	Platinum	88.2%	0.8328	\$462.43	0.5009	\$157.29	\$463.90	1.00524	
HMO	EY3	V75	ZU	Platinum	90.7%	0.8798	\$462.43	0.5258	\$157.29	\$489.55	1.06083	
HMO	E45	V87	YM	Platinum	88.5%	0.8559	\$462.43	0.4861	\$157.29	\$472.25	1.02334	
HMO	E49	V89	ZR	Platinum	88.5%	0.8583	\$462.43	0.4620	\$157.29	\$469.57	1.01753	
HMO	E5P	V9E	ZU	Platinum	91.9%	0.9020	\$462.43	0.5258	\$157.29	\$499.81	1.08306	
HMO	EYY	V73	ZV	Platinum	89.0%	0.8477	\$462.43	0.5009	\$157.29	\$470.79	1.02017	
HMO-HSA	DW8	VZV	AO	Gold	78.5%	0.7562	\$462.43	0.0102	\$157.29	\$351.29	0.76122	
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.7562	\$462.43	0.0000	\$157.29	\$349.69	0.75776	
HMO-HSA	DW6	VZY	AO	Gold	78.1%	0.8436	\$462.43	0.0102	\$157.29	\$391.71	0.84881	
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.8436	\$462.43	0.0000	\$157.29	\$390.11	0.84535	
HMO	EZO	V79	AO	Gold	79.5%	0.6980	\$462.43	0.5135	\$157.29	\$403.54	0.87445	
HMO	EZO	V79	YM	Gold	78.8%	0.6980	\$462.43	0.4861	\$157.29	\$399.23	0.86511	
HMO	EZ5	V8N	CO	Gold	79.1%	0.7145	\$462.43	0.4065	\$157.29	\$394.34	0.85451	
HMO	EZ5	V8N	ZT	Gold	78.9%	0.7145	\$462.43	0.4238	\$157.29	\$397.07	0.86043	
HMO	EOT	V8T	AO	Gold	78.9%	0.6797	\$462.43	0.5135	\$157.29	\$395.08	0.85612	
HMO	EOT	V8T	YM	Gold	78.3%	0.6797	\$462.43	0.4861	\$157.29	\$390.77	0.84678	
HMO	EY9	V77	AO	Gold	81.4%	0.7204	\$462.43	0.5135	\$157.29	\$413.90	0.89690	
HMO	EY9	V77	YM	Gold	80.9%	0.7204	\$462.43	0.4861	\$157.29	\$409.59	0.88756	
HMO	EZY	V8L	BO	Gold	78.1%	0.6932	\$462.43	0.4626	\$157.29	\$393.32	0.85230	
HMO	EZY	V8L	ZS	Gold	78.7%	0.6932	\$462.43	0.4417	\$157.29	\$390.03	0.84517	
HMO	E02	V8V	AO	Gold	81.6%	0.7348	\$462.43	0.5135	\$157.29	\$420.56	0.91133	
HMO	E02	V8V	YM	Gold	81.1%	0.7348	\$462.43	0.4861	\$157.29	\$416.25	0.90199	
HMO	E0L	V8R	AO	Gold	79.7%	0.7199	\$462.43	0.5135	\$157.29	\$413.67	0.89640	
HMO	E0L	V8R	ZR	Gold	79.1%	0.7199	\$462.43	0.4620	\$157.29	\$405.57	0.87885	
HMO	E0E	V8P	AO	Gold	79.9%	0.7182	\$462.43	0.5135	\$157.29	\$412.89	0.89471	
HMO	E0E	V8P	ZS	Gold	78.5%	0.7182	\$462.43	0.4417	\$157.29	\$401.59	0.87022	
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.6543	\$462.43	0.0120	\$157.29	\$304.46	0.65975	
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.6543	\$462.43	0.0000	\$157.29	\$302.57	0.65565	
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.6635	\$462.43	0.0120	\$157.29	\$308.71	0.66896	
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.6635	\$462.43	0.0000	\$157.29	\$306.82	0.66486	
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.6671	\$462.43	0.0120	\$157.29	\$310.37	0.67255	
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.6671	\$462.43	0.0000	\$157.29	\$308.49	0.66848	
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.6442	\$462.43	0.0120	\$157.29	\$299.78	0.64961	
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.6442	\$462.43	0.0000	\$157.29	\$297.90	0.64553	
HMO	E08	V8X	ZT	Silver	70.8%	0.6079	\$462.43	0.4238	\$157.29	\$347.77	0.75360	
HMO	E08	V8X	ZY	Silver	69.9%	0.6079	\$462.43	0.3650	\$157.29	\$338.52	0.73355	
HMO	E2Q	V81	DO	Silver	71.5%	0.6124	\$462.43	0.3814	\$157.29	\$343.18	0.74365	
HMO	E2Y	V83	ZT	Silver	70.0%	0.6030	\$462.43	0.4238	\$157.29	\$345.50	0.74868	
HMO	E2Y	V83	ZY	Silver	70.0%	0.6030	\$462.43	0.3650	\$157.29	\$336.26	0.72866	
HMO	E3Y	V85	ZT	Silver	70.5%	0.6104	\$462.43	0.4238	\$157.29	\$348.93	0.75611	
HMO	E3Y	V85	ZY	Silver	69.0%	0.6104	\$462.43	0.3650	\$157.29	\$339.68	0.73607	
HMO	E2I	V8Y	ZT	Silver	70.5%	0.6128	\$462.43	0.4238	\$157.29	\$350.04	0.75852	
HMO	E2I	V8Y	ZY	Silver	68.4%	0.6128	\$462.43	0.3650	\$157.29	\$340.79	0.73847	
HMO	E2Q	V81	ZZ	Silver	69.2%	0.6124	\$462.43	0.3250	\$157.29	\$334.31	0.72443	
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.5519	\$462.43	0.0000	\$157.29	\$255.22	0.55305	
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.5564	\$462.43	0.0000	\$157.29	\$257.30	0.55755	
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.6213	\$462.43	0.0000	\$157.29	\$287.31	0.62258	

HMP Plans												
Product	Plan Name			Metal	Actuarial Value	Medical Net to Allowed (a)	Medical Base Rate (b)	Rx Net to Allowed (c)	Rx Base Rate (d)	Med + Rx Rate $e = (a \times b + c \times d)$	New Plan Ratio = e / i	
	Off	Medical										Rx
		Exchange										
HMP	C4M	VM8	ZV	Platinum	88.2%	0.8301	\$476.30	0.5009	\$157.29	\$474.16	1.02748	
HMP	EYZ	V74	ZV	Platinum	89.0%	0.8445	\$476.30	0.5009	\$157.29	\$481.02	1.04234	
HMP	EY4	V76	ZU	Platinum	90.7%	0.8759	\$476.30	0.5258	\$157.29	\$499.89	1.08323	
HMP	E46	V88	YM	Platinum	88.5%	0.8504	\$476.30	0.4861	\$157.29	\$481.50	1.04338	
HMP	E5M	V9D	ZR	Platinum	88.5%	0.8511	\$476.30	0.4620	\$157.29	\$478.05	1.03591	
HMP	E5Q	V9F	ZU	Platinum	91.9%	0.8973	\$476.30	0.5258	\$157.29	\$510.09	1.10534	
HMP-HSA	DW9	VZX	AO	Gold	78.5%	0.7573	\$476.30	0.0102	\$157.29	\$362.31	0.78510	
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.7573	\$476.30	0.0000	\$157.29	\$360.70	0.78162	
HMP-HSA	DXQ	VZZ	AO	Gold	78.1%	0.8442	\$476.30	0.0102	\$157.29	\$403.70	0.87479	
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.8442	\$476.30	0.0000	\$157.29	\$402.09	0.87131	
HMP	EZQ	V8K	YM	Gold	78.8%	0.6969	\$476.30	0.4861	\$157.29	\$408.39	0.88496	
HMP	EZ7	V8O	CO	Gold	79.1%	0.7135	\$476.30	0.4065	\$157.29	\$403.78	0.87497	
HMP	EZ7	V8O	ZT	Gold	78.9%	0.7135	\$476.30	0.4238	\$157.29	\$406.50	0.88086	
HMP	E0V	V8U	AO	Gold	78.9%	0.6796	\$476.30	0.5135	\$157.29	\$404.46	0.87644	
HMP	E0V	V8U	YM	Gold	78.3%	0.6796	\$476.30	0.4861	\$157.29	\$400.15	0.86710	
HMP	EZF	V78	YM	Gold	80.9%	0.7191	\$476.30	0.4861	\$157.29	\$418.97	0.90788	
HMP	EZF	V78	AO	Gold	81.4%	0.7191	\$476.30	0.5135	\$157.29	\$423.28	0.91722	
HMP	EZQ	V8K	AO	Gold	79.5%	0.6969	\$476.30	0.5135	\$157.29	\$412.70	0.89430	
HMP	EZZ	V8M	BO	Gold	78.1%	0.6925	\$476.30	0.4626	\$157.29	\$402.60	0.87241	
HMP	EZZ	V8M	ZS	Gold	78.7%	0.6925	\$476.30	0.4417	\$157.29	\$399.31	0.86528	
HMP	E04	V8W	AO	Gold	81.6%	0.7331	\$476.30	0.5135	\$157.29	\$429.94	0.93165	
HMP	E04	V8W	YM	Gold	81.1%	0.7331	\$476.30	0.4861	\$157.29	\$425.63	0.92232	
HMP	E0N	V8S	AO	Gold	79.7%	0.7188	\$476.30	0.5135	\$157.29	\$423.13	0.91690	
HMP	E0N	V8S	ZR	Gold	79.1%	0.7188	\$476.30	0.4620	\$157.29	\$415.03	0.89935	
HMP	E0G	V8Q	AO	Gold	79.9%	0.7169	\$476.30	0.5135	\$157.29	\$422.23	0.91495	
HMP	E0G	V8Q	ZS	Gold	78.5%	0.7169	\$476.30	0.4417	\$157.29	\$410.93	0.89046	
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.6540	\$476.30	0.0120	\$157.29	\$313.39	0.67910	
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.6540	\$476.30	0.0000	\$157.29	\$311.50	0.67500	
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.6671	\$476.30	0.0120	\$157.29	\$319.63	0.69262	
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.6671	\$476.30	0.0000	\$157.29	\$317.74	0.68852	
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.6644	\$476.30	0.0120	\$157.29	\$318.34	0.68982	
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.6644	\$476.30	0.0000	\$157.29	\$316.45	0.68573	
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.6447	\$476.30	0.0120	\$157.29	\$308.96	0.66950	
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.6447	\$476.30	0.0000	\$157.29	\$307.07	0.66540	
HMP	E2S	V82	DO	Silver	71.5%	0.6107	\$476.30	0.3814	\$157.29	\$350.87	0.76031	
HMP	E25	V84	ZT	Silver	68.8%	0.6015	\$476.30	0.4238	\$157.29	\$353.15	0.76526	
HMP	E2K	V82	ZT	Silver	70.5%	0.6121	\$476.30	0.4238	\$157.29	\$358.20	0.77620	
HMP	E2K	V82	ZY	Silver	68.4%	0.6121	\$476.30	0.3650	\$157.29	\$348.95	0.75615	
HMP	E41	V86	ZT	Silver	70.5%	0.6092	\$476.30	0.4238	\$157.29	\$356.82	0.77321	
HMP	E41	V86	ZY	Silver	69.0%	0.6092	\$476.30	0.3650	\$157.29	\$347.57	0.75316	
HMP	E25	V82	ZZ	Silver	69.2%	0.6107	\$476.30	0.3250	\$157.29	\$342.00	0.74109	

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 EZ5 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)
0.85451	Plan Ratio (EZ5)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,337.63</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - OCI

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	2,097	1,001,289	676,230	322.47	67.5%
Feb-12	2,092	1,008,153	490,703	234.56	48.7%
Mar-12	2,087	1,004,079	429,754	205.92	42.8%
Apr-12	2,048	983,024	542,506	264.90	55.2%
May-12	2,021	968,813	519,526	257.06	53.6%
Jun-12	1,964	958,002	448,492	228.36	46.8%
Jul-12	2,013	967,548	416,466	206.89	43.0%
Aug-12	1,979	950,252	489,288	247.24	51.5%
Sep-12	1,958	924,100	405,175	206.93	43.8%
Oct-12	1,936	919,699	561,423	289.99	61.0%
Nov-12	1,936	929,625	477,799	246.80	51.4%
Dec-12	1,903	923,026	389,104	204.47	42.2%
Total	24,034	11,537,610	5,846,466	243.26	50.7%

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 ppm assessment for 2014, or an estimated 1.2% 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
<hr/>	
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
<hr/>	
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

HMO Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMO	C4N	VM9	ZV	Platinum	88.2%	1.04819
HMO	EY3	V75	ZU	Platinum	90.7%	1.10616
HMO	E45	V87	YM	Platinum	88.5%	1.06707
HMO	E49	V89	ZR	Platinum	88.5%	1.06102
HMO	E5P	V9E	ZU	Platinum	91.9%	1.12934
HMO	EY	V73	ZV	Platinum	89.0%	1.06377
HMO-HSA	DW8	VZW	A0	Gold	78.5%	0.79375
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.79013
HMO-HSA	DW6	VZY	A0	Gold	78.1%	0.88509
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.88147
HMO	EZO	V79	A0	Gold	79.5%	0.91183
HMO	EZO	V79	YM	Gold	78.8%	0.90208
HMO	EZ5	V8N	C0	Gold	79.1%	0.89102
HMO	EZ5	V8N	ZT	Gold	78.9%	0.89718
HMO	E0T	V8T	A0	Gold	78.9%	0.89269
HMO	E0T	V8T	YM	Gold	78.3%	0.88296
HMO	EY9	V77	A0	Gold	81.4%	0.93523
HMO	EY9	V77	YM	Gold	80.9%	0.92548
HMO	EZY	V8L	B0	Gold	78.1%	0.88873
HMO	EZY	V8L	ZS	Gold	78.7%	0.88129
HMO	E02	V8V	A0	Gold	81.6%	0.95027
HMO	E02	V8V	YM	Gold	81.1%	0.94054
HMO	E0L	V8R	A0	Gold	79.7%	0.93471
HMO	E0L	V8R	ZR	Gold	79.1%	0.91640
HMO	E0E	V8P	A0	Gold	79.9%	0.93293
HMO	E0E	V8P	ZS	Gold	78.5%	0.90741
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.68794
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.68367
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.69754
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.69327
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.70131
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.69704
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.67736
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.67312
HMO	E08	V8X	ZT	Silver	70.8%	0.78580
HMO	E08	V8X	ZY	Silver	69.9%	0.76491
HMO	E2Q	V81	D0	Silver	71.5%	0.77544
HMO	E2Y	V83	ZT	Silver	70.0%	0.78068
HMO	E2Y	V83	ZY	Silver	70.0%	0.75977
HMO	E3Y	V85	ZT	Silver	70.5%	0.78842
HMO	E3Y	V85	ZY	Silver	69.0%	0.76751
HMO	E2I	V8Y	ZT	Silver	70.5%	0.79091
HMO	E2I	V8Y	ZY	Silver	68.4%	0.77002
HMO	E2Q	V81	ZZ	Silver	69.2%	0.75540
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.57667
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.58137
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.64917

HMP Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMP	C4M	VM8	ZV	Platinum	88.2%	1.07138
HMP	EYZ	V74	ZV	Platinum	89.0%	1.08687
HMP	EY4	V76	ZU	Platinum	90.7%	1.12952
HMP	E46	V88	YM	Platinum	88.5%	1.08798
HMP	E5M	V9D	ZR	Platinum	88.5%	1.08016
HMP	E5Q	V9F	ZU	Platinum	91.9%	1.15255
HMP-HSA	DW9	VZX	A0	Gold	78.5%	0.81865
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.81501
HMP-HSA	DXQ	VZZ	A0	Gold	78.1%	0.91215
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.90853
HMP	EZQ	V8K	YM	Gold	78.8%	0.92277
HMP	EZ7	V8O	C0	Gold	79.1%	0.91235
HMP	E27	V8O	ZT	Gold	78.9%	0.91850
HMP	E0V	V8U	A0	Gold	78.9%	0.91389
HMP	E0V	V8U	YM	Gold	78.3%	0.90416
HMP	EZF	V78	YM	Gold	80.9%	0.94667
HMP	EZF	V78	A0	Gold	81.4%	0.95640
HMP	EZQ	V8K	A0	Gold	79.5%	0.93250
HMP	EZZ	V8M	B0	Gold	78.1%	0.90968
HMP	EZZ	V8M	ZS	Gold	78.7%	0.90225
HMP	E04	V8W	A0	Gold	81.6%	0.97146
HMP	E04	V8W	YM	Gold	81.1%	0.96173
HMP	E0N	V8S	A0	Gold	79.7%	0.95608
HMP	E0N	V8S	ZR	Gold	79.1%	0.93777
HMP	E0G	V8Q	A0	Gold	79.9%	0.95404
HMP	E0G	V8Q	ZS	Gold	78.5%	0.92851
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.70811
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.70384
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.72220
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.71795
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.71929
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.71503
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.69810
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.69383
HMP	E2S	V82	D0	Silver	71.5%	0.79280
HMP	E25	V84	ZT	Silver	70.0%	0.79795
HMP	E2K	V8Z	ZT	Silver	70.5%	0.80937
HMP	E2K	V8Z	ZY	Silver	68.4%	0.78846
HMP	E41	V86	ZT	Silver	70.5%	0.80625
HMP	E41	V86	ZY	Silver	69.0%	0.78534
HMP	E2S	V82	ZZ	Silver	69.2%	0.77275

(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
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	Rx												
	Medical Exchange		Rx					Deductible		OOP Maximum		Deductible		OOP Maximum		PCP	SCP	UC	ER	OP Surgery		IP		Deduct. Type	Deduct.	Tier 1	Tier 2	Tier 2 Spec.	Tier 3	Tier 3 Spec.						
	Off	On						Indiv.	Family	Coins	Indiv.	Family	Indiv.	Family	Coins					Indiv.	Family										Free-St.	Hospital				
HMP	EZZ	V8M	B0	Gold 3-A	GO3.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	78.1%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250								Emb	Sep	\$100	\$10	20% to \$100	40% to \$300		
HMP	EZZ	V8M	ZS	Gold 3	GO3.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.7%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250								Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP	E04	V8W	A0	Gold 9-A	GO9.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	81.6%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40										Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E04	V8W	YM	Gold 9	GO9.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	81.1%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40										Emb	Sep	\$10	\$40	\$100	\$75	\$300	
HMP	E0N	V8S	A0	Gold 6-A	GO6.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.7%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150								Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	ZR	Gold 6	GO6.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	79.1%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150								Emb	Sep	\$50	\$10	\$40	\$100	\$75	\$300
HMP	E0G	V8Q	A0	Gold 5-A	GO5.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.9%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150								Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0G	V8Q	ZS	Gold 5	GO5.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.5%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150								Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP-HSA	DXZ	VZS	YM	Silver 2	SL2.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.2%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DXZ	VZS	ZX	Silver 2-A	SL2.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.7%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000												NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYH	VZ3	YM	Silver 4	SL4.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	71.0%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYH	VZ3	ZX	Silver 4-A	SL4.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	70.1%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP-HSA	DX6	VZ4	YM	Silver 3	SL3.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DX6	VZ4	ZX	Silver 3-A	SL3.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.3%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP-HSA	DYO	VZ6	YM	Silver 5	SL5.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300		
HMP-HSA	DYO	VZ6	ZX	Silver 5-A	SL5.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.3%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP	E2S	V82	D0	Silver 7	SL7.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	71.5%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$500	\$10	\$40	\$100	\$75	\$300
HMP	E2S	V84	ZT	Silver 8	SL8.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.0%	\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZT	Silver 10	SL10.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZY	Silver 10-A	SL10.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.4%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E41	V86	ZT	Silver 9	SL9.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E41	V86	ZY	Silver 9-A	SL9.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.0%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E2S	V82	ZZ	Silver 7-A	SL7.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.2%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$500	\$15	30% to \$100	50% to \$300		

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>Market EHB</u>	<u>Exper. Adj</u>	<u>Exchange User Fee</u>	<u>Risk Adj</u>	<u>Total</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

HMO 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									
HMO	C4N	VM9	ZV	Platinum	88.2%	0.8328	\$482.19	0.5009	\$164.01	\$483.72	1.04819
HMO	EY3	V75	ZU	Platinum	90.7%	0.8798	\$482.19	0.5258	\$164.01	\$510.47	1.10616
HMO	E45	V87	YM	Platinum	88.5%	0.8559	\$482.19	0.4861	\$164.01	\$492.43	1.06707
HMO	E49	V89	ZR	Platinum	88.5%	0.8583	\$482.19	0.4620	\$164.01	\$489.64	1.06102
HMO	E5P	V9E	ZU	Platinum	91.9%	0.9020	\$482.19	0.5258	\$164.01	\$521.17	1.12934
HMO	EYH	V73	ZV	Platinum	89.0%	0.8477	\$482.19	0.5009	\$164.01	\$490.91	1.06377
HMO-HSA	DW8	VZV	AO	Gold	78.5%	0.7562	\$482.19	0.0102	\$164.01	\$366.30	0.79375
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.7562	\$482.19	0.0000	\$164.01	\$364.63	0.79013
HMO-HSA	DW6	VZY	AO	Gold	78.1%	0.8436	\$482.19	0.0102	\$164.01	\$408.45	0.88509
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.8436	\$482.19	0.0000	\$164.01	\$406.78	0.88147
HMO	EZO	V79	AO	Gold	79.5%	0.6980	\$482.19	0.5135	\$164.01	\$420.79	0.91183
HMO	EZO	V79	YM	Gold	78.8%	0.6980	\$482.19	0.4861	\$164.01	\$416.29	0.90208
HMO	EZ5	V8N	CO	Gold	79.1%	0.7145	\$482.19	0.4065	\$164.01	\$411.19	0.89102
HMO	EZ5	V8N	ZT	Gold	78.9%	0.7145	\$482.19	0.4238	\$164.01	\$414.03	0.89718
HMO	EOT	V8T	AO	Gold	78.9%	0.6797	\$482.19	0.5135	\$164.01	\$411.96	0.89269
HMO	EOT	V8T	YM	Gold	78.3%	0.6797	\$482.19	0.4861	\$164.01	\$407.47	0.88296
HMO	EY9	V77	AO	Gold	81.4%	0.7204	\$482.19	0.5135	\$164.01	\$431.59	0.93523
HMO	EY9	V77	YM	Gold	80.9%	0.7204	\$482.19	0.4861	\$164.01	\$427.09	0.92548
HMO	EZY	V8L	BO	Gold	78.1%	0.6932	\$482.19	0.4626	\$164.01	\$410.13	0.88873
HMO	EZY	V8L	ZS	Gold	78.7%	0.6932	\$482.19	0.4417	\$164.01	\$406.70	0.88129
HMO	E02	V8V	AO	Gold	81.6%	0.7348	\$482.19	0.5135	\$164.01	\$438.53	0.95027
HMO	E02	V8V	YM	Gold	81.1%	0.7348	\$482.19	0.4861	\$164.01	\$434.04	0.94054
HMO	E0L	V8R	AO	Gold	79.7%	0.7199	\$482.19	0.5135	\$164.01	\$431.35	0.93471
HMO	E0L	V8R	ZR	Gold	79.1%	0.7199	\$482.19	0.4620	\$164.01	\$422.90	0.91640
HMO	E0E	V8P	AO	Gold	79.9%	0.7182	\$482.19	0.5135	\$164.01	\$430.53	0.93293
HMO	E0E	V8P	ZS	Gold	78.5%	0.7182	\$482.19	0.4417	\$164.01	\$418.75	0.90741
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.6543	\$482.19	0.0120	\$164.01	\$317.47	0.68794
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.6543	\$482.19	0.0000	\$164.01	\$315.50	0.68367
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.6635	\$482.19	0.0120	\$164.01	\$321.90	0.69754
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.6635	\$482.19	0.0000	\$164.01	\$319.93	0.69327
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.6671	\$482.19	0.0120	\$164.01	\$323.64	0.70131
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.6671	\$482.19	0.0000	\$164.01	\$321.67	0.69704
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.6442	\$482.19	0.0120	\$164.01	\$312.59	0.67736
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.6442	\$482.19	0.0000	\$164.01	\$310.63	0.67312
HMO	E08	V8X	ZT	Silver	70.8%	0.6079	\$482.19	0.4238	\$164.01	\$362.63	0.78580
HMO	E08	V8X	ZY	Silver	69.9%	0.6079	\$482.19	0.3650	\$164.01	\$352.99	0.76491
HMO	E2Q	V81	DO	Silver	71.5%	0.6124	\$482.19	0.3814	\$164.01	\$357.85	0.77544
HMO	E2Y	V83	ZT	Silver	70.0%	0.6030	\$482.19	0.4238	\$164.01	\$360.27	0.78068
HMO	E2Y	V83	ZY	Silver	70.0%	0.6030	\$482.19	0.3650	\$164.01	\$350.62	0.75977
HMO	E3Y	V85	ZT	Silver	70.5%	0.6104	\$482.19	0.4238	\$164.01	\$363.84	0.78842
HMO	E3Y	V85	ZY	Silver	69.0%	0.6104	\$482.19	0.3650	\$164.01	\$354.19	0.76751
HMO	E2I	V8Y	ZT	Silver	70.5%	0.6128	\$482.19	0.4238	\$164.01	\$364.99	0.79091
HMO	E2I	V8Y	ZY	Silver	68.4%	0.6128	\$482.19	0.3650	\$164.01	\$355.35	0.77002
HMO	E2Q	V81	ZZ	Silver	69.2%	0.6124	\$482.19	0.3250	\$164.01	\$348.60	0.75540
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.5519	\$482.19	0.0000	\$164.01	\$266.12	0.57667
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.5564	\$482.19	0.0000	\$164.01	\$268.29	0.58137
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.6213	\$482.19	0.0000	\$164.01	\$299.58	0.64917

HMP 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									
HMP	C4M	VM8	ZV	Platinum	88.2%	0.8301	\$496.65	0.5009	\$164.01	\$494.42	1.07138
HMP	EYZ	V74	ZV	Platinum	89.0%	0.8445	\$496.65	0.5009	\$164.01	\$501.57	1.08687
HMP	EY4	V76	ZU	Platinum	90.7%	0.8759	\$496.65	0.5258	\$164.01	\$521.25	1.12952
HMP	E46	V88	YM	Platinum	88.5%	0.8504	\$496.65	0.4861	\$164.01	\$502.08	1.08798
HMP	E5M	V9D	ZR	Platinum	88.5%	0.8511	\$496.65	0.4620	\$164.01	\$498.47	1.08016
HMP	E5Q	V9F	ZU	Platinum	91.9%	0.8973	\$496.65	0.5258	\$164.01	\$531.88	1.15255
HMP-HSA	DW9	VZX	AO	Gold	78.5%	0.7573	\$496.65	0.0102	\$164.01	\$377.79	0.81865
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.7573	\$496.65	0.0000	\$164.01	\$376.11	0.81501
HMP-HSA	DXQ	VZZ	AO	Gold	78.1%	0.8442	\$496.65	0.0102	\$164.01	\$420.94	0.91215
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.8442	\$496.65	0.0000	\$164.01	\$419.27	0.90853
HMP	EZQ	V8K	YM	Gold	78.8%	0.6969	\$496.65	0.4861	\$164.01	\$425.84	0.92277
HMP	EZ7	V8O	CO	Gold	79.1%	0.7135	\$496.65	0.4065	\$164.01	\$421.03	0.91235
HMP	EZ7	V8O	ZT	Gold	78.9%	0.7135	\$496.65	0.4238	\$164.01	\$423.87	0.91850
HMP	E0V	V8U	AO	Gold	78.9%	0.6796	\$496.65	0.5135	\$164.01	\$421.74	0.91389
HMP	E0V	V8U	YM	Gold	78.3%	0.6796	\$496.65	0.4861	\$164.01	\$417.25	0.90416
HMP	EZF	V78	YM	Gold	80.9%	0.7191	\$496.65	0.4861	\$164.01	\$436.87	0.94667
HMP	EZF	V78	AO	Gold	81.4%	0.7191	\$496.65	0.5135	\$164.01	\$441.36	0.95640
HMP	EZQ	V8K	AO	Gold	79.5%	0.6969	\$496.65	0.5135	\$164.01	\$430.33	0.93250
HMP	EZZ	V8M	BO	Gold	78.1%	0.6925	\$496.65	0.4626	\$164.01	\$419.80	0.90968
HMP	EZZ	V8M	ZS	Gold	78.7%	0.6925	\$496.65	0.4417	\$164.01	\$416.37	0.90225
HMP	E04	V8W	AO	Gold	81.6%	0.7331	\$496.65	0.5135	\$164.01	\$448.31	0.97146
HMP	E04	V8W	YM	Gold	81.1%	0.7331	\$496.65	0.4861	\$164.01	\$443.82	0.96173
HMP	E0N	V8S	AO	Gold	79.7%	0.7188	\$496.65	0.5135	\$164.01	\$441.21	0.95608
HMP	E0N	V8S	ZR	Gold	79.1%	0.7188	\$496.65	0.4620	\$164.01	\$432.76	0.93777
HMP	E0G	V8Q	AO	Gold	79.9%	0.7169	\$496.65	0.5135	\$164.01	\$440.27	0.95404
HMP	E0G	V8Q	ZS	Gold	78.5%	0.7169	\$496.65	0.4417	\$164.01	\$428.49	0.92851
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.6540	\$496.65	0.0120	\$164.01	\$326.78	0.70811
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.6540	\$496.65	0.0000	\$164.01	\$324.81	0.70384
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.6671	\$496.65	0.0120	\$164.01	\$333.28	0.72220
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.6671	\$496.65	0.0000	\$164.01	\$331.32	0.71795
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.6644	\$496.65	0.0120	\$164.01	\$331.94	0.71929
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.6644	\$496.65	0.0000	\$164.01	\$329.97	0.71503
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.6447	\$496.65	0.0120	\$164.01	\$322.16	0.69810
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.6447	\$496.65	0.0000	\$164.01	\$320.19	0.69383
HMP	E2S	V82	DO	Silver	71.5%	0.6107	\$496.65	0.3814	\$164.01	\$365.86	0.79280
HMP	E25	V84	ZT	Silver	68.8%	0.6015	\$496.65	0.4238	\$164.01	\$368.24	0.79795
HMP	E2K	V82	ZT	Silver	70.5%	0.6121	\$496.65	0.4238	\$164.01	\$373.51	0.80937
HMP	E2K	V82	ZY	Silver	68.4%	0.6121	\$496.65	0.3650	\$164.01	\$363.86	0.78846
HMP	E41	V86	ZT	Silver	70.5%	0.6092	\$496.65	0.4238	\$164.01	\$372.07	0.80625
HMP	E41	V86	ZY	Silver	69.0%	0.6092	\$496.65	0.3650	\$164.01	\$362.42	0.78534
HMP	E2S	V82	ZZ	Silver	69.2%	0.6107	\$496.65	0.3250	\$164.01	\$356.61	0.77275

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 EZ5 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)
0.89102	Plan Ratio (EZ5)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,522.96</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - OCI

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	2,097	1,001,289	676,230	322.47	67.5%
Feb-12	2,092	1,008,153	490,703	234.56	48.7%
Mar-12	2,087	1,004,079	429,754	205.92	42.8%
Apr-12	2,048	983,024	542,506	264.90	55.2%
May-12	2,021	968,813	519,526	257.06	53.6%
Jun-12	1,964	958,002	448,492	228.36	46.8%
Jul-12	2,013	967,548	416,466	206.89	43.0%
Aug-12	1,979	950,252	489,288	247.24	51.5%
Sep-12	1,958	924,100	405,175	206.93	43.8%
Oct-12	1,936	919,699	561,423	289.99	61.0%
Nov-12	1,936	929,625	477,799	246.80	51.4%
Dec-12	1,903	923,026	389,104	204.47	42.2%
Total	24,034	11,537,610	5,846,466	243.26	50.7%

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 ppm assessment for 2014, or an estimated 1.2% 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
<hr/>	
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
<hr/>	
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)			

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
Optimum Choice, Inc., NAIC #96940
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 Optimum Choice, Inc. 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 88 new plans: 47 HMO and 41 HMP (or HMO-Plus, 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 \$121,252 for Optimum Choice, Inc. 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>+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 80.3%. The estimated Federal MLR adjustments are as follows:

10.2%	Taxes, regulatory fees and assessments
-1.7%	GAAP Medical reclass to MLR SG&A
1.5%	QI/HIT Medical costs added
0.1%	Bad debt
<u>0.0%</u>	<u>Credibility adjustment</u>
10.1%	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.

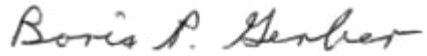
I certify that the rates are reasonable in relation to the benefits provided, and are not excessive, deficient nor unfairly discriminatory.

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: 194 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 Optimum Choice, Inc.

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:** Optimum Choice, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 75753
- **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. Optimum Choice, Inc. anticipates paying \$798,711 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 80.3%.

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)	Free Standing Facility Fee (e.g., Ambulatory Surgery Center)	Hospital Setting 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	-	-	-	-	71.35%	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/A: 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: The fixed reference plan selected as the basis for the AV Pricing Values is medical plan E5Q/V9F 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:

HMO	
ADC	KVD
ADD	KVE
ADE	KVF
ADF	KVG
ADG	KVH
ADH	KVI
ADI	KVM
ADJ	KVN
ADK	KVO
ADL	Edge1
KVA	Edge2
KVB	Edge3
KVC	

HMO-HSA	
SWT	SWX
SWU	SWY
SWV	SWZ
SWW	SW1

HMP	
1M1	KXB
1M2	KXC
1M3	KXD
1M4	KXE
1M5	KXF
1M6	KXG
1M7	KXH
1M8	KXI
1M9	Edge4
1MN	Edge5
KXA	Edge6

HMP-HSA	
SW2	SW6
SW3	SW7
SW4	SW8
SW5	SW9

Rx	
0J	8L
0K	8M
0L	8P
0M	8T
0N	8U
0P	8V
0R	8W
0S	8X
0T	9B
0U	9C
0V	JK
0W	SP1
0X	SP2
0Y	SP3
8H	9U
8I	9Y
8J	TF
8K	

HSA Rx	
0Y HSA	

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

HMO Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMO	C4N	VM9	ZV	Platinum	88.2%	1.04819
HMO	EY3	V75	ZU	Platinum	90.7%	1.10616
HMO	E45	V87	YM	Platinum	88.5%	1.06707
HMO	E49	V89	ZR	Platinum	88.5%	1.06102
HMO	E5P	V9E	ZU	Platinum	91.9%	1.12934
HMO	EY	V73	ZV	Platinum	89.0%	1.06377
HMO-HSA	DW8	VZW	A0	Gold	78.5%	0.79375
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.79013
HMO-HSA	DW6	VZY	A0	Gold	78.1%	0.88509
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.88147
HMO	EZO	V79	A0	Gold	79.5%	0.91183
HMO	EZO	V79	YM	Gold	78.8%	0.90208
HMO	EZ5	V8N	C0	Gold	79.1%	0.89102
HMO	EZ5	V8N	ZT	Gold	78.9%	0.89718
HMO	E0T	V8T	A0	Gold	78.9%	0.89269
HMO	E0T	V8T	YM	Gold	78.3%	0.88296
HMO	EY9	V77	A0	Gold	81.4%	0.93523
HMO	EY9	V77	YM	Gold	80.9%	0.92548
HMO	EZY	V8L	B0	Gold	78.1%	0.88873
HMO	EZY	V8L	ZS	Gold	78.7%	0.88129
HMO	E02	V8V	A0	Gold	81.6%	0.95027
HMO	E02	V8V	YM	Gold	81.1%	0.94054
HMO	E0L	V8R	A0	Gold	79.7%	0.93471
HMO	E0L	V8R	ZR	Gold	79.1%	0.91640
HMO	E0E	V8P	A0	Gold	79.9%	0.93293
HMO	E0E	V8P	ZS	Gold	78.5%	0.90741
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.68794
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.68367
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.69754
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.69327
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.70131
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.69704
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.67736
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.67312
HMO	E08	V8X	ZT	Silver	70.8%	0.78580
HMO	E08	V8X	ZY	Silver	69.9%	0.76491
HMO	E2Q	V81	D0	Silver	71.5%	0.77544
HMO	E2Y	V83	ZT	Silver	70.0%	0.78068
HMO	E2Y	V83	ZY	Silver	70.0%	0.75977
HMO	E3Y	V85	ZT	Silver	70.5%	0.78842
HMO	E3Y	V85	ZY	Silver	69.0%	0.76751
HMO	E2I	V8Y	ZT	Silver	70.5%	0.79091
HMO	E2I	V8Y	ZY	Silver	68.4%	0.77002
HMO	E2Q	V81	ZZ	Silver	69.2%	0.75540
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.57667
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.58137
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.64917

HMP Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMP	C4M	VM8	ZV	Platinum	88.2%	1.07138
HMP	EYZ	V74	ZV	Platinum	89.0%	1.08687
HMP	EY4	V76	ZU	Platinum	90.7%	1.12952
HMP	E46	V88	YM	Platinum	88.5%	1.08798
HMP	E5M	V9D	ZR	Platinum	88.5%	1.08016
HMP	E5Q	V9F	ZU	Platinum	91.9%	1.15255
HMP-HSA	DW9	VZX	A0	Gold	78.5%	0.81865
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.81501
HMP-HSA	DXQ	VZZ	A0	Gold	78.1%	0.91215
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.90853
HMP	EZQ	V8K	YM	Gold	78.8%	0.92277
HMP	EZ7	V8O	C0	Gold	79.1%	0.91235
HMP	E27	V8O	ZT	Gold	78.9%	0.91850
HMP	E0V	V8U	A0	Gold	78.9%	0.91389
HMP	E0V	V8U	YM	Gold	78.3%	0.90416
HMP	EZF	V78	YM	Gold	80.9%	0.94667
HMP	EZF	V78	A0	Gold	81.4%	0.95640
HMP	EZQ	V8K	A0	Gold	79.5%	0.93250
HMP	EZZ	V8M	B0	Gold	78.1%	0.90968
HMP	EZZ	V8M	ZS	Gold	78.7%	0.90225
HMP	E04	V8W	A0	Gold	81.6%	0.97146
HMP	E04	V8W	YM	Gold	81.1%	0.96173
HMP	E0N	V8S	A0	Gold	79.7%	0.95608
HMP	E0N	V8S	ZR	Gold	79.1%	0.93777
HMP	E0G	V8Q	A0	Gold	79.9%	0.95404
HMP	E0G	V8Q	ZS	Gold	78.5%	0.92851
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.70811
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.70384
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.72220
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.71795
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.71929
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.71503
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.69810
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.69383
HMP	E2S	V82	D0	Silver	71.5%	0.79280
HMP	E25	V84	ZT	Silver	70.0%	0.79795
HMP	E2K	V8Z	ZT	Silver	70.5%	0.80937
HMP	E2K	V8Z	ZY	Silver	68.4%	0.78846
HMP	E41	V86	ZT	Silver	70.5%	0.80625
HMP	E41	V86	ZY	Silver	69.0%	0.78534
HMP	E2S	V82	ZZ	Silver	69.2%	0.77275

(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
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	Rx					
	Medical Exchange		Rx					Deductible			OOP Maximum			Deductible			OOP Maximum			PCP	SCP	UC	ER	OP Surgery			IP	Deduct. Type	Deduct.	Tier 1	Tier 2	Tier 3
	Off	On						Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins	Indiv.	Family	Coins					Indiv.	Family							
HMP	EZZ	V8M	B0	Gold 3-A	GO3.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	78.1%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250	Emb	Sep	\$100	\$10	20% to \$100	40% to \$300					
HMP	EZZ	V8M	ZS	Gold 3	GO3.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.7%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250	Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300			
HMP	E04	V8W	A0	Gold 9-A	GO9.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	81.6%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40			Emb	Sep	\$10	20% to \$100	40% to \$300						
HMP	E04	V8W	YM	Gold 9	GO9.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	81.1%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40			Emb	Sep	\$10	20% to \$100	40% to \$300						
HMP	E0N	V8S	A0	Gold 6-A	GO6.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.7%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150	Emb	Sep	\$10	20% to \$100	40% to \$300						
HMP	E0N	V8S	ZR	Gold 6	GO6.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	79.1%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150	Emb	Sep	\$50	\$10	\$40	\$100	\$75	\$300			
HMP	E0G	V8Q	A0	Gold 5-A	GO5.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.9%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150	Emb	Sep	\$10	20% to \$100	40% to \$300						
HMP	E0G	V8Q	ZS	Gold 5	GO5.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.5%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150	Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300			
HMP-HSA	DXZ	VZS	YM	Silver 2	SL2.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.2%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000					NonEmb	Comb	\$10	\$40	\$100	\$75	\$300				
HMP-HSA	DXZ	VZS	ZX	Silver 2-A	SL2.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.7%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000					NonEmb	Comb	\$15	30% to \$100	50% to \$300						
HMP-HSA	DYH	VZ3	YM	Silver 4	SL4.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	71.0%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000					NonEmb	Comb	\$10	\$40	\$100	\$75	\$300				
HMP-HSA	DYH	VZ3	ZX	Silver 4-A	SL4.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	70.1%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000					NonEmb	Comb	\$15	30% to \$100	50% to \$300						
HMP-HSA	DX6	VZ4	YM	Silver 3	SL3.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000					NonEmb	Comb	\$10	\$40	\$100	\$75	\$300				
HMP-HSA	DX6	VZ4	ZX	Silver 3-A	SL3.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.3%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000					NonEmb	Comb	\$15	30% to \$100	50% to \$300						
HMP-HSA	DYO	VZ6	YM	Silver 5	SL5.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000					NonEmb	Comb	\$10	\$40	\$100	\$75	\$300				
HMP-HSA	DYO	VZ6	ZX	Silver 5-A	SL5.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.3%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000					NonEmb	Comb	\$15	30% to \$100	50% to \$300						
HMP	E2S	V82	D0	Silver 7	SL7.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	71.5%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300	Emb	Sep	\$500	\$10	\$40	\$100	\$75	\$300			
HMP	E2S	V84	ZT	Silver 8	SL8.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.0%	\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300	Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300			
HMP	E2K	V8Z	ZT	Silver 10	SL10.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300	Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300			
HMP	E2K	V8Z	ZY	Silver 10-A	SL10.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.4%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300	Emb	Sep	\$250	\$15	30% to \$100	50% to \$300					
HMP	E41	V86	ZT	Silver 9	SL9.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300	Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300			
HMP	E41	V86	ZY	Silver 9-A	SL9.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.0%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300	Emb	Sep	\$250	\$15	30% to \$100	50% to \$300					
HMP	E2S	V82	ZZ	Silver 7-A	SL7.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.2%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300	Emb	Sep	\$500	\$15	30% to \$100	50% to \$300					

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>Market EHB</u>	<u>Exper. Adj</u>	<u>Exchange User Fee</u>	<u>Risk Adj</u>	<u>Total</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

HMO Plans											
Product	Plan Name			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		Rx								
	Off	On									
HMO	C4N	VM9	ZV	Platinum	88.2%	0.8328	\$482.19	0.5009	\$164.01	\$483.72	1.04819
HMO	EY3	V75	ZU	Platinum	90.7%	0.8798	\$482.19	0.5258	\$164.01	\$510.47	1.10616
HMO	E45	V87	YM	Platinum	88.5%	0.8559	\$482.19	0.4861	\$164.01	\$492.43	1.06707
HMO	E49	V89	ZR	Platinum	88.5%	0.8583	\$482.19	0.4620	\$164.01	\$489.64	1.06102
HMO	E5P	V9E	ZU	Platinum	91.9%	0.9020	\$482.19	0.5258	\$164.01	\$521.17	1.12934
HMO	EYH	V73	ZV	Platinum	89.0%	0.8477	\$482.19	0.5009	\$164.01	\$490.91	1.06377
HMO-HSA	DW8	VZV	AO	Gold	78.5%	0.7562	\$482.19	0.0102	\$164.01	\$366.30	0.79375
HMO-HSA	DW8	VZV	YM	Gold	78.4%	0.7562	\$482.19	0.0000	\$164.01	\$364.63	0.79013
HMO-HSA	DW6	VZY	AO	Gold	78.1%	0.8436	\$482.19	0.0102	\$164.01	\$408.45	0.88509
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.8436	\$482.19	0.0000	\$164.01	\$406.78	0.88147
HMO	EZO	V79	AO	Gold	79.5%	0.6980	\$482.19	0.5135	\$164.01	\$420.79	0.91183
HMO	EZO	V79	YM	Gold	78.8%	0.6980	\$482.19	0.4861	\$164.01	\$416.29	0.90208
HMO	EZ5	V8N	CO	Gold	79.1%	0.7145	\$482.19	0.4065	\$164.01	\$411.19	0.89102
HMO	EZ5	V8N	ZT	Gold	78.9%	0.7145	\$482.19	0.4238	\$164.01	\$414.03	0.89718
HMO	EOT	V8T	AO	Gold	78.9%	0.6797	\$482.19	0.5135	\$164.01	\$411.96	0.89269
HMO	EOT	V8T	YM	Gold	78.3%	0.6797	\$482.19	0.4861	\$164.01	\$407.47	0.88296
HMO	EY9	V77	AO	Gold	81.4%	0.7204	\$482.19	0.5135	\$164.01	\$431.59	0.93523
HMO	EY9	V77	YM	Gold	80.9%	0.7204	\$482.19	0.4861	\$164.01	\$427.09	0.92548
HMO	EZY	V8L	BO	Gold	78.1%	0.6932	\$482.19	0.4626	\$164.01	\$410.13	0.88873
HMO	EZY	V8L	ZS	Gold	78.7%	0.6932	\$482.19	0.4417	\$164.01	\$406.70	0.88129
HMO	E02	V8V	AO	Gold	81.6%	0.7348	\$482.19	0.5135	\$164.01	\$438.53	0.95027
HMO	E02	V8V	YM	Gold	81.1%	0.7348	\$482.19	0.4861	\$164.01	\$434.04	0.94054
HMO	E0L	V8R	AO	Gold	79.7%	0.7199	\$482.19	0.5135	\$164.01	\$431.35	0.93471
HMO	E0L	V8R	ZR	Gold	79.1%	0.7199	\$482.19	0.4620	\$164.01	\$422.90	0.91640
HMO	E0E	V8P	AO	Gold	79.9%	0.7182	\$482.19	0.5135	\$164.01	\$430.53	0.93293
HMO	E0E	V8P	ZS	Gold	78.5%	0.7182	\$482.19	0.4417	\$164.01	\$418.75	0.90741
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.6543	\$482.19	0.0120	\$164.01	\$317.47	0.68794
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.6543	\$482.19	0.0000	\$164.01	\$315.50	0.68367
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.6635	\$482.19	0.0120	\$164.01	\$321.90	0.69754
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.6635	\$482.19	0.0000	\$164.01	\$319.93	0.69327
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.6671	\$482.19	0.0120	\$164.01	\$323.64	0.70131
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.6671	\$482.19	0.0000	\$164.01	\$321.67	0.69704
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.6442	\$482.19	0.0120	\$164.01	\$312.59	0.67736
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.6442	\$482.19	0.0000	\$164.01	\$310.63	0.67312
HMO	E08	V8X	ZT	Silver	70.8%	0.6079	\$482.19	0.4238	\$164.01	\$362.63	0.78580
HMO	E08	V8X	ZY	Silver	69.9%	0.6079	\$482.19	0.3650	\$164.01	\$352.99	0.76491
HMO	E2Q	V81	DO	Silver	71.5%	0.6124	\$482.19	0.3814	\$164.01	\$357.85	0.77544
HMO	E2Y	V83	ZT	Silver	70.0%	0.6030	\$482.19	0.4238	\$164.01	\$360.27	0.78068
HMO	E2Y	V83	ZY	Silver	70.0%	0.6030	\$482.19	0.3650	\$164.01	\$350.62	0.75977
HMO	E3Y	V85	ZT	Silver	70.5%	0.6104	\$482.19	0.4238	\$164.01	\$363.84	0.78842
HMO	E3Y	V85	ZY	Silver	69.0%	0.6104	\$482.19	0.3650	\$164.01	\$354.19	0.76751
HMO	E2I	V8Y	ZT	Silver	70.5%	0.6128	\$482.19	0.4238	\$164.01	\$364.99	0.79091
HMO	E2I	V8Y	ZY	Silver	68.4%	0.6128	\$482.19	0.3650	\$164.01	\$355.35	0.77002
HMO	E2Q	V81	ZZ	Silver	69.2%	0.6124	\$482.19	0.3250	\$164.01	\$348.60	0.75540
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.5519	\$482.19	0.0000	\$164.01	\$266.12	0.57667
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.5564	\$482.19	0.0000	\$164.01	\$268.29	0.58137
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.6213	\$482.19	0.0000	\$164.01	\$299.58	0.64917

HMP Plans											
Product	Plan Name			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		Rx								
	Off	On									
HMP	C4M	VM8	ZV	Platinum	88.2%	0.8301	\$496.65	0.5009	\$164.01	\$494.42	1.07138
HMP	EYZ	V74	ZV	Platinum	89.0%	0.8445	\$496.65	0.5009	\$164.01	\$501.57	1.08687
HMP	EY4	V76	ZU	Platinum	90.7%	0.8759	\$496.65	0.5258	\$164.01	\$521.25	1.12952
HMP	E46	V88	YM	Platinum	88.5%	0.8504	\$496.65	0.4861	\$164.01	\$502.08	1.08798
HMP	E5M	V9D	ZR	Platinum	88.5%	0.8511	\$496.65	0.4620	\$164.01	\$498.47	1.08016
HMP	E5Q	V9F	ZU	Platinum	91.9%	0.8973	\$496.65	0.5258	\$164.01	\$531.88	1.15255
HMP-HSA	DW9	VZX	AO	Gold	78.5%	0.7573	\$496.65	0.0102	\$164.01	\$377.79	0.81865
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.7573	\$496.65	0.0000	\$164.01	\$376.11	0.81501
HMP-HSA	DXQ	VZZ	AO	Gold	78.1%	0.8442	\$496.65	0.0102	\$164.01	\$420.94	0.91215
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.8442	\$496.65	0.0000	\$164.01	\$419.27	0.90853
HMP	EZQ	V8K	YM	Gold	78.8%	0.6969	\$496.65	0.4861	\$164.01	\$425.84	0.92277
HMP	EZ7	V8O	CO	Gold	79.1%	0.7135	\$496.65	0.4065	\$164.01	\$421.03	0.91235
HMP	EZ7	V8O	ZT	Gold	78.9%	0.7135	\$496.65	0.4238	\$164.01	\$423.87	0.91850
HMP	E0V	V8U	AO	Gold	78.9%	0.6796	\$496.65	0.5135	\$164.01	\$421.74	0.91389
HMP	E0V	V8U	YM	Gold	78.3%	0.6796	\$496.65	0.4861	\$164.01	\$417.25	0.90416
HMP	EZF	V78	YM	Gold	80.9%	0.7191	\$496.65	0.4861	\$164.01	\$436.87	0.94667
HMP	EZF	V78	AO	Gold	81.4%	0.7191	\$496.65	0.5135	\$164.01	\$441.36	0.95640
HMP	EZQ	V8K	AO	Gold	79.5%	0.6969	\$496.65	0.5135	\$164.01	\$430.33	0.93250
HMP	EZZ	V8M	BO	Gold	78.1%	0.6925	\$496.65	0.4626	\$164.01	\$419.80	0.90968
HMP	EZZ	V8M	ZS	Gold	78.7%	0.6925	\$496.65	0.4417	\$164.01	\$416.37	0.90225
HMP	E04	V8W	AO	Gold	81.6%	0.7331	\$496.65	0.5135	\$164.01	\$448.31	0.97146
HMP	E04	V8W	YM	Gold	81.1%	0.7331	\$496.65	0.4861	\$164.01	\$443.82	0.96173
HMP	E0N	V8S	AO	Gold	79.7%	0.7188	\$496.65	0.5135	\$164.01	\$441.21	0.95608
HMP	E0N	V8S	ZR	Gold	79.1%	0.7188	\$496.65	0.4620	\$164.01	\$432.76	0.93777
HMP	E0G	V8Q	AO	Gold	79.9%	0.7169	\$496.65	0.5135	\$164.01	\$440.27	0.95404
HMP	E0G	V8Q	ZS	Gold	78.5%	0.7169	\$496.65	0.4417	\$164.01	\$428.49	0.92851
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.6540	\$496.65	0.0120	\$164.01	\$326.78	0.70811
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.6540	\$496.65	0.0000	\$164.01	\$324.81	0.70384
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.6671	\$496.65	0.0120	\$164.01	\$333.28	0.72220
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.6671	\$496.65	0.0000	\$164.01	\$331.32	0.71795
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.6644	\$496.65	0.0120	\$164.01	\$331.94	0.71929
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.6644	\$496.65	0.0000	\$164.01	\$329.97	0.71503
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.6447	\$496.65	0.0120	\$164.01	\$322.16	0.69810
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.6447	\$496.65	0.0000	\$164.01	\$320.19	0.69383
HMP	E2S	V82	DO	Silver	71.5%	0.6107	\$496.65	0.3814	\$164.01	\$365.86	0.79280
HMP	E25	V84	ZT	Silver	68.8%	0.6015	\$496.65	0.4238	\$164.01	\$368.24	0.79795
HMP	E2K	V82	ZT	Silver	70.5%	0.6121	\$496.65	0.4238	\$164.01	\$373.51	0.80937
HMP	E2K	V82	ZY	Silver	68.4%	0.6121	\$496.65	0.3650	\$164.01	\$363.86	0.78846
HMP	E41	V86	ZT	Silver	70.5%	0.6092	\$496.65	0.4238	\$164.01	\$372.07	0.80625
HMP	E41	V86	ZY	Silver	69.0%	0.6092	\$496.65	0.3650	\$164.01	\$362.42	0.78534
HMP	E2S	V82	ZZ	Silver	69.2%	0.6107	\$496.65	0.3250	\$164.01	\$356.61	0.77275

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 EZ5 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)
0.89102	Plan Ratio (EZ5)	(2)
1.026	Trend Factor (2Q14)	(3)
10.721	Group Age Factor	(4)
<u>\$4,522.96</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - OCI

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	2,097	1,001,289	676,230	322.47	67.5%
Feb-12	2,092	1,008,153	490,703	234.56	48.7%
Mar-12	2,087	1,004,079	429,754	205.92	42.8%
Apr-12	2,048	983,024	542,506	264.90	55.2%
May-12	2,021	968,813	519,526	257.06	53.6%
Jun-12	1,964	958,002	448,492	228.36	46.8%
Jul-12	2,013	967,548	416,466	206.89	43.0%
Aug-12	1,979	950,252	489,288	247.24	51.5%
Sep-12	1,958	924,100	405,175	206.93	43.8%
Oct-12	1,936	919,699	561,423	289.99	61.0%
Nov-12	1,936	929,625	477,799	246.80	51.4%
Dec-12	1,903	923,026	389,104	204.47	42.2%
Total	24,034	11,537,610	5,846,466	243.26	50.7%

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 ppm assessment for 2014, or an estimated 1.2% 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
<hr/>	
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
<hr/>	
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)			

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
Optimum Choice, Inc., NAIC #96940
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 Optimum Choice, Inc. 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 88 new plans: 47 HMO and 41 HMP (or HMO-Plus, 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 (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 \$121,252 for Optimum Choice, Inc. 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 80.3%. The estimated Federal MLR adjustments are as follows:

10.2%	Taxes, regulatory fees and assessments
-1.7%	GAAP Medical reclass to MLR SG&A
1.5%	QI/HIT Medical costs added
0.1%	Bad debt
<u>0.0%</u>	<u>Credibility adjustment</u>
10.1%	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: 194 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 Optimum Choice, Inc.

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:** Optimum Choice, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 75753
- **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. Optimum Choice, Inc. anticipates paying \$798,711 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 80.3%.

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									
Metallic Plan (f)	Medical Copays After Deductible		OP Copay		Rx Effective Coinsurance Estimation				Methodology
	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)	
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/A: 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: The fixed reference plan selected as the basis for the AV Pricing Values is medical plan E5Q/V9F 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:

HMO	
ADC	KVD
ADD	KVE
ADE	KVF
ADF	KVG
ADG	KVH
ADH	KVI
ADI	KVM
ADJ	KVN
ADK	KVO
ADL	Edge1
KVA	Edge2
KVB	Edge3
KVC	

HMO-HSA	
SWT	SWX
SWU	SWY
SWV	SWZ
SWW	SW1

HMP	
1M1	KXB
1M2	KXC
1M3	KXD
1M4	KXE
1M5	KXF
1M6	KXG
1M7	KXH
1M8	KXI
1M9	Edge4
1MN	Edge5
KXA	Edge6

HMP-HSA	
SW2	SW6
SW3	SW7
SW4	SW8
SW5	SW9

Rx	
0J	8L
0K	8M
0L	8P
0M	8T
0N	8U
0P	8V
0R	8W
0S	8X
0T	9B
0U	9C
0V	JK
0W	SP1
0X	SP2
0Y	SP3
8H	9U
8I	9Y
8J	TF
8K	

HSA Rx	
0Y HSA	

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

HMO Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMO	C4N	VM9	ZV	Platinum	88.2%	1.04819
HMO	EY3	V75	ZU	Platinum	90.7%	1.10614
HMO	E45	V87	YM	Platinum	88.5%	1.06706
HMO	E49	V89	ZR	Platinum	88.5%	1.06100
HMO	E5P	V9E	ZU	Platinum	91.9%	1.12934
HMO	EY	V73	ZV	Platinum	89.0%	1.06375
HMO-HSA	DW8	VZW	A0	Gold	78.5%	0.79375
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.79013
HMO-HSA	DW6	VZY	A0	Gold	78.1%	0.88508
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.88145
HMO	EZO	V79	A0	Gold	79.5%	0.91182
HMO	EZO	V79	YM	Gold	78.8%	0.90208
HMO	EZ5	V8N	C0	Gold	79.1%	0.89103
HMO	EZ5	V8N	ZT	Gold	78.9%	0.89718
HMO	E0T	V8T	A0	Gold	78.9%	0.89269
HMO	E0T	V8T	YM	Gold	78.3%	0.88296
HMO	EY9	V77	A0	Gold	81.4%	0.93522
HMO	EY9	V77	YM	Gold	80.9%	0.92548
HMO	EZY	V8L	B0	Gold	78.1%	0.88871
HMO	EZY	V8L	ZS	Gold	78.7%	0.88128
HMO	E02	V8V	A0	Gold	81.6%	0.95027
HMO	E02	V8V	YM	Gold	81.1%	0.94053
HMO	E0L	V8R	A0	Gold	79.7%	0.93470
HMO	E0L	V8R	ZR	Gold	79.1%	0.91639
HMO	E0E	V8P	A0	Gold	79.9%	0.93292
HMO	E0E	V8P	ZS	Gold	78.5%	0.90740
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.68792
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.68366
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.69753
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.69327
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.70130
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.69703
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.67737
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.67310
HMO	E08	V8X	ZT	Silver	70.8%	0.78579
HMO	E08	V8X	ZY	Silver	69.9%	0.76490
HMO	E2Q	V81	D0	Silver	71.5%	0.77543
HMO	E2Y	V83	ZT	Silver	70.0%	0.78067
HMO	E2Y	V83	ZY	Silver	70.0%	0.75978
HMO	E3Y	V85	ZT	Silver	70.5%	0.78841
HMO	E3Y	V85	ZY	Silver	69.0%	0.76751
HMO	E2I	V8Y	ZT	Silver	70.5%	0.79091
HMO	E2I	V8Y	ZY	Silver	68.4%	0.77002
HMO	E2Q	V81	ZZ	Silver	69.2%	0.75538
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.57666
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.58136
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.64918

HMP Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMP	C4M	VM8	ZV	Platinum	88.2%	1.07138
HMP	EYZ	V74	ZV	Platinum	89.0%	1.08687
HMP	EY4	V76	ZU	Platinum	90.7%	1.12952
HMP	E46	V88	YM	Platinum	88.5%	1.08796
HMP	E5M	V9D	ZR	Platinum	88.5%	1.08015
HMP	E5Q	V9F	ZU	Platinum	91.9%	1.15255
HMP-HSA	DW9	VZX	A0	Gold	78.5%	0.81863
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.81501
HMP-HSA	DXQ	VZZ	A0	Gold	78.1%	0.91216
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.90853
HMP	EZQ	V8K	YM	Gold	78.8%	0.92277
HMP	EZ7	V8O	C0	Gold	79.1%	0.91234
HMP	EZ7	V8O	ZT	Gold	78.9%	0.91849
HMP	E0V	V8U	A0	Gold	78.9%	0.91389
HMP	E0V	V8U	YM	Gold	78.3%	0.90415
HMP	EZF	V78	YM	Gold	80.9%	0.94666
HMP	EZF	V78	A0	Gold	81.4%	0.95640
HMP	EZQ	V8K	A0	Gold	79.5%	0.93250
HMP	EZZ	V8M	B0	Gold	78.1%	0.90968
HMP	EZZ	V8M	ZS	Gold	78.7%	0.90225
HMP	E04	V8W	A0	Gold	81.6%	0.97146
HMP	E04	V8W	YM	Gold	81.1%	0.96173
HMP	E0N	V8S	A0	Gold	79.7%	0.95607
HMP	E0N	V8S	ZR	Gold	79.1%	0.93777
HMP	E0G	V8Q	A0	Gold	79.9%	0.95403
HMP	E0G	V8Q	ZS	Gold	78.5%	0.92851
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.70810
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.70384
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.72220
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.71794
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.71930
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.71503
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.69809
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.69383
HMP	E2S	V82	D0	Silver	71.5%	0.79279
HMP	E25	V84	ZT	Silver	70.0%	0.79796
HMP	E2K	V8Z	ZT	Silver	70.5%	0.80936
HMP	E2K	V8Z	ZY	Silver	68.4%	0.78847
HMP	E41	V86	ZT	Silver	70.5%	0.80624
HMP	E41	V86	ZY	Silver	69.0%	0.78534
HMP	E2S	V82	ZZ	Silver	69.2%	0.77274

(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
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	Rx													
	Medical Exchange						Deductible	Coins	OOP Maximum		Deductible	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.							
	Off	On							Indiv.	Family			Indiv.	Family					Indiv.	Family										Indiv.	Family	Free-St.	Hospital			
HMP	EZZ	V8M	B0	Gold 3-A	GO3.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	78.1%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250								Emb	Sep	\$100	\$10	20% to \$100	40% to \$300		
HMP	EZZ	V8M	ZS	Gold 3	GO3.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.7%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250								Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP	E04	V8W	A0	Gold 9-A	GO9.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	81.6%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40										Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E04	V8W	YM	Gold 9	GO9.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	81.1%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40										Emb	Sep	\$10	\$40	\$100	\$75	\$300	
HMP	E0N	V8S	A0	Gold 6-A	GO6.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.7%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150								Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	ZR	Gold 6	GO6.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	79.1%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150								Emb	Sep	\$50	\$10	\$40	\$100	\$75	\$300
HMP	E0G	V8Q	A0	Gold 5-A	GO5.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.9%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150								Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0G	V8Q	ZS	Gold 5	GO5.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.5%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150								Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP-HSA	DXZ	VZS	YM	Silver 2	SL2.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.2%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DXZ	VZS	ZX	Silver 2-A	SL2.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.7%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000												NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYH	VZ3	YM	Silver 4	SL4.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	71.0%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYH	VZ3	ZX	Silver 4-A	SL4.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	70.1%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP-HSA	DX6	VZ4	YM	Silver 3	SL3.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300		
HMP-HSA	DX6	VZ4	ZX	Silver 3-A	SL3.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.3%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP-HSA	DYO	VZ6	YM	Silver 5	SL5.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300		
HMP-HSA	DYO	VZ6	ZX	Silver 5-A	SL5.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.3%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP	E2S	V82	D0	Silver 7	SL7.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	71.5%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$500	\$10	\$40	\$100	\$75	\$300
HMP	E2S	V84	ZT	Silver 8	SL8.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.0%	\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZT	Silver 10	SL10.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZY	Silver 10-A	SL10.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.4%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E41	V86	ZT	Silver 9	SL9.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E41	V86	ZY	Silver 9-A	SL9.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.0%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E2S	V82	ZZ	Silver 7-A	SL7.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.2%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$500	\$15	30% to \$100	50% to \$300		

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>Exchange User Fee</u>	<u>Risk Adj</u>	<u>Total</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

Index Rate: \$479.63
(i)

Benefit Plan Ratios

HMO Plans												
Product	Plan Name			Metal Level	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		Rx									
	Exchange											
	Off	On										
HMO	C4N	VM9	ZV	Platinum	88.2%	0.8328	\$501.15	0.5009	\$170.46	\$502.74	1.04819	
HMO	EY3	V75	ZU	Platinum	90.7%	0.8798	\$501.15	0.5258	\$170.46	\$530.54	1.10614	
HMO	E45	V87	YM	Platinum	88.5%	0.8559	\$501.15	0.4861	\$170.46	\$511.79	1.06706	
HMO	E49	V89	ZR	Platinum	88.5%	0.8583	\$501.15	0.4620	\$170.46	\$508.89	1.06100	
HMO	E5P	V9E	ZU	Platinum	91.9%	0.9020	\$501.15	0.5258	\$170.46	\$541.67	1.12934	
HMO	EY8	V73	ZV	Platinum	89.0%	0.8477	\$501.15	0.5009	\$170.46	\$510.21	1.06375	
HMO-HSA	DW4	VZW	AO	Gold	78.5%	0.7562	\$501.15	0.0102	\$170.46	\$380.71	0.79375	
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.7562	\$501.15	0.0000	\$170.46	\$378.97	0.79013	
HMO-HSA	DW6	VZY	AO	Gold	78.1%	0.8436	\$501.15	0.0102	\$170.46	\$424.51	0.88508	
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.8436	\$501.15	0.0000	\$170.46	\$422.77	0.88145	
HMO	EZO	V79	AO	Gold	79.5%	0.6980	\$501.15	0.5135	\$170.46	\$437.33	0.91182	
HMO	EZO	V79	YM	Gold	78.8%	0.6980	\$501.15	0.4861	\$170.46	\$432.66	0.90208	
HMO	EZ5	V8N	CO	Gold	79.1%	0.7145	\$501.15	0.4065	\$170.46	\$427.36	0.89103	
HMO	EZ5	V8N	ZT	Gold	78.9%	0.7145	\$501.15	0.4238	\$170.46	\$430.31	0.89718	
HMO	EOT	V8T	AO	Gold	78.9%	0.6797	\$501.15	0.5135	\$170.46	\$428.16	0.89269	
HMO	EOT	V8T	YM	Gold	78.3%	0.6797	\$501.15	0.4861	\$170.46	\$423.49	0.88296	
HMO	EY9	V77	AO	Gold	81.4%	0.7204	\$501.15	0.5135	\$170.46	\$448.56	0.93522	
HMO	EY9	V77	YM	Gold	80.9%	0.7204	\$501.15	0.4861	\$170.46	\$443.89	0.92548	
HMO	EZY	V8L	BO	Gold	78.1%	0.6932	\$501.15	0.4626	\$170.46	\$426.25	0.88871	
HMO	EZY	V8L	ZS	Gold	78.7%	0.6932	\$501.15	0.4417	\$170.46	\$422.69	0.88128	
HMO	E02	V8V	AO	Gold	81.6%	0.7348	\$501.15	0.5135	\$170.46	\$455.78	0.95027	
HMO	E02	V8V	YM	Gold	81.1%	0.7348	\$501.15	0.4861	\$170.46	\$451.11	0.94053	
HMO	E0L	V8R	AO	Gold	79.7%	0.7199	\$501.15	0.5135	\$170.46	\$448.31	0.93470	
HMO	E0L	V8R	ZR	Gold	79.1%	0.7199	\$501.15	0.4620	\$170.46	\$439.53	0.91639	
HMO	E0E	V8P	AO	Gold	79.9%	0.7182	\$501.15	0.5135	\$170.46	\$447.46	0.93292	
HMO	E0E	V8P	ZS	Gold	78.5%	0.7182	\$501.15	0.4417	\$170.46	\$435.22	0.90740	
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.6543	\$501.15	0.0120	\$170.46	\$329.95	0.68792	
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.6543	\$501.15	0.0000	\$170.46	\$327.90	0.68366	
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.6635	\$501.15	0.0120	\$170.46	\$334.56	0.69753	
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.6635	\$501.15	0.0000	\$170.46	\$332.51	0.69327	
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.6671	\$501.15	0.0120	\$170.46	\$336.36	0.70130	
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.6671	\$501.15	0.0000	\$170.46	\$334.32	0.69703	
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.6442	\$501.15	0.0120	\$170.46	\$324.89	0.67737	
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.6442	\$501.15	0.0000	\$170.46	\$322.84	0.67310	
HMO	E08	V8X	ZT	Silver	70.8%	0.6079	\$501.15	0.4238	\$170.46	\$376.89	0.78579	
HMO	E08	V8X	ZY	Silver	69.9%	0.6079	\$501.15	0.3650	\$170.46	\$366.87	0.76490	
HMO	E2Q	V81	DO	Silver	71.5%	0.6124	\$501.15	0.3814	\$170.46	\$371.92	0.77543	
HMO	E2Y	V83	ZT	Silver	70.0%	0.6030	\$501.15	0.4238	\$170.46	\$374.43	0.78067	
HMO	E2Y	V83	ZY	Silver	70.0%	0.6030	\$501.15	0.3650	\$170.46	\$364.41	0.75978	
HMO	E3Y	V85	ZT	Silver	70.5%	0.6104	\$501.15	0.4238	\$170.46	\$378.14	0.78841	
HMO	E3Y	V85	ZY	Silver	69.0%	0.6104	\$501.15	0.3650	\$170.46	\$368.12	0.76751	
HMO	E2I	V8Y	ZT	Silver	70.5%	0.6128	\$501.15	0.4238	\$170.46	\$379.35	0.79091	
HMO	E2I	V8Y	ZY	Silver	68.4%	0.6128	\$501.15	0.3650	\$170.46	\$369.32	0.77002	
HMO	E2Q	V81	ZZ	Silver	69.2%	0.6124	\$501.15	0.3250	\$170.46	\$362.30	0.75538	
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.5519	\$501.15	0.0000	\$170.46	\$276.58	0.57666	
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.5564	\$501.15	0.0000	\$170.46	\$278.84	0.58136	
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.6213	\$501.15	0.0000	\$170.46	\$311.36	0.64918	

HMP Plans												
Product	Plan Name			Metal Level	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		Rx									
	Exchange											
	Off	On										
HMP	C4M	VM8	ZV	Platinum	88.2%	0.8301	\$516.18	0.5009	\$170.46	\$513.86	1.07138	
HMP	EYZ	V74	ZV	Platinum	89.0%	0.8445	\$516.18	0.5009	\$170.46	\$521.30	1.08687	
HMP	EY4	V76	ZU	Platinum	90.7%	0.8759	\$516.18	0.5258	\$170.46	\$541.75	1.12952	
HMP	E46	V88	YM	Platinum	88.5%	0.8504	\$516.18	0.4861	\$170.46	\$521.82	1.08796	
HMP	E5M	V9D	ZR	Platinum	88.5%	0.8511	\$516.18	0.4620	\$170.46	\$518.07	1.08015	
HMP	E5Q	V9F	ZU	Platinum	91.9%	0.8973	\$516.18	0.5258	\$170.46	\$552.80	1.15255	
HMP-HSA	DW9	VZX	AO	Gold	78.5%	0.7573	\$516.18	0.0102	\$170.46	\$392.64	0.81863	
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.7573	\$516.18	0.0000	\$170.46	\$390.90	0.81501	
HMP-HSA	DXQ	VZZ	AO	Gold	78.1%	0.8442	\$516.18	0.0102	\$170.46	\$437.50	0.91216	
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.8442	\$516.18	0.0000	\$170.46	\$435.76	0.90853	
HMP	EZQ	V8K	YM	Gold	78.8%	0.6969	\$516.18	0.4861	\$170.46	\$442.59	0.92277	
HMP	EZ7	V8O	CO	Gold	79.1%	0.7135	\$516.18	0.4065	\$170.46	\$437.59	0.91234	
HMP	EZ7	V8O	ZT	Gold	78.9%	0.7135	\$516.18	0.4238	\$170.46	\$440.54	0.91849	
HMP	E0V	V8U	AO	Gold	78.9%	0.6796	\$516.18	0.5135	\$170.46	\$438.33	0.91389	
HMP	E0V	V8U	YM	Gold	78.3%	0.6796	\$516.18	0.4861	\$170.46	\$433.66	0.90415	
HMP	EZF	V78	YM	Gold	80.9%	0.7191	\$516.18	0.4861	\$170.46	\$454.05	0.94666	
HMP	EZF	V78	AO	Gold	81.4%	0.7191	\$516.18	0.5135	\$170.46	\$458.72	0.95640	
HMP	EZQ	V8K	AO	Gold	79.5%	0.6969	\$516.18	0.5135	\$170.46	\$447.26	0.93250	
HMP	EZZ	V8M	BO	Gold	78.1%	0.6925	\$516.18	0.4626	\$170.46	\$436.31	0.90968	
HMP	EZZ	V8M	ZS	Gold	78.7%	0.6925	\$516.18	0.4417	\$170.46	\$432.75	0.90225	
HMP	E04	V8W	AO	Gold	81.6%	0.7331	\$516.18	0.5135	\$170.46	\$465.94	0.97146	
HMP	E04	V8W	YM	Gold	81.1%	0.7331	\$516.18	0.4861	\$170.46	\$461.27	0.96173	
HMP	E0N	V8S	AO	Gold	79.7%	0.7188	\$516.18	0.5135	\$170.46	\$458.56	0.95607	
HMP	E0N	V8S	ZR	Gold	79.1%	0.7188	\$516.18	0.4620	\$170.46	\$449.78	0.93777	
HMP	E0G	V8Q	AO	Gold	79.9%	0.7169	\$516.18	0.5135	\$170.46	\$457.58	0.95403	
HMP	E0G	V8Q	ZS	Gold	78.5%	0.7169	\$516.18	0.4417	\$170.46	\$445.34	0.92851	
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.6540	\$516.18	0.0120	\$170.46	\$339.63	0.70810	
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.6540	\$516.18	0.0000	\$170.46	\$337.58	0.70384	
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.6671	\$516.18	0.0120	\$170.46	\$346.39	0.72220	
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.6671	\$516.18	0.0000	\$170.46	\$344.34	0.71794	
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.6644	\$516.18	0.0120	\$170.46	\$345.00	0.71930	
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.6644	\$516.18	0.0000	\$170.46	\$342.95	0.71503	
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.6447	\$516.18	0.0120	\$170.46	\$334.83	0.69809	
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.6447	\$516.18	0.0000	\$170.46	\$332.78	0.69383	
HMP	E2S	V82	DO	Silver	71.5%	0.6107	\$516.18	0.3814	\$170.46	\$380.24	0.79279	
HMP	E25	V84	ZT	Silver	68.8%	0.6015	\$516.18	0.4238	\$170.46	\$382.72	0.79796	
HMP	E2K	V82	ZT	Silver	70.5%	0.6121	\$516.18	0.4238	\$170.46	\$388.19	0.80936	
HMP	E2K	V82	ZY	Silver	68.4%	0.6121	\$516.18	0.3650	\$170.46	\$378.17	0.78847	
HMP	E41	V86	ZT	Silver	70.5%	0.6092	\$516.18	0.4238	\$170.46	\$386.70	0.80624	
HMP	E41	V86	ZY	Silver	69.0%	0.6092	\$516.18	0.3650	\$170.46	\$376.67	0.78534	
HMP	E2S	V82	ZZ	Silver	69.2%	0.6107	\$516.18	0.3250	\$170.46	\$370.63	0.77274	

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 EZ5 with Rx C0

Effective Date: 4/1/14

Census:

	<u>Member Ages</u>				<u>Age Factors</u>			
	<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	0.000	0.000
EE #2	35	36	5	9	0.805	0.836	0.000	0.000
EE #3	53	55	19		1.605	1.733	0.000	

Total Members: 11

Sum of Age Factors: 7.086

Rate Calculation

	<u>Rating Factor</u>	<u>Exhibit 1 Location</u>
\$479.63	Index Rate	(1)
0.89103	Plan Ratio (EZ5)	(2)
1.026	Trend Factor (2Q14)	(3)
7.086	Group Age Factor	(4)
<u>\$3,107.04</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - OCI

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	2,097	1,001,289	676,230	322.47	67.5%
Feb-12	2,092	1,008,153	490,703	234.56	48.7%
Mar-12	2,087	1,004,079	429,754	205.92	42.8%
Apr-12	2,048	983,024	542,506	264.90	55.2%
May-12	2,021	968,813	519,526	257.06	53.6%
Jun-12	1,964	958,002	448,492	228.36	46.8%
Jul-12	2,013	967,548	416,466	206.89	43.0%
Aug-12	1,979	950,252	489,288	247.24	51.5%
Sep-12	1,958	924,100	405,175	206.93	43.8%
Oct-12	1,936	919,699	561,423	289.99	61.0%
Nov-12	1,936	929,625	477,799	246.80	51.4%
Dec-12	1,903	923,026	389,104	204.47	42.2%
Total	24,034	11,537,610	5,846,466	243.26	50.7%

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 ppm assessment for 2014, or an estimated 1.2% 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
<hr/>	
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
<hr/>	
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) (rate adjustment required to achieve 73% loss ratio)	-8.7%	-1.1%	-2.4%

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

HMO Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMO	C4N	VM9	ZV	Platinum	88.2%	1.04819
HMO	EY3	V75	ZU	Platinum	90.7%	1.10614
HMO	E45	V87	YM	Platinum	88.5%	1.06706
HMO	E49	V89	ZR	Platinum	88.5%	1.06100
HMO	E5P	V9E	ZU	Platinum	91.9%	1.12934
HMO	EY	V73	ZV	Platinum	89.0%	1.06375
HMO-HSA	DW8	VZW	A0	Gold	78.5%	0.79375
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.79013
HMO-HSA	DW6	VZY	A0	Gold	78.1%	0.88508
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.88145
HMO	EZO	V79	A0	Gold	79.5%	0.91182
HMO	EZO	V79	YM	Gold	78.8%	0.90208
HMO	EZ5	V8N	C0	Gold	79.1%	0.89103
HMO	EZ5	V8N	ZT	Gold	78.9%	0.89718
HMO	E0T	V8T	A0	Gold	78.9%	0.89269
HMO	E0T	V8T	YM	Gold	78.3%	0.88296
HMO	EY9	V77	A0	Gold	81.4%	0.93522
HMO	EY9	V77	YM	Gold	80.9%	0.92548
HMO	EZY	V8L	B0	Gold	78.1%	0.88871
HMO	EZY	V8L	ZS	Gold	78.7%	0.88128
HMO	E02	V8V	A0	Gold	81.6%	0.95027
HMO	E02	V8V	YM	Gold	81.1%	0.94053
HMO	E0L	V8R	A0	Gold	79.7%	0.93470
HMO	E0L	V8R	ZR	Gold	79.1%	0.91639
HMO	E0E	V8P	A0	Gold	79.9%	0.93292
HMO	E0E	V8P	ZS	Gold	78.5%	0.90740
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.68792
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.68366
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.69753
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.69327
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.70130
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.69703
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.67737
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.67310
HMO	E08	V8X	ZT	Silver	70.8%	0.78579
HMO	E08	V8X	ZY	Silver	69.9%	0.76490
HMO	E2Q	V81	D0	Silver	71.5%	0.77543
HMO	E2Y	V83	ZT	Silver	70.0%	0.78067
HMO	E2Y	V83	ZY	Silver	70.0%	0.75978
HMO	E3Y	V85	ZT	Silver	70.5%	0.78841
HMO	E3Y	V85	ZY	Silver	69.0%	0.76751
HMO	E2I	V8Y	ZT	Silver	70.5%	0.79091
HMO	E2I	V8Y	ZY	Silver	68.4%	0.77002
HMO	E2Q	V81	ZZ	Silver	69.2%	0.75538
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.57666
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.58136
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.64918

HMP Plans						
Product	Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical					
	Exchange					
	Off	On				
HMP	C4M	VM8	ZV	Platinum	88.2%	1.07138
HMP	EYZ	V74	ZV	Platinum	89.0%	1.08687
HMP	EY4	V76	ZU	Platinum	90.7%	1.12952
HMP	E46	V88	YM	Platinum	88.5%	1.08796
HMP	E5M	V9D	ZR	Platinum	88.5%	1.08015
HMP	E5Q	V9F	ZU	Platinum	91.9%	1.15255
HMP-HSA	DW9	VZX	A0	Gold	78.5%	0.81863
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.81501
HMP-HSA	DXQ	VZZ	A0	Gold	78.1%	0.91216
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.90853
HMP	EZQ	V8K	YM	Gold	78.8%	0.92277
HMP	EZ7	V8O	C0	Gold	79.1%	0.91234
HMP	EZ7	V8O	ZT	Gold	78.9%	0.91849
HMP	E0V	V8U	A0	Gold	78.9%	0.91389
HMP	E0V	V8U	YM	Gold	78.3%	0.90415
HMP	EZF	V78	YM	Gold	80.9%	0.94666
HMP	EZF	V78	A0	Gold	81.4%	0.95640
HMP	EZQ	V8K	A0	Gold	79.5%	0.93250
HMP	EZZ	V8M	B0	Gold	78.1%	0.90968
HMP	EZZ	V8M	ZS	Gold	78.7%	0.90225
HMP	E04	V8W	A0	Gold	81.6%	0.97146
HMP	E04	V8W	YM	Gold	81.1%	0.96173
HMP	E0N	V8S	A0	Gold	79.7%	0.95607
HMP	E0N	V8S	ZR	Gold	79.1%	0.93777
HMP	E0G	V8Q	A0	Gold	79.9%	0.95403
HMP	E0G	V8Q	ZS	Gold	78.5%	0.92851
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.70810
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.70384
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.72220
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.71794
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.71930
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.71503
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.69809
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.69383
HMP	E2S	V82	D0	Silver	71.5%	0.79279
HMP	E25	V84	ZT	Silver	70.0%	0.79796
HMP	E2K	V8Z	ZT	Silver	70.5%	0.80936
HMP	E2K	V8Z	ZY	Silver	68.4%	0.78847
HMP	E41	V86	ZT	Silver	70.5%	0.80624
HMP	E41	V86	ZY	Silver	69.0%	0.78534
HMP	E2S	V82	ZZ	Silver	69.2%	0.77274

(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
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	Rx													
	Medical Exchange						Deductible	Coins	OOP Maximum		Deductible	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.							
	Off	On							Indiv.	Family			Indiv.	Family					Indiv.	Family										Indiv.	Family	Free-St.	Hospital			
HMP	EZZ	V8M	B0	Gold 3-A	GO3.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	78.1%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250								Emb	Sep	\$100	\$10	20% to \$100	40% to \$300		
HMP	EZZ	V8M	ZS	Gold 3	GO3.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.7%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250								Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP	E04	V8W	A0	Gold 9-A	GO9.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	81.6%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40										Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E04	V8W	YM	Gold 9	GO9.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	81.1%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40										Emb	Sep	\$10	\$40	\$100	\$75	\$300	
HMP	E0N	V8S	A0	Gold 6-A	GO6.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.7%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150								Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	ZR	Gold 6	GO6.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	79.1%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150								Emb	Sep	\$50	\$10	\$40	\$100	\$75	\$300
HMP	E0G	V8Q	A0	Gold 5-A	GO5.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.9%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150								Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0G	V8Q	ZS	Gold 5	GO5.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.5%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150								Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP-HSA	DXZ	VZS	YM	Silver 2	SL2.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.2%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DXZ	VZS	ZX	Silver 2-A	SL2.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.7%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000												NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYH	VZ3	YM	Silver 4	SL4.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	71.0%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYH	VZ3	ZX	Silver 4-A	SL4.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	70.1%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP-HSA	DX6	VZ4	YM	Silver 3	SL3.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000												NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DX6	VZ4	ZX	Silver 3-A	SL3.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.3%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP-HSA	DYO	VZ6	YM	Silver 5	SL5.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300		
HMP-HSA	DYO	VZ6	ZX	Silver 5-A	SL5.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.3%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300				
HMP	E2S	V82	D0	Silver 7	SL7.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	71.5%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$500	\$10	\$40	\$100	\$75	\$300
HMP	E2S	V84	ZT	Silver 8	SL8.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.0%	\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZT	Silver 10	SL10.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	YI	Silver 10-A	SL10.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.4%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E41	V86	ZT	Silver 9	SL9.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E41	V86	ZY	Silver 9-A	SL9.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.0%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300								Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E2S	V82	ZZ	Silver 7-A	SL7.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.2%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300								Emb	Sep	\$500	\$15	30% to \$100	50% to \$300		

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>Exchange User Fee</u>	<u>Risk Adj</u>	<u>Total</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

HMO 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									
HMO	C4N	VM9	ZV	Platinum	88.2%	0.8328	\$501.15	0.5009	\$170.46	\$502.74	1.04819
HMO	EY3	V75	ZU	Platinum	90.7%	0.8798	\$501.15	0.5258	\$170.46	\$530.54	1.10614
HMO	E45	V87	YM	Platinum	88.5%	0.8559	\$501.15	0.4861	\$170.46	\$511.79	1.06706
HMO	E49	V89	ZR	Platinum	88.5%	0.8583	\$501.15	0.4620	\$170.46	\$508.89	1.06100
HMO	E5P	V9E	ZU	Platinum	91.9%	0.9020	\$501.15	0.5258	\$170.46	\$541.67	1.12934
HMO	EYH	V73	ZV	Platinum	89.0%	0.8477	\$501.15	0.5009	\$170.46	\$510.21	1.06375
HMO-HSA	DW8	VZV	AO	Gold	78.5%	0.7562	\$501.15	0.0102	\$170.46	\$380.71	0.79375
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.7562	\$501.15	0.0000	\$170.46	\$378.97	0.79013
HMO-HSA	DW6	VZY	AO	Gold	78.1%	0.8436	\$501.15	0.0102	\$170.46	\$424.51	0.88508
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.8436	\$501.15	0.0000	\$170.46	\$422.77	0.88145
HMO	EZO	V79	AO	Gold	79.5%	0.6980	\$501.15	0.5135	\$170.46	\$437.33	0.91182
HMO	EZO	V79	YM	Gold	78.8%	0.6980	\$501.15	0.4861	\$170.46	\$432.66	0.90208
HMO	EZ5	V8N	CO	Gold	79.1%	0.7145	\$501.15	0.4065	\$170.46	\$427.36	0.89103
HMO	EZ5	V8N	ZT	Gold	78.9%	0.7145	\$501.15	0.4238	\$170.46	\$430.31	0.89718
HMO	EOT	V8T	AO	Gold	78.9%	0.6797	\$501.15	0.5135	\$170.46	\$428.16	0.89269
HMO	EOT	V8T	YM	Gold	78.3%	0.6797	\$501.15	0.4861	\$170.46	\$423.49	0.88296
HMO	EY9	V77	AO	Gold	81.4%	0.7204	\$501.15	0.5135	\$170.46	\$448.56	0.93522
HMO	EY9	V77	YM	Gold	80.9%	0.7204	\$501.15	0.4861	\$170.46	\$443.89	0.92548
HMO	EZY	V8L	BO	Gold	78.1%	0.6932	\$501.15	0.4626	\$170.46	\$426.25	0.88871
HMO	EZY	V8L	ZS	Gold	78.7%	0.6932	\$501.15	0.4417	\$170.46	\$422.69	0.88128
HMO	E02	V8V	AO	Gold	81.6%	0.7348	\$501.15	0.5135	\$170.46	\$455.78	0.95027
HMO	E02	V8V	YM	Gold	81.1%	0.7348	\$501.15	0.4861	\$170.46	\$451.11	0.94053
HMO	E0L	V8R	AO	Gold	79.7%	0.7199	\$501.15	0.5135	\$170.46	\$448.31	0.93470
HMO	E0L	V8R	ZR	Gold	79.1%	0.7199	\$501.15	0.4620	\$170.46	\$439.53	0.91639
HMO	E0E	V8P	AO	Gold	79.9%	0.7182	\$501.15	0.5135	\$170.46	\$447.46	0.93292
HMO	E0E	V8P	ZS	Gold	78.5%	0.7182	\$501.15	0.4417	\$170.46	\$435.22	0.90740
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.6543	\$501.15	0.0120	\$170.46	\$329.95	0.68792
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.6543	\$501.15	0.0000	\$170.46	\$327.90	0.68366
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.6635	\$501.15	0.0120	\$170.46	\$334.56	0.69753
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.6635	\$501.15	0.0000	\$170.46	\$332.51	0.69327
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.6671	\$501.15	0.0120	\$170.46	\$336.36	0.70130
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.6671	\$501.15	0.0000	\$170.46	\$334.32	0.69703
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.6442	\$501.15	0.0120	\$170.46	\$324.89	0.67737
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.6442	\$501.15	0.0000	\$170.46	\$322.84	0.67310
HMO	E08	V8X	ZT	Silver	70.8%	0.6079	\$501.15	0.4238	\$170.46	\$376.89	0.78579
HMO	E08	V8X	ZY	Silver	69.9%	0.6079	\$501.15	0.3650	\$170.46	\$366.87	0.76490
HMO	E2Q	V81	DO	Silver	71.5%	0.6124	\$501.15	0.3814	\$170.46	\$371.92	0.77543
HMO	E2Y	V83	ZT	Silver	70.0%	0.6030	\$501.15	0.4238	\$170.46	\$374.43	0.78067
HMO	E2Y	V83	ZY	Silver	70.0%	0.6030	\$501.15	0.3650	\$170.46	\$364.41	0.75978
HMO	E3Y	V85	ZT	Silver	70.5%	0.6104	\$501.15	0.4238	\$170.46	\$378.14	0.78841
HMO	E3Y	V85	ZY	Silver	69.0%	0.6104	\$501.15	0.3650	\$170.46	\$368.12	0.76751
HMO	E2I	V8Y	ZT	Silver	70.5%	0.6128	\$501.15	0.4238	\$170.46	\$379.35	0.79091
HMO	E2I	V8Y	ZY	Silver	68.4%	0.6128	\$501.15	0.3650	\$170.46	\$369.32	0.77002
HMO	E2Q	V81	ZZ	Silver	69.2%	0.6124	\$501.15	0.3250	\$170.46	\$362.30	0.75538
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.5519	\$501.15	0.0000	\$170.46	\$276.58	0.57666
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.5564	\$501.15	0.0000	\$170.46	\$278.84	0.58136
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.6213	\$501.15	0.0000	\$170.46	\$311.36	0.64918

HMP 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									
HMP	C4M	VM8	ZV	Platinum	88.2%	0.8301	\$516.18	0.5009	\$170.46	\$513.86	1.07138
HMP	EYZ	V74	ZV	Platinum	89.0%	0.8445	\$516.18	0.5009	\$170.46	\$521.30	1.08687
HMP	EY4	V76	ZU	Platinum	90.7%	0.8759	\$516.18	0.5258	\$170.46	\$541.75	1.12952
HMP	E46	V88	YM	Platinum	88.5%	0.8504	\$516.18	0.4861	\$170.46	\$521.82	1.08796
HMP	E5M	V9D	ZR	Platinum	88.5%	0.8511	\$516.18	0.4620	\$170.46	\$518.07	1.08015
HMP	E5Q	V9F	ZU	Platinum	91.9%	0.8973	\$516.18	0.5258	\$170.46	\$552.80	1.15255
HMP-HSA	DW9	VZX	AO	Gold	78.5%	0.7573	\$516.18	0.0102	\$170.46	\$392.64	0.81863
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.7573	\$516.18	0.0000	\$170.46	\$390.90	0.81501
HMP-HSA	DXQ	VZZ	AO	Gold	78.1%	0.8442	\$516.18	0.0102	\$170.46	\$437.50	0.91216
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.8442	\$516.18	0.0000	\$170.46	\$435.76	0.90853
HMP	EZQ	V8K	YM	Gold	78.8%	0.6969	\$516.18	0.4861	\$170.46	\$442.59	0.92277
HMP	EZ7	V8O	CO	Gold	79.1%	0.7135	\$516.18	0.4065	\$170.46	\$437.59	0.91234
HMP	EZ7	V8O	ZT	Gold	78.9%	0.7135	\$516.18	0.4238	\$170.46	\$440.54	0.91849
HMP	E0V	V8U	AO	Gold	78.9%	0.6796	\$516.18	0.5135	\$170.46	\$438.33	0.91389
HMP	E0V	V8U	YM	Gold	78.3%	0.6796	\$516.18	0.4861	\$170.46	\$433.66	0.90415
HMP	EZF	V78	YM	Gold	80.9%	0.7191	\$516.18	0.4861	\$170.46	\$454.05	0.94666
HMP	EZF	V78	AO	Gold	81.4%	0.7191	\$516.18	0.5135	\$170.46	\$458.72	0.95640
HMP	EZQ	V8K	AO	Gold	79.5%	0.6969	\$516.18	0.5135	\$170.46	\$447.26	0.93250
HMP	EZZ	V8M	BO	Gold	78.1%	0.6925	\$516.18	0.4626	\$170.46	\$436.31	0.90968
HMP	EZZ	V8M	ZS	Gold	78.7%	0.6925	\$516.18	0.4417	\$170.46	\$432.75	0.90225
HMP	E04	V8W	AO	Gold	81.6%	0.7331	\$516.18	0.5135	\$170.46	\$465.94	0.97146
HMP	E04	V8W	YM	Gold	81.1%	0.7331	\$516.18	0.4861	\$170.46	\$461.27	0.96173
HMP	E0N	V8S	AO	Gold	79.7%	0.7188	\$516.18	0.5135	\$170.46	\$458.56	0.95607
HMP	E0N	V8S	ZR	Gold	79.1%	0.7188	\$516.18	0.4620	\$170.46	\$449.78	0.93777
HMP	E0G	V8Q	AO	Gold	79.9%	0.7169	\$516.18	0.5135	\$170.46	\$457.58	0.95403
HMP	E0G	V8Q	ZS	Gold	78.5%	0.7169	\$516.18	0.4417	\$170.46	\$445.34	0.92851
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.6540	\$516.18	0.0120	\$170.46	\$339.63	0.70810
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.6540	\$516.18	0.0000	\$170.46	\$337.58	0.70384
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.6671	\$516.18	0.0120	\$170.46	\$346.39	0.72220
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.6671	\$516.18	0.0000	\$170.46	\$344.34	0.71794
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.6644	\$516.18	0.0120	\$170.46	\$345.00	0.71930
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.6644	\$516.18	0.0000	\$170.46	\$342.95	0.71503
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.6447	\$516.18	0.0120	\$170.46	\$334.83	0.69809
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.6447	\$516.18	0.0000	\$170.46	\$332.78	0.69383
HMP	E2S	V82	DO	Silver	71.5%	0.6107	\$516.18	0.3814	\$170.46	\$380.24	0.79279
HMP	E2S	V84	ZT	Silver	68.8%	0.6015	\$516.18	0.4238	\$170.46	\$382.72	0.79796
HMP	E2K	V82	ZT	Silver	70.5%	0.6121	\$516.18	0.4238	\$170.46	\$388.19	0.80936
HMP	E2K	V82	ZY	Silver	68.4%	0.6121	\$516.18	0.3650	\$170.46	\$378.17	0.78847
HMP	E41	V86	ZT	Silver	70.5%	0.6092	\$516.18	0.4238	\$170.46	\$386.70	0.80624
HMP	E41	V86	ZY	Silver	69.0%	0.6092	\$516.18	0.3650	\$170.46	\$376.67	0.78534
HMP	E2S	V82	ZZ	Silver	69.2%	0.6107	\$516.18	0.3250	\$170.46	\$370.63	0.77274

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 EZ5 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	0.000	0.000
EE #2	35	36	5	9	0.805	0.836	0.000	0.000
EE #3	53	55	19		1.605	1.733	0.000	

Total Members: 11

Sum of Age Factors: 7.086

Rate Calculation

	<u>Rating Factor</u>	<u>Exhibit 1 Location</u>
\$479.63	Index Rate	(1)
0.89103	Plan Ratio (EZ5)	(2)
1.026	Trend Factor (2Q14)	(3)
7.086	Group Age Factor	(4)
<u>\$3,107.04</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - OCI

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	2,097	1,001,289	676,230	322.47	67.5%
Feb-12	2,092	1,008,153	490,703	234.56	48.7%
Mar-12	2,087	1,004,079	429,754	205.92	42.8%
Apr-12	2,048	983,024	542,506	264.90	55.2%
May-12	2,021	968,813	519,526	257.06	53.6%
Jun-12	1,964	958,002	448,492	228.36	46.8%
Jul-12	2,013	967,548	416,466	206.89	43.0%
Aug-12	1,979	950,252	489,288	247.24	51.5%
Sep-12	1,958	924,100	405,175	206.93	43.8%
Oct-12	1,936	919,699	561,423	289.99	61.0%
Nov-12	1,936	929,625	477,799	246.80	51.4%
Dec-12	1,903	923,026	389,104	204.47	42.2%
Total	24,034	11,537,610	5,846,466	243.26	50.7%

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 ppm assessment for 2014, or an estimated 1.2% 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
<hr/>	
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
<hr/>	
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 / intensity of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

Rate Factors

(1) Starting Base Rates

HMO: \$512.46 medical
 \$174.31 prescription drugs

HMP: \$527.83 medical
 \$174.31 prescription drugs

(2) Benefit Plan Ratios

HMO Plans							
Product	Plan Name			Metal Level	Actuarial Value	Medical Ratio	Rx Ratio
	Medical		Rx				
	Exchange						
	Off	On					
HMO	C4N	VM9	ZV	Platinum	88.2%	0.8328	0.5009
HMO	EY3	V75	ZU	Platinum	90.7%	0.8798	0.5258
HMO	E45	V87	YM	Platinum	88.5%	0.8559	0.4861
HMO	E49	V89	ZR	Platinum	88.5%	0.8583	0.4620
HMO	E5P	V9E	ZU	Platinum	91.9%	0.9020	0.5258
HMO	EYY	V73	ZV	Platinum	89.0%	0.8477	0.5009
HMO-HSA	DW8	VZW	A0	Gold	78.5%	0.7562	0.0102
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.7562	0.0000
HMO-HSA	DW6	VZY	A0	Gold	78.1%	0.8436	0.0102
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.8436	0.0000
HMO	EZO	V79	A0	Gold	79.5%	0.6980	0.5135
HMO	EZO	V79	YM	Gold	78.8%	0.6980	0.4861
HMO	EZ5	V8N	C0	Gold	79.1%	0.7145	0.4065
HMO	EZ5	V8N	ZT	Gold	78.9%	0.7145	0.4238
HMO	E0T	V8T	A0	Gold	78.9%	0.6797	0.5135
HMO	E0T	V8T	YM	Gold	78.3%	0.6797	0.4861
HMO	EY9	V77	A0	Gold	81.4%	0.7204	0.5135
HMO	EY9	V77	YM	Gold	80.9%	0.7204	0.4861
HMO	EZY	V8L	B0	Gold	78.1%	0.6932	0.4626
HMO	EZY	V8L	ZS	Gold	78.7%	0.6932	0.4417
HMO	E02	V8V	A0	Gold	81.6%	0.7348	0.5135
HMO	E02	V8V	YM	Gold	81.1%	0.7348	0.4861
HMO	E0L	V8R	A0	Gold	79.7%	0.7199	0.5135
HMO	E0L	V8R	ZR	Gold	79.1%	0.7199	0.4620
HMO	E0E	V8P	A0	Gold	79.9%	0.7182	0.5135
HMO	E0E	V8P	ZS	Gold	78.5%	0.7182	0.4417
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.6543	0.0120
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.6543	0.0000
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.6635	0.0120
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.6635	0.0000
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.6671	0.0120
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.6671	0.0000
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.6442	0.0120
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.6442	0.0000
HMO	E08	V8X	ZT	Silver	70.8%	0.6079	0.4238
HMO	E08	V8X	ZY	Silver	69.9%	0.6079	0.3650
HMO	E2Q	V81	D0	Silver	71.5%	0.6124	0.3814
HMO	E25	V84	ZT	Silver	70.0%	0.6015	0.4238
HMO	E25	V84	ZY	Silver	68.8%	0.6015	0.3650
HMO	E3Y	V85	ZT	Silver	70.5%	0.6104	0.4238
HMO	E3Y	V85	ZY	Silver	69.0%	0.6104	0.3650
HMO	E2I	V8Y	ZT	Silver	70.5%	0.6128	0.4238
HMO	E2I	V8Y	ZY	Silver	68.4%	0.6128	0.3650
HMO	E2Q	V81	ZZ	Silver	69.2%	0.6124	0.3250
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.5519	0.0000
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.5564	0.0000
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.6213	0.0000

HMP Plans							
Product	Plan Name			Metal Level	Actuarial Value	Medical Ratio	Rx Ratio
	Medical		Rx				
	Exchange						
	Off	On					
HMP	C4M	VM8	ZV	Platinum	88.2%	0.8301	0.5009
HMP	EYZ	V74	ZV	Platinum	89.0%	0.8445	0.5009
HMP	EY4	V76	ZU	Platinum	90.7%	0.8759	0.5135
HMP	E46	V88	YM	Platinum	88.5%	0.8504	0.4626
HMP	E5M	V9D	ZR	Platinum	88.5%	0.8511	0.4861
HMP	E5Q	V9F	ZU	Platinum	91.9%	0.8973	0.5135
HMP-HSA	DW9	VZX	A0	Gold	78.5%	0.7573	0.0102
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.7573	0.0000
HMP-HSA	DXQ	VZZ	A0	Gold	78.1%	0.8442	0.0102
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.8442	0.0000
HMP	EZQ	V8K	YM	Gold	78.8%	0.6969	0.4861
HMP	EZ7	V8O	C0	Gold	79.1%	0.7135	0.4065
HMP	EZ7	V8O	ZT	Gold	78.9%	0.7135	0.4238
HMP	E0V	V8U	A0	Gold	78.9%	0.6796	0.5135
HMP	E0V	V8U	YM	Gold	78.3%	0.6796	0.4861
HMP	EZF	V78	YM	Gold	80.9%	0.7191	0.4861
HMP	EZF	V78	A0	Gold	81.4%	0.7191	0.5135
HMP	EZQ	V8K	A0	Gold	79.5%	0.6969	0.5135
HMP	EZZ	V8M	B0	Gold	78.1%	0.6925	0.4626
HMP	EZZ	V8M	ZS	Gold	78.7%	0.6925	0.4417
HMP	E04	V8W	A0	Gold	81.6%	0.7331	0.5135
HMP	E04	V8W	YM	Gold	81.1%	0.7331	0.4861
HMP	E0N	V8S	A0	Gold	79.7%	0.7188	0.5135
HMP	E0N	V8S	ZR	Gold	79.1%	0.7188	0.4620
HMP	E0G	V8Q	A0	Gold	79.9%	0.7169	0.5135
HMP	E0G	V8Q	ZS	Gold	78.5%	0.7169	0.4417
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.6540	0.0120
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.6540	0.0000
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.6671	0.0120
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.6671	0.0000
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.6644	0.0120
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.6644	0.0000
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.6447	0.0120
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.6447	0.0000
HMP	E2S	V82	D0	Silver	71.5%	0.6107	0.3814
HMP	E2Y	V83	ZT	Silver	70.0%	0.6030	0.4238
HMP	E2K	V82	ZT	Silver	70.5%	0.6121	0.4238
HMP	E2K	V82	ZY	Silver	68.4%	0.6121	0.3650
HMP	E41	V86	ZT	Silver	70.5%	0.6092	0.4238
HMP	E41	V86	ZY	Silver	69.0%	0.6092	0.3650
HMP	E2S	V82	ZZ	Silver	69.2%	0.6107	0.3250

(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												
	Medical Exchange						Deductible	Coins	OOP Maximum		Deductible	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.						
	Off	On							Indiv.	Family			Indiv.	Family					Indiv.	Family										Indiv.	Family	Free-St.	Hospital		
HMP	EZZ	V8M	B0	Gold 3-A	GO3.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	78.1%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250							Emb	Sep	\$100	\$10	20% to \$100	40% to \$300		
HMP	EZZ	V8M	ZS	Gold 3	GO3.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.7%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250							Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP	E04	V8W	A0	Gold 9-A	GO9.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	81.6%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40									Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E04	V8W	YM	Gold 9	GO9.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	81.1%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40									Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	A0	Gold 6-A	GO6.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.7%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150							Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	ZR	Gold 6	GO6.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	79.1%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150							Emb	Sep	\$50	\$10	\$40	\$100	\$75	\$300
HMP	E0G	V8Q	A0	Gold 5-A	GO5.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.9%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150							Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0G	V8Q	ZS	Gold 5	GO5.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.5%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150							Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP-HSA	DXZ	VZS	YM	Silver 2	SL2.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.2%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DXZ	VZS	ZX	Silver 2-A	SL2.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.7%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYH	VZ3	YM	Silver 4	SL4.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	71.0%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYH	VZ3	ZX	Silver 4-A	SL4.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	70.1%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DX6	VZ4	YM	Silver 3	SL3.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DX6	VZ4	ZX	Silver 3-A	SL3.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.3%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYO	VZ6	YM	Silver 5	SL5.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYO	VZ6	ZX	Silver 5-A	SL5.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.3%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP	E2S	V82	D0	Silver 7	SL7.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	71.5%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300							Emb	Sep	\$500	\$10	\$40	\$100	\$75	\$300
HMP	E2Y	V83	ZT	Silver 8	SL8.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.0%	\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300							Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZT	Silver 10	SL10.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZY	Silver 10-A	SL10.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.4%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E41	V86	ZT	Silver 9	SL9.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E41	V86	ZY	Silver 9-A	SL9.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.0%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E2S	V82	ZZ	Silver 7-A	SL7.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.2%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300							Emb	Sep	\$500	\$15	30% to \$100	50% to \$300		

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:

License	Product	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	EHB	Market Adj	Exper. Adj	Risk Adj	Total (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 =

$$\begin{aligned} & (\text{Medical starting base rate} \times \text{Medical plan ratio}) + \\ & (\text{Rx starting base rate} \times \text{Rx plan ratio}) \\ & \times \text{Trend factor for plan effective or renewal date} \\ & \times \text{Sum of member age factors for the group} \end{aligned}$$

Rating Example

Benefit Plan: EPO plan EZ5 with Rx C0

Effective Date: 4/1/14

Census:

	<u>Member Ages</u>				<u>Age Factors</u>			
	<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>
\$512.46	Medical Base Rate	(1)
0.7145	Benefit Plan Ratio (EZ5)	(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>\$4,807.00</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - OCI

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	2,097	1,001,289	676,230	322.47	67.5%
Feb-12	2,092	1,008,153	490,703	234.56	48.7%
Mar-12	2,087	1,004,079	429,754	205.92	42.8%
Apr-12	2,048	983,024	542,506	264.90	55.2%
May-12	2,021	968,813	519,526	257.06	53.6%
Jun-12	1,964	958,002	448,492	228.36	46.8%
Jul-12	2,013	967,548	416,466	206.89	43.0%
Aug-12	1,979	950,252	489,288	247.24	51.5%
Sep-12	1,958	924,100	405,175	206.93	43.8%
Oct-12	1,936	919,699	561,423	289.99	61.0%
Nov-12	1,936	929,625	477,799	246.80	51.4%
Dec-12	1,903	923,026	389,104	204.47	42.2%
Total	24,034	11,537,610	5,846,466	243.26	50.7%

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 ppm assessment for 2014, or an estimated 1.2% 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
<hr/>	
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
<hr/>	
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

(1) Starting Base Rates

HMO: \$512.46 medical
 \$174.31 prescription drugs

HMP: \$527.83 medical
 \$174.31 prescription drugs

(2) Benefit Plan Ratios

HMO Plans							
Product	Plan Name			Metal Level	Actuarial Value	Medical Ratio	Rx Ratio
	Medical		Rx				
	Exchange						
	Off	On					
HMO	C4N	VM9	ZV	Platinum	88.2%	0.8328	0.5009
HMO	EY3	V75	ZU	Platinum	90.7%	0.8798	0.5258
HMO	E45	V87	YM	Platinum	88.5%	0.8559	0.4861
HMO	E49	V89	ZR	Platinum	88.5%	0.8583	0.4620
HMO	E5P	V9E	ZU	Platinum	91.9%	0.9020	0.5258
HMO	EYY	V73	ZV	Platinum	89.0%	0.8477	0.5009
HMO-HSA	DW8	VZW	A0	Gold	78.5%	0.7562	0.0102
HMO-HSA	DW8	VZW	YM	Gold	78.4%	0.7562	0.0000
HMO-HSA	DW6	VZY	A0	Gold	78.1%	0.8436	0.0102
HMO-HSA	DW6	VZY	YM	Gold	78.0%	0.8436	0.0000
HMO	EZO	V79	A0	Gold	79.5%	0.6980	0.5135
HMO	EZO	V79	YM	Gold	78.8%	0.6980	0.4861
HMO	EZ5	V8N	C0	Gold	79.1%	0.7145	0.4065
HMO	EZ5	V8N	ZT	Gold	78.9%	0.7145	0.4238
HMO	E0T	V8T	A0	Gold	78.9%	0.6797	0.5135
HMO	E0T	V8T	YM	Gold	78.3%	0.6797	0.4861
HMO	EY9	V77	A0	Gold	81.4%	0.7204	0.5135
HMO	EY9	V77	YM	Gold	80.9%	0.7204	0.4861
HMO	EZY	V8L	B0	Gold	78.1%	0.6932	0.4626
HMO	EZY	V8L	ZS	Gold	78.7%	0.6932	0.4417
HMO	E02	V8V	A0	Gold	81.6%	0.7348	0.5135
HMO	E02	V8V	YM	Gold	81.1%	0.7348	0.4861
HMO	E0L	V8R	A0	Gold	79.7%	0.7199	0.5135
HMO	E0L	V8R	ZR	Gold	79.1%	0.7199	0.4620
HMO	E0E	V8P	A0	Gold	79.9%	0.7182	0.5135
HMO	E0E	V8P	ZS	Gold	78.5%	0.7182	0.4417
HMO-HSA	DX1	VZR	YM	Silver	70.2%	0.6543	0.0120
HMO-HSA	DX1	VZR	ZX	Silver	69.7%	0.6543	0.0000
HMO-HSA	DX8	VZ1	YM	Silver	70.4%	0.6635	0.0120
HMO-HSA	DX8	VZ1	ZX	Silver	69.3%	0.6635	0.0000
HMO-HSA	DYG	VZ2	YM	Silver	71.0%	0.6671	0.0120
HMO-HSA	DYG	VZ2	ZX	Silver	70.1%	0.6671	0.0000
HMO-HSA	DYR	VZ5	YM	Silver	69.1%	0.6442	0.0120
HMO-HSA	DYR	VZ5	ZX	Silver	68.3%	0.6442	0.0000
HMO	E08	V8X	ZT	Silver	70.8%	0.6079	0.4238
HMO	E08	V8X	ZY	Silver	69.9%	0.6079	0.3650
HMO	E2Q	V81	D0	Silver	71.5%	0.6124	0.3814
HMO	E25	V84	ZT	Silver	70.0%	0.6015	0.4238
HMO	E25	V84	ZY	Silver	68.8%	0.6015	0.3650
HMO	E3Y	V85	ZT	Silver	70.5%	0.6104	0.4238
HMO	E3Y	V85	ZY	Silver	69.0%	0.6104	0.3650
HMO	E2I	V8Y	ZT	Silver	70.5%	0.6128	0.4238
HMO	E2I	V8Y	ZY	Silver	68.4%	0.6128	0.3650
HMO	E2Q	V81	ZZ	Silver	69.2%	0.6124	0.3250
HMO-HSA	DW1	VZT	ZX	Bronze	60.6%	0.5519	0.0000
HMO-HSA	DW3	VZU	ZX	Bronze	61.2%	0.5564	0.0000
HMO-HSA	DW5	VZV	ZX	Bronze	59.0%	0.6213	0.0000

HMP Plans							
Product	Plan Name			Metal Level	Actuarial Value	Medical Ratio	Rx Ratio
	Medical		Rx				
	Exchange						
	Off	On					
HMP	C4M	VM8	ZV	Platinum	88.2%	0.8301	0.5009
HMP	EYZ	V74	ZV	Platinum	89.0%	0.8445	0.5009
HMP	EY4	V76	ZU	Platinum	90.7%	0.8759	0.5135
HMP	E46	V88	YM	Platinum	88.5%	0.8504	0.4626
HMP	E5M	V9D	ZR	Platinum	88.5%	0.8511	0.4861
HMP	E5Q	V9F	ZU	Platinum	91.9%	0.8973	0.5135
HMP-HSA	DW9	VZX	A0	Gold	78.5%	0.7573	0.0102
HMP-HSA	DW9	VZX	YM	Gold	78.4%	0.7573	0.0000
HMP-HSA	DXQ	VZZ	A0	Gold	78.1%	0.8442	0.0102
HMP-HSA	DXQ	VZZ	YM	Gold	78.0%	0.8442	0.0000
HMP	EZQ	V8K	YM	Gold	78.8%	0.6969	0.4861
HMP	EZ7	V8O	C0	Gold	79.1%	0.7135	0.4065
HMP	EZ7	V8O	ZT	Gold	78.9%	0.7135	0.4238
HMP	E0V	V8U	A0	Gold	78.9%	0.6796	0.5135
HMP	E0V	V8U	YM	Gold	78.3%	0.6796	0.4861
HMP	EZF	V78	YM	Gold	80.9%	0.7191	0.4861
HMP	EZF	V78	A0	Gold	81.4%	0.7191	0.5135
HMP	EZQ	V8K	A0	Gold	79.5%	0.6969	0.5135
HMP	EZZ	V8M	B0	Gold	78.1%	0.6925	0.4626
HMP	EZZ	V8M	ZS	Gold	78.7%	0.6925	0.4417
HMP	E04	V8W	A0	Gold	81.6%	0.7331	0.5135
HMP	E04	V8W	YM	Gold	81.1%	0.7331	0.4861
HMP	E0N	V8S	A0	Gold	79.7%	0.7188	0.5135
HMP	E0N	V8S	ZR	Gold	79.1%	0.7188	0.4620
HMP	E0G	V8Q	A0	Gold	79.9%	0.7169	0.5135
HMP	E0G	V8Q	ZS	Gold	78.5%	0.7169	0.4417
HMP-HSA	DXZ	VZS	YM	Silver	70.2%	0.6540	0.0120
HMP-HSA	DXZ	VZS	ZX	Silver	69.7%	0.6540	0.0000
HMP-HSA	DYH	VZ3	YM	Silver	71.0%	0.6671	0.0120
HMP-HSA	DYH	VZ3	ZX	Silver	70.1%	0.6671	0.0000
HMP-HSA	DX6	VZ4	YM	Silver	70.4%	0.6644	0.0120
HMP-HSA	DX6	VZ4	ZX	Silver	69.3%	0.6644	0.0000
HMP-HSA	DYO	VZ6	YM	Silver	69.1%	0.6447	0.0120
HMP-HSA	DYO	VZ6	ZX	Silver	68.3%	0.6447	0.0000
HMP	E2S	V82	D0	Silver	71.5%	0.6107	0.3814
HMP	E2Y	V83	ZT	Silver	70.0%	0.6030	0.4238
HMP	E2K	V82	ZT	Silver	70.5%	0.6121	0.4238
HMP	E2K	V82	ZY	Silver	68.4%	0.6121	0.3650
HMP	E41	V86	ZT	Silver	70.5%	0.6092	0.4238
HMP	E41	V86	ZY	Silver	69.0%	0.6092	0.3650
HMP	E2S	V82	ZZ	Silver	69.2%	0.6107	0.3250

(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												
	Medical Exchange						Deductible	Coins	OOP Maximum		Deductible	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.						
	Off	On							Indiv.	Family			Indiv.	Family					Indiv.	Family										Indiv.	Family	Free-St.	Hospital		
HMP	EZZ	V8M	B0	Gold 3-A	GO3.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	78.1%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250							Emb	Sep	\$100	\$10	20% to \$100	40% to \$300		
HMP	EZZ	V8M	ZS	Gold 3	GO3.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.7%	\$1,000	\$2,000	80%	\$4,000	\$8,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$250							Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP	E04	V8W	A0	Gold 9-A	GO9.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	81.6%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40									Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E04	V8W	YM	Gold 9	GO9.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	81.1%	\$1,000	\$2,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$40									Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	A0	Gold 6-A	GO6.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.7%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150							Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0N	V8S	ZR	Gold 6	GO6.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	79.1%	\$1,500	\$3,000	90%	\$4,000	\$8,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$30	\$75	\$150							Emb	Sep	\$50	\$10	\$40	\$100	\$75	\$300
HMP	E0G	V8Q	A0	Gold 5-A	GO5.SBN.OCI.POS.14.DC	102040.RDR.RXSBN.PLS.OCI.14.DC.SB	79.9%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150							Emb	Sep	\$10	20% to \$100	40% to \$300			
HMP	E0G	V8Q	ZS	Gold 5	GO5.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	78.5%	\$1,300	\$2,600	90%	\$3,250	\$6,500	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$50	\$75	\$150							Emb	Sep	\$100	\$10	\$40	\$100	\$75	\$300
HMP-HSA	DXZ	VZS	YM	Silver 2	SL2.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.2%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DXZ	VZS	ZX	Silver 2-A	SL2.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.7%	\$2,000	\$4,000	70%	\$4,000	\$8,000	\$3,000	\$6,000	50%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYH	VZ3	YM	Silver 4	SL4.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	71.0%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYH	VZ3	ZX	Silver 4-A	SL4.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	70.1%	\$1,500	\$3,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DX6	VZ4	YM	Silver 3	SL3.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DX6	VZ4	ZX	Silver 3-A	SL3.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.3%	\$2,000	\$4,000	90%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP-HSA	DYO	VZ6	YM	Silver 5	SL5.SBN.OCI.POS.14.DC	104075.RDR.RXSBN.PLS.OCI.14.DC.SB	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$10	\$40	\$100	\$75	\$300	
HMP-HSA	DYO	VZ6	ZX	Silver 5-A	SL5.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.3%	\$1,500	\$3,000	70%	\$6,000	\$12,000	\$3,000	\$6,000	60%	\$10,000	\$20,000											NonEmb	Comb	\$15	30% to \$100	50% to \$300			
HMP	E2S	V82	D0	Silver 7	SL7.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	71.5%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300							Emb	Sep	\$500	\$10	\$40	\$100	\$75	\$300
HMP	E2Y	V83	ZT	Silver 8	SL8.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.0%	\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300							Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZT	Silver 10	SL10.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E2K	V8Z	ZY	Silver 10-A	SL10.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	68.4%	\$3,000	\$6,000	90%	\$6,250	\$12,500	\$4,000	\$8,000	70%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E41	V86	ZT	Silver 9	SL9.SBN.OCI.POS.14.DC	104075.D.RDR.RXSBN.PLS.OCI.14.DC.SB	70.5%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$10	\$40	\$100	\$75	\$300
HMP	E41	V86	ZY	Silver 9-A	SL9.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.0%	\$2,500	\$5,000	80%	\$6,250	\$12,500	\$4,000	\$8,000	60%	\$10,000	\$20,000	\$35	\$70	\$100	\$300							Emb	Sep	\$250	\$15	30% to \$100	50% to \$300		
HMP	E2S	V82	ZZ	Silver 7-A	SL7.SBN.OCI.POS.14.DC	153050.RDR.RXSBN.PLS.OCI.14.DC.SB	69.2%	\$1,500	\$3,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100	\$300							Emb	Sep	\$500	\$15	30% to \$100	50% to \$300		

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:

License	Product	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	EHB	Market Adj	Exper. Adj	Risk Adj	Total (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 =

$$\begin{aligned} & (\text{Medical starting base rate} \times \text{Medical plan ratio}) + \\ & (\text{Rx starting base rate} \times \text{Rx plan ratio}) \\ & \times \text{Trend factor for plan effective or renewal date} \\ & \times \text{Sum of member age factors for the group} \end{aligned}$$

Rating Example

Benefit Plan: EPO plan EZ5 with Rx C0

Effective Date: 4/1/14

Census:

	<u>Member Ages</u>				<u>Age Factors</u>			
	<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>
\$512.46	Medical Base Rate	(1)
0.7145	Benefit Plan Ratio (EZ5)	(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>\$4,807.00</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - OCI

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-12	2,097	1,001,289	676,230	322.47	67.5%
Feb-12	2,092	1,008,153	490,703	234.56	48.7%
Mar-12	2,087	1,004,079	429,754	205.92	42.8%
Apr-12	2,048	983,024	542,506	264.90	55.2%
May-12	2,021	968,813	519,526	257.06	53.6%
Jun-12	1,964	958,002	448,492	228.36	46.8%
Jul-12	2,013	967,548	416,466	206.89	43.0%
Aug-12	1,979	950,252	489,288	247.24	51.5%
Sep-12	1,958	924,100	405,175	206.93	43.8%
Oct-12	1,936	919,699	561,423	289.99	61.0%
Nov-12	1,936	929,625	477,799	246.80	51.4%
Dec-12	1,903	923,026	389,104	204.47	42.2%
Total	24,034	11,537,610	5,846,466	243.26	50.7%

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 ppm assessment for 2014, or an estimated 1.2% 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
<hr/>	
Projected 2013 Health Insurance Premiums (Billions)*	\$527.085
<hr/>	
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)			

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>	Total <u>Medical</u>	Retail <u>Pharmacy</u>	Weighted <u>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
Optimum Choice, Inc., NAIC #96940
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 Optimum Choice, Inc. 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 88 new plans: 47 HMO and 41 HMP (or HMO-Plus, 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 \$121,252 for Optimum Choice, Inc. 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 80.3%. The estimated Federal MLR adjustments are as follows:

10.2% Taxes, regulatory fees and assessments
-1.7% GAAP Medical reclass to MLR SG&A
1.5% QI/HIT Medical costs added
0.1% Bad debt
0.0% Credibility adjustment
10.1% 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.

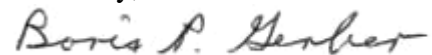
I certify that the AV Calculator was used to determine the AV Metal Values. For plans designs that did not fit into the AV Calculator, included in the Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required 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: 194 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 Optimum Choice, Inc.

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:** Optimum Choice, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 75753
- **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. Optimum Choice, Inc. anticipates paying \$1.06 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 80.3%.

Index Rate:

Optimum Choice, Inc.													
2014 Effective Dates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Months	154	84	110	115	109	197	106	202	171	203	197	214	1,862
Allowed Claims PMPM 2012	273.90	273.90	273.90	273.90	273.90	273.90	273.90	273.90	273.90	273.90	273.90	273.90	273.90
Benefit Increase (EHB)	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
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	341.02	343.92	346.85	349.80	352.77	355.78	358.80	361.85	364.93	368.04	371.17	374.33	359.72
Index Rate for Part I	359.72												
Effective Date for Part I	1/1/2014												

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)	Free Standing 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)		
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	
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 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/A: 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 HMO, medical plan V9E/E5P with Rx plan ZU is the fixed reference plan selected as the basis for the AV Pricing Values. For HMP, medical plan V9F/E5W 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,



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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y						
1	Data Collection Template																													
2																														
3	Company Legal Name:		Optimum Choice, Inc.					State:		DC																				
4	HIOS Issuer ID:		75753					Market:		Small Group																				
5	Effective Date of Rate Change(s):		1/1/2014																											
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2012		to		12/31/2012																							
13			<u>Experience Period</u>						<u>Aggregate Amount</u>		<u>PMPM</u>		<u>% of Prem</u>																	
14	Premiums (net of MLR Rebate) in Experience Period:		\$10,477,610		\$435.95		100.00%																							
15	Incurred Claims in Experience Period		\$5,846,466		243.26		55.80%																							
16	Allowed Claims:		\$6,582,925		273.90		62.83%																							
17	Index Rate of Experience Period				\$273.90																									
18	Experience Period Member Months		24,034																											
19																														
20	Section II: Allowed Claims, PMPM basis																													
21			<u>Experience Period</u>		<u>Projection Period:</u>		1/1/2014 to 12/31/2014		<u>Mid-point to Mid-point, Experience to Projection:</u>		24 months																			
22			<u>on Actual Experience Allowed</u>		<u>Adj't. from Experience to Projection Period</u>		<u>Annualized Trend Factors</u>		<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>																		
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM							
24	Inpatient Hospital		Days		136.48		2,645.82		\$30.09		1.000		1.000		1.060		1.001		136.75		\$2,972.84		\$33.88		110.470		4,898.540		\$45.10	
25	Outpatient Hospital		Services		2,358.23		474.85		93.32		1.000		1.000		1.054		1.051		2,604.90		527.52		114.51		5,764.087		261.377		125.55	
26	Professional		Services		6,954.82		122.07		70.75		1.000		1.000		1.037		1.044		7,580.31		131.27		82.92		11,170.617		126.733		117.97	
27	Other Medical		Services		12.26		94.54		0.10		1.000		1.000		1.047		1.040		13.26		103.63		0.11		93.732		234.879		1.83	
28	Capitation		Benefit Period		12,000.00		15.07		15.07		1.000		1.000		1.023		1.000		12,000.00		15.77		15.77		12,000.000		16.122		16.12	
29	Prescription Drug		Prescriptions		9,199.98		84.23		64.57		1.000		1.000		1.048		1.042		9,989.01		92.51		77.01		9,098.685		108.935		82.60	
30	Total								\$273.90																				\$389.17	
31																														
32	Section III: Projected Experience:				Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)																									
33					Paid to Allowed Average Factor in Projection Period																									
34					Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																									
35					Projected Risk Adjustments PMPM																									
36					Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																									
37					Projected ACA reinsurance recoveries, net of rein prem, PMPM																									
38					Projected Incurred Claims																									
39					Administrative Expense Load																									
40					Profit & Risk Load																									
41					Taxes & Fees																									
42					Single Risk Pool Gross Premium Avg. Rate, PMPM																									
43					Index Rate for Projection Period																									
44					% increase over Experience Period																									
45					% Increase, annualized:																									
46					Projected Member Months																									
47																														
48																														
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																													
50																														

