Filing at a Glance

Company:	HealthKeepers, Inc
Product Name:	2017 Anthem Healthkeepers IND On/Off Exchange
State:	Virginia
TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02I.005D Individual - HMO
Filing Type:	Rate
Date Submitted:	04/11/2016
SERFF Tr Num:	AWLP-130518810
SERFF Status:	Assigned
State Tr Num:	AWLP-130518810
State Status:	
Co Tr Num:	AWLP-130518810
Implementation Date Requested:	01/01/2017
Author(s):	Tim Connell, Robert Schenck, Debra Dunham, Cynthia Konopelski, Ruoling You, Jae Kim, Leaor Schwartz, Samantha Caccavelli
Reviewer(s):	Toni Janoski (primary), David Shea
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: *Virginia* **Filing Company:** *HealthKeepers, Inc*
TOI/Sub-TOI: *HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO*
Product Name: *2017 Anthem Healthkeepers IND On/Off Exchange*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 15.8%

Deemer Date:
Submitted By: Robert Schenck

State Sub-TOI: HOrg02I.005D Individual - HMO

PPACA Notes: null
Exchange Intentions:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 04/11/2016
State Status Changed:
Created By: Robert Schenck
Corresponding Filing Tracking Number: AWLP-130518810
State TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)

PPACA: Non-Grandfathered Immed Mkt Reforms

This filing includes both on and off exchange plans.

Filing Description:

This rate filing is for ACA compliant products which will be sold on and off exchange effective January 1, 2017 for the individual HMO market. New materials were used in the creation of this rate filing. The rate change included in this filing represents an increase of 15.8% compared to the previous rate filing. The number of policyholders affected by this rate change is 122,581. The increase is necessary to account for changes in benefit design, anticipated changes in the market-wide morbidity of the covered population in the projection period, changing trends in medical costs and utilization and other cost of care impacts, anticipated changes in the end of payments to the Federal Transitional Reinsurance Program and changes in taxes, fees, and other non-benefit expenses.

The corresponding form filings are SERFF Tracking#: ANTY-130515884 for on-exchange products and SERFF Tracking#: ANTY-130515941 for off-exchange products.

The previous filing for these products is SERFF Tracking#: AWLP-130021954.

Company and Contact

Filing Contact Information

Tim Connell, Commercial VA
2221 Edward holland Drive
Richmond, VA 23230

tim.connell@anthem.com
804-354-2716 [Phone]

Filing Company Information

HealthKeepers, Inc
2221 Edward Holland Drive
PO Box 26623
Richmond, VA 23261
(804) 354-7000 ext. [Phone]

CoCode: 95169
Group Code: 671
Group Name: WellPoint Inc Group
FEIN Number: 54-1356687

State of Domicile: Virginia
Company Type: Health
State ID Number:

State: *Virginia* **Filing Company:** *HealthKeepers, Inc*
TOI/Sub-TOI: *HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO*
Product Name: *2017 Anthem Healthkeepers IND On/Off Exchange*
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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: *Virginia* **Filing Company:** *HealthKeepers, Inc*
TOI/Sub-TOI: *HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO*
Product Name: *2017 Anthem Healthkeepers IND On/Off Exchange*
Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 8.600%
Effective Date of Last Rate Revision: 01/01/2016
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
HealthKeepers, Inc	Increase	15.800%	15.800%	$128,240,153	122,581	$810,572,511	22.600%	9.300%

State: *Virginia* **Filing Company:** *HealthKeepers, Inc*
TOI/Sub-TOI: *HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO*
Product Name: *2017 Anthem Healthkeepers IND On/Off Exchange*
Project Name/Number: */*

Rate Review Detail

COMPANY:

Company Name: HealthKeepers, Inc
HHS Issuer Id: 88380

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Anthem HealthKeepers Bronze 4900 for HSA	88380VA075	88380VA0750047	128
Anthem HealthKeepers Bronze 4900 for HSA	88380VA075	88380VA0750048	180
Anthem HealthKeepers Bronze 4900 for HSA	88380VA075	88380VA0750049	31
Anthem HealthKeepers Bronze 4900 for HSA	88380VA075	88380VA0750050	609
Anthem HealthKeepers Bronze 4900 for HSA	88380VA075	88380VA0750051	653
Anthem HealthKeepers Bronze 4900 for HSA	88380VA075	88380VA0750052	751
Anthem HealthKeepers Bronze 4900 for HSA	88380VA075	88380VA0750053	115
Anthem HealthKeepers Bronze 4900 for HSA	88380VA075	88380VA0750054	763
Anthem HealthKeepers Bronze 5150	88380VA075	88380VA0750039	128
Anthem HealthKeepers Bronze 5150	88380VA075	88380VA0750040	180
Anthem HealthKeepers Bronze 5150	88380VA075	88380VA0750041	31
Anthem HealthKeepers Bronze 5150	88380VA075	88380VA0750042	609
Anthem HealthKeepers Bronze 5150	88380VA075	88380VA0750043	653
Anthem HealthKeepers Bronze 5150	88380VA075	88380VA0750044	751
Anthem HealthKeepers Bronze 5150	88380VA075	88380VA0750045	115
Anthem HealthKeepers Bronze 5150	88380VA075	88380VA0750046	763
Anthem HealthKeepers Bronze 5900	88380VA075	88380VA0750031	128
Anthem HealthKeepers Bronze 5900	88380VA075	88380VA0750032	180
Anthem HealthKeepers Bronze 5900	88380VA075	88380VA0750033	31
Anthem HealthKeepers Bronze 5900	88380VA075	88380VA0750034	609
Anthem HealthKeepers Bronze 5900	88380VA075	88380VA0750035	653
Anthem HealthKeepers Bronze 5900	88380VA075	88380VA0750036	751
Anthem HealthKeepers Bronze 5900	88380VA075	88380VA0750037	115
Anthem HealthKeepers Bronze 5900	88380VA075	88380VA0750038	763
Anthem HealthKeepers Bronze 6200 for HSA	88380VA075	88380VA0750023	128
Anthem HealthKeepers Bronze 6200 for HSA	88380VA075	88380VA0750024	180
Anthem HealthKeepers Bronze 6200 for HSA	88380VA075	88380VA0750025	31
Anthem HealthKeepers Bronze 6200 for HSA	88380VA075	88380VA0750026	609

State: *Virginia* **Filing Company:** *HealthKeepers, Inc*
TOI/Sub-TOI: *HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO*
Product Name: *2017 Anthem Healthkeepers IND On/Off Exchange*
Project Name/Number: */*

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Anthem HealthKeepers Bronze 6200 for HSA	88380VA075	88380VA0750027	653
Anthem HealthKeepers Bronze 6200 for HSA	88380VA075	88380VA0750028	751
Anthem HealthKeepers Bronze 6200 for HSA	88380VA075	88380VA0750029	115
Anthem HealthKeepers Bronze 6200 for HSA	88380VA075	88380VA0750030	763
Anthem HealthKeepers Bronze 6350	88380VA075	88380VA0750113	128
Anthem HealthKeepers Bronze 6350	88380VA075	88380VA0750114	180
Anthem HealthKeepers Bronze 6350	88380VA075	88380VA0750115	31
Anthem HealthKeepers Bronze 6350	88380VA075	88380VA0750116	609
Anthem HealthKeepers Bronze 6350	88380VA075	88380VA0750117	653
Anthem HealthKeepers Bronze 6350	88380VA075	88380VA0750118	751
Anthem HealthKeepers Bronze 6350	88380VA075	88380VA0750119	115
Anthem HealthKeepers Bronze 6350	88380VA075	88380VA0750120	763
Anthem HealthKeepers Bronze POS 4500	88380VA090	88380VA0900001	43
Anthem HealthKeepers Bronze POS 4500	88380VA090	88380VA0900002	90
Anthem HealthKeepers Bronze POS 4500	88380VA090	88380VA0900003	327
Anthem HealthKeepers Bronze POS 4500	88380VA090	88380VA0900004	546
Anthem HealthKeepers Bronze POS 4500	88380VA090	88380VA0900005	23
Anthem HealthKeepers Bronze POS 4500	88380VA090	88380VA0900006	357
Anthem HealthKeepers Bronze POS 4500	88380VA090	88380VA0900007	469
Anthem HealthKeepers Bronze POS 4500	88380VA090	88380VA0900008	45
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA090	88380VA0900025	43
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA090	88380VA0900026	90
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA090	88380VA0900027	327
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA090	88380VA0900028	546
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA090	88380VA0900029	23
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA090	88380VA0900030	357
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA090	88380VA0900031	469
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA090	88380VA0900032	45
Anthem HealthKeepers Bronze X 4500	88380VA072	88380VA0720019	325
Anthem HealthKeepers Bronze X 4900 for HSA	88380VA072	88380VA0720020	3648
Anthem HealthKeepers Bronze X 5150	88380VA072	88380VA0720018	3648
Anthem HealthKeepers Bronze X 5750 for HSA	88380VA072	88380VA0720027	325
Anthem HealthKeepers Bronze X 5900	88380VA072	88380VA0720017	3648
Anthem HealthKeepers Bronze X 6200 for HSA	88380VA072	88380VA0720016	3648

State: *Virginia* **Filing Company:** *HealthKeepers, Inc*
TOI/Sub-TOI: *HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO*
Product Name: *2017 Anthem Healthkeepers IND On/Off Exchange*
Project Name/Number: */*

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Anthem HealthKeepers Bronze X 6350	88380VA072	88380VA0720031	3648
Anthem HealthKeepers Bronze X POS 4500	88380VA089	88380VA0890001	25
Anthem HealthKeepers Bronze X POS 4500	88380VA089	88380VA0890004	310
Anthem HealthKeepers Bronze X POS 4500	88380VA089	88380VA0890010	480
Anthem HealthKeepers Bronze X POS 5750 for HSA	88380VA089	88380VA0890007	480
Anthem HealthKeepers Bronze X POS 5750 for HSA	88380VA089	88380VA0890008	25
Anthem HealthKeepers Bronze X POS 5750 for HSA	88380VA089	88380VA0890009	310
Anthem HealthKeepers Catastrophic 7150	88380VA075	88380VA0750015	94
Anthem HealthKeepers Catastrophic 7150	88380VA075	88380VA0750016	133
Anthem HealthKeepers Catastrophic 7150	88380VA075	88380VA0750017	23
Anthem HealthKeepers Catastrophic 7150	88380VA075	88380VA0750018	448
Anthem HealthKeepers Catastrophic 7150	88380VA075	88380VA0750019	480
Anthem HealthKeepers Catastrophic 7150	88380VA075	88380VA0750020	552
Anthem HealthKeepers Catastrophic 7150	88380VA075	88380VA0750021	84
Anthem HealthKeepers Catastrophic 7150	88380VA075	88380VA0750022	561
Anthem HealthKeepers Catastrophic X 7150	88380VA072	88380VA0720015	1216
Anthem HealthKeepers Gold 1000	88380VA075	88380VA0750087	207
Anthem HealthKeepers Gold 1000	88380VA075	88380VA0750088	292
Anthem HealthKeepers Gold 1000	88380VA075	88380VA0750089	50
Anthem HealthKeepers Gold 1000	88380VA075	88380VA0750090	986
Anthem HealthKeepers Gold 1000	88380VA075	88380VA0750091	1056
Anthem HealthKeepers Gold 1000	88380VA075	88380VA0750092	1215
Anthem HealthKeepers Gold 1000	88380VA075	88380VA0750093	186
Anthem HealthKeepers Gold 1000	88380VA075	88380VA0750094	1234
Anthem HealthKeepers Gold 1300	88380VA075	88380VA0750103	207
Anthem HealthKeepers Gold 1300	88380VA075	88380VA0750104	292
Anthem HealthKeepers Gold 1300	88380VA075	88380VA0750105	50
Anthem HealthKeepers Gold 1300	88380VA075	88380VA0750106	986
Anthem HealthKeepers Gold 1300	88380VA075	88380VA0750107	1056
Anthem HealthKeepers Gold 1300	88380VA075	88380VA0750108	1215
Anthem HealthKeepers Gold 1300	88380VA075	88380VA0750109	186
Anthem HealthKeepers Gold 1300	88380VA075	88380VA0750110	1234
Anthem HealthKeepers Gold X 1300	88380VA072	88380VA0720028	4864
Anthem HealthKeepers Gold, a Blue Cross and Blue Shield Multi-State Plan	88380VA088	88380VA0880006	4864
Anthem HealthKeepers Silver 1800	88380VA075	88380VA0750079	184
Anthem HealthKeepers Silver 1800	88380VA075	88380VA0750080	259
Anthem HealthKeepers Silver 1800	88380VA075	88380VA0750081	45
Anthem HealthKeepers Silver 1800	88380VA075	88380VA0750082	874
Anthem HealthKeepers Silver 1800	88380VA075	88380VA0750083	936
Anthem HealthKeepers Silver 1800	88380VA075	88380VA0750084	1077
Anthem HealthKeepers Silver 1800	88380VA075	88380VA0750085	164
Anthem HealthKeepers Silver 1800	88380VA075	88380VA0750086	1094

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TOI/Sub-TOI: *HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO*
Product Name: *2017 Anthem Healthkeepers IND On/Off Exchange*
Project Name/Number: */*

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Anthem HealthKeepers Silver 2800	88380VA075	88380VA0750063	184
Anthem HealthKeepers Silver 2800	88380VA075	88380VA0750064	259
Anthem HealthKeepers Silver 2800	88380VA075	88380VA0750065	45
Anthem HealthKeepers Silver 2800	88380VA075	88380VA0750066	874
Anthem HealthKeepers Silver 2800	88380VA075	88380VA0750067	936
Anthem HealthKeepers Silver 2800	88380VA075	88380VA0750068	1077
Anthem HealthKeepers Silver 2800	88380VA075	88380VA0750069	164
Anthem HealthKeepers Silver 2800	88380VA075	88380VA0750070	1094
Anthem HealthKeepers Silver 3500	88380VA075	88380VA0750055	184
Anthem HealthKeepers Silver 3500	88380VA075	88380VA0750056	259
Anthem HealthKeepers Silver 3500	88380VA075	88380VA0750057	45
Anthem HealthKeepers Silver 3500	88380VA075	88380VA0750058	874
Anthem HealthKeepers Silver 3500	88380VA075	88380VA0750059	936
Anthem HealthKeepers Silver 3500	88380VA075	88380VA0750060	1077
Anthem HealthKeepers Silver 3500	88380VA075	88380VA0750061	164
Anthem HealthKeepers Silver 3500	88380VA075	88380VA0750062	1094
Anthem HealthKeepers Silver 5000	88380VA075	88380VA0750121	184
Anthem HealthKeepers Silver 5000	88380VA075	88380VA0750122	259
Anthem HealthKeepers Silver 5000	88380VA075	88380VA0750123	45
Anthem HealthKeepers Silver 5000	88380VA075	88380VA0750124	874
Anthem HealthKeepers Silver 5000	88380VA075	88380VA0750125	936
Anthem HealthKeepers Silver 5000	88380VA075	88380VA0750126	1077
Anthem HealthKeepers Silver 5000	88380VA075	88380VA0750127	164
Anthem HealthKeepers Silver 5000	88380VA075	88380VA0750128	1094
Anthem HealthKeepers Silver POS 2300	88380VA090	88380VA0900009	128
Anthem HealthKeepers Silver POS 2300	88380VA090	88380VA0900010	269
Anthem HealthKeepers Silver POS 2300	88380VA090	88380VA0900011	982
Anthem HealthKeepers Silver POS 2300	88380VA090	88380VA0900012	1638
Anthem HealthKeepers Silver POS 2300	88380VA090	88380VA0900013	70
Anthem HealthKeepers Silver POS 2300	88380VA090	88380VA0900014	1070
Anthem HealthKeepers Silver POS 2300	88380VA090	88380VA0900015	1407
Anthem HealthKeepers Silver POS 2300	88380VA090	88380VA0900016	136
Anthem HealthKeepers Silver X 2300	88380VA072	88380VA0720024	2603
Anthem HealthKeepers Silver X 2800	88380VA072	88380VA0720022	7701
Anthem HealthKeepers Silver X 3500	88380VA072	88380VA0720021	7701
Anthem HealthKeepers Silver X 5000	88380VA072	88380VA0720032	69312
Anthem HealthKeepers Silver X POS 2300	88380VA089	88380VA0890002	201
Anthem HealthKeepers Silver X POS 2300	88380VA089	88380VA0890005	2477
Anthem HealthKeepers Silver X POS 2300	88380VA089	88380VA0890011	3839
Anthem HealthKeepers Silver, a Blue Cross and Blue Shield Multi-State Plan	88380VA088	88380VA0880005	7701

Trend Factors: The increase is necessary to account for changes in benefit design, anticipated changes in the market-wide morbidity of the covered population in the projection period, changing trends in medical costs and utilization and other cost of care impacts, anticipated

changes in payments to the Federal Transitional Reinsurance Program and changes in taxes, fees, and other non-benefit expenses.

FORMS:

New Policy Forms: VA_HMPSHS_(1/17)_ONHIX, VA_HMPSHS_(1/17)

Affected Forms:

Other Affected Forms: VA_SB_CAT_HMO_7150_0_40_(1/17)_ONHIX, VA_SB_BRZ_HMO_HSA_6200_25_(1/17)_ONHIX, VA_SB_BRZ_HMO_6350_40_(1/17)_ONHIX, VA_SB_BRZ_HMO_5900_35_40_(1/17)_ONHIX, VA_SB_BRZ_HMO_HSA_5750_0_(1/17)_ONHIX, VA_SB_BRZ_HMO_POS_HSA_5750_0_(1/17)_ONHIX, VA_SB_BRZ_HMO_5150_35_45_(1/17)_ONHIX, VA_SB_BRZ_HMO_4500_30_35_(1/17)_ONHIX, VA_SB_BRZ_HMO_POS_4500_30_35_(1/17)_ONHIX, VA_SB_BRZ_HMO_HSA_4900_35_(1/17)_ONHIX, VA_SB_SVR_HMO_5000_25_30_(1/17)_ONHIX, VA_SB_SRV_HMO_3500_15_45_(1/17)_ONHIX, VA_SB_SVR_HMO_2800_20_35_(1/17)_ONHIX, VA_SB_SVR_HMO_2300_20_20_(1/17)_ONHIX, VA_SB_SVR_HMO_POS_2300_20_20_(1/17)_ONHIX, VA_SB_SVR_HMO_1800_30_35_MSP_(1/17)_ONHIX, VA_SB_GLD_HMO_1300_20_20_(1/17)_ONHIX, VA_SB_GLD_HMO_1000_20_35_MSP_(1/17)_ONHIX, VA_SB_CAT_HMO_7150_0_40_(1/17), VA_SB_BRZ_HMO_6350_40_(1/17), VA_SB_BRZ_HMO_HSA_6200_25_(1/17), VA_SB_BRZ_HMO_5900_35_40_(1/17), VA_SB_BRZ_HMO_POS_HSA_5750_0_(1/17), VA_SB_BRZ_HMO_5150_35_45_(1/17), VA_SB_BRZ_HMO_POS_4500_30_35_(1/17), VA_SB_BRZ_HMO_HSA_4900_35_(1/17), VA_SB_SVR_HMO_5000_25_30_(1/17), VA_SB_SVR_HMO_3500_15_45_(1/17), VA_SB_SVR_HMO_2800_20_35_(1/17), VA_SB_SVR_HMO_POS_2300_20_20_(1/17), VA_SB_SVR_HMO_1800_30_35_(1/17), VA_SB_GLD_HMO_1000_20_35_(1/17)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

Member Months: 2,169,978

Benefit Change: Increase

Percent Change Requested: Min: 9.3 Max: 22.6 Avg: 15.8

PRIOR RATE:

Total Earned Premium: 871,343,314.00

Total Incurred Claims: 687,203,181.00

Annual $: Min: 97.15 Max: 1,332.37 Avg: 382.17

REQUESTED RATE:

Projected Earned Premium: 938,812,664.00

State: *Virginia* **Filing Company:** *HealthKeepers, Inc*
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Product Name: *2017 Anthem Healthkeepers IND On/Off Exchange*
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Projected Incurred Claims:	764,625,921.00
Annual $:	Min: 111.36 Max: 1,666.53 Avg: 411.76

State: Virginia **Filing Company:** HealthKeepers, Inc
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2017 Anthem Healthkeepers IND On/Off Exchange
Project Name/Number: /

Rate/Rule Schedule

State: *Virginia* **Filing Company:** *HealthKeepers, Inc*
TOI/Sub-TOI: *HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO*
Product Name: *2017 Anthem Healthkeepers IND On/Off Exchange*
Project Name/Number: */*

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA Rate Template - Anthem Individual Jan 2017	VA_SB_CAT_HMO_7150_0_40_(1/17)_ONHIX, VA_SB_BRZ_HMO_HSA_6200_25_(1/17)_ONHIX, VA_SB_BRZ_HMO_6350_40_(1/17)_ONHIX, VA_SB_BRZ_HMO_5900_35_40_(1/17)_ONHIX, VA_SB_BRZ_HMO_HSA_5750_0_(1/17)_ONHIX, VA_SB_BRZ_HMO_POS_HSA_5750_0_(1/17)_ONHIX, VA_SB_BRZ_HMO_5150_35_45_(1/17)_ONHIX, VA_SB_BRZ_HMO_4500_30_35_(1/17)_ONHIX, VA_SB_BRZ_HMO_POS_4500_30_35_(1/17)_ONHIX, VA_SB_BRZ_HMO_HSA_4900_35_(1/17)_ONHIX, VA_SB_SVR_HMO_5000_25_30_(1/17)_ONHIX, VA_SB_SRV_HMO_3500_15_45_(1/17)_ONHIX, VA_SB_SVR_HMO_2800_20_35_(1/17)_ONHIX, VA_SB_SVR_HMO_2300_20_20_(1/17)_ONHIX, VA_SB_SVR_HMO_POS_2300_20_20_(1/17)_ONHIX, VA_SB_SVR_HMO_1800_30_35_MSP_(1/17)_ONHIX, VA_SB_GLD_HMO_1300_20_20_(1/17)_ONHIX, VA_SB_GLD_HMO_1000_20_35_MSP_(1/17)_ONHIX, VA_SB_CAT_HMO_7150_0_40_(1/17), VA_SB_BRZ_HMO_6350_40_(1/17), VA_SB_BRZ_HMO_HSA_6200_25_(1/17),	Revised	Previous State Filing Number: AWLP-130021954 Percent Rate Change Request: 15.8	IND HK 95169 Rate Template 2017.pdf,

			VA_SB_BRZ_HMO_5900_35_40_(1/17), VA_SB_BRZ_HMO_POS_HSA_5750_0_(1/17), VA_SB_BRZ_HMO_5150_35_45_(1/17), VA_SB_BRZ_HMO_POS_4500_30_35_(1/17), VA_SB_BRZ_HMO_HSA_4900_35_(1/17), VA_SB_SVR_HMO_5000_25_30_(1/17), VA_SB_SVR_HMO_3500_15_45_(1/17), VA_SB_SVR_HMO_2800_20_35_(1/17), VA_SB_SVR_HMO_POS_2300_20_20_(1/17), VA_SB_SVR_HMO_1800_30_35_(1/17), VA_SB_GLD_HMO_1000_20_35_(1/17)			

Virginia Rate Template

Carrier Name: HealthKeepers, Inc.(Anthem BCBS)

Market: Individual

Rate Effective Date 1/1/2017-12/31/2017

Component ID	Plan Name	Metal Level	Exchange	Area(s) Offered	Base Rate	Rating Area	Factor	Age	Age Factor	Tobacco Factor
88380VA0720015	Anthem HealthKeepers Catastrophic X 7150	Catastrophic	On	All	$189.01	1	1.0885	0-20	0.6350	1.0500*
88380VA0720027	Anthem HealthKeepers Bronze X 5750 for HSA	Bronze	On	1, 7, 8	$243.89	2	0.9285	21	1.0000	1.0500
88380VA0720016	Anthem HealthKeepers Bronze X 6200 for HSA	Bronze	On	All	$236.36	3	1.0122	22	1.0000	1.0500
88380VA0720020	Anthem HealthKeepers Bronze X 4900 for HSA	Bronze	On	All	$241.59	4	1.0196	23	1.0000	1.0500
88380VA0720019	Anthem HealthKeepers Bronze X 4500	Bronze	On	1, 7, 8	$245.79	5	1.0057	24	1.0000	1.0500
88380VA0720018	Anthem HealthKeepers Bronze X 5150	Bronze	On	All	$234.71	6	1.0318	25	1.0040	1.1000
88380VA0720017	Anthem HealthKeepers Bronze X 5900	Bronze	On	All	$231.19	7	0.9278	26	1.0240	1.1000
88380VA0720031	Anthem HealthKeepers Bronze X 6350	Bronze	On	All	$228.37	8	1.0612	27	1.0480	1.1000
88380VA0720024	Anthem HealthKeepers Silver X 2300	Silver	On	1, 7, 8	$285.42	9	1.0340	28	1.0870	1.1000
88380VA0720022	Anthem HealthKeepers Silver X 2800	Silver	On	All	$274.45	10	1.0279	29	1.1190	1.1000
88380VA0720021	Anthem HealthKeepers Silver X 3500	Silver	On	All	$266.78	11	0.9967	30	1.1350	1.1500
88380VA0720032	Anthem HealthKeepers Silver X 5000	Silver	On	All	$255.57	12	1.0062	31	1.1590	1.1500
88380VA0720028	Anthem HealthKeepers Gold X 1300	Gold	On	All	$366.92			32	1.1830	1.1500
88380VA0750015	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	1, 5, 11	$190.99			33	1.1980	1.1500
88380VA0750016	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	2	$191.80			34	1.2140	1.1500
88380VA0750017	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	3	$190.10			35	1.2220	1.1500
88380VA0750018	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	4, 12	$192.37			36	1.2300	1.1500
88380VA0750019	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	6, 9	$189.07			37	1.2380	1.1500
88380VA0750020	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	7	$201.53			38	1.2460	1.1500
88380VA0750021	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	8	$198.20			39	1.2620	1.1500
88380VA0750022	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	10	$193.51			40	1.2780	1.2000
88380VA0750023	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	1, 5, 11	$238.88			41	1.3020	1.2000
88380VA0750024	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	2	$239.91			42	1.3250	1.2000
88380VA0750025	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	3	$237.77			43	1.3570	1.2000
88380VA0750026	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	4, 12	$240.61			44	1.3970	1.2000
88380VA0750027	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	6, 9	$236.47			45	1.4440	1.2000
88380VA0750028	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	7	$252.07			46	1.5000	1.2000
88380VA0750029	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	8	$247.90			47	1.5630	1.2000
88380VA0750030	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	10	$242.05			48	1.6350	1.2000
88380VA0750047	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	1, 5, 11	$244.16			49	1.7060	1.2000
88380VA0750048	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	2	$245.22			50	1.7860	1.2500
88380VA0750049	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	3	$243.02			51	1.8650	1.2500
88380VA0750050	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	4, 12	$245.95			52	1.9520	1.2500
88380VA0750051	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	6, 9	$241.72			53	2.0400	1.2500
88380VA0750052	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	7	$257.68			54	2.1350	1.2500
88380VA0750053	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	8	$253.40			55	2.2300	1.2500
88380VA0750054	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	10	$247.41			56	2.3330	1.2500
88380VA0750039	Anthem HealthKeepers Bronze 5150	Bronze	Off	1, 5, 11	$237.20			57	2.4370	1.2500
88380VA0750040	Anthem HealthKeepers Bronze 5150	Bronze	Off	2	$238.20			58	2.5480	1.2500
88380VA0750041	Anthem HealthKeepers Bronze 5150	Bronze	Off	3	$236.09			59	2.6030	1.2500
88380VA0750042	Anthem HealthKeepers Bronze 5150	Bronze	Off	4, 12	$238.91			60	2.7140	1.3000
88380VA0750043	Anthem HealthKeepers Bronze 5150	Bronze	Off	6, 9	$234.79			61	2.8100	1.3000
88380VA0750044	Anthem HealthKeepers Bronze 5150	Bronze	Off	7	$250.31			62	2.8730	1.3000
88380VA0750045	Anthem HealthKeepers Bronze 5150	Bronze	Off	8	$246.17			63	2.9520	1.3000
88380VA0750046	Anthem HealthKeepers Bronze 5150	Bronze	Off	10	$240.34			64	3.0000	1.3000
88380VA0750031	Anthem HealthKeepers Bronze 5900	Bronze	Off	1, 5, 11	$233.63			65+	3.0000	1.3000
88380VA0750032	Anthem HealthKeepers Bronze 5900	Bronze	Off	2	$234.63					
88380VA0750033	Anthem HealthKeepers Bronze 5900	Bronze	Off	3	$232.54					
88380VA0750034	Anthem HealthKeepers Bronze 5900	Bronze	Off	4, 12	$235.33					

* Tobacco factor only applies to age 18 and up

Virginia Rate Template

Carrier Name: HealthKeepers, Inc.(Anthem BCBS)

Market: Individual

Rate Effective Date 1/1/2017-12/31/2017

Component ID	Plan Name	Metal Level	Exchange	Area(s) Offered	Base Rate	Rating Area	Factor	Age	Age Factor	Tobacco Factor
88380VA0750035	Anthem HealthKeepers Bronze 5900	Bronze	Off	6, 9	$231.27	1	1.0885	0-20	0.6350	1.0500*
88380VA0750036	Anthem HealthKeepers Bronze 5900	Bronze	Off	7	$246.55	2	0.9285	21	1.0000	1.0500
88380VA0750037	Anthem HealthKeepers Bronze 5900	Bronze	Off	8	$242.46	3	1.0122	22	1.0000	1.0500
88380VA0750038	Anthem HealthKeepers Bronze 5900	Bronze	Off	10	$236.74	4	1.0196	23	1.0000	1.0500
88380VA0750113	Anthem HealthKeepers Bronze 6350	Bronze	Off	1, 5, 11	$230.78	5	1.0057	24	1.0000	1.0500
88380VA0750114	Anthem HealthKeepers Bronze 6350	Bronze	Off	2	$231.78	6	1.0318	25	1.0040	1.1000
88380VA0750115	Anthem HealthKeepers Bronze 6350	Bronze	Off	3	$229.70	7	0.9278	26	1.0240	1.1000
88380VA0750116	Anthem HealthKeepers Bronze 6350	Bronze	Off	4, 12	$232.46	8	1.0612	27	1.0480	1.1000
88380VA0750117	Anthem HealthKeepers Bronze 6350	Bronze	Off	6, 9	$228.45	9	1.0340	28	1.0870	1.1000
88380VA0750118	Anthem HealthKeepers Bronze 6350	Bronze	Off	7	$243.54	10	1.0279	29	1.1190	1.1000
88380VA0750119	Anthem HealthKeepers Bronze 6350	Bronze	Off	8	$239.50	11	0.9967	30	1.1350	1.1500
88380VA0750120	Anthem HealthKeepers Bronze 6350	Bronze	Off	10	$233.84	12	1.0062	31	1.1590	1.1500
88380VA0750079	Anthem HealthKeepers Silver 1800	Silver	Off	1, 5, 11	$290.40			32	1.1830	1.1500
88380VA0750080	Anthem HealthKeepers Silver 1800	Silver	Off	2	$291.67			33	1.1980	1.1500
88380VA0750081	Anthem HealthKeepers Silver 1800	Silver	Off	3	$289.05			34	1.2140	1.1500
88380VA0750082	Anthem HealthKeepers Silver 1800	Silver	Off	4, 12	$292.51			35	1.2220	1.1500
88380VA0750083	Anthem HealthKeepers Silver 1800	Silver	Off	6, 9	$287.47			36	1.2300	1.1500
88380VA0750084	Anthem HealthKeepers Silver 1800	Silver	Off	7	$306.46			37	1.2380	1.1500
88380VA0750085	Anthem HealthKeepers Silver 1800	Silver	Off	8	$301.40			38	1.2460	1.1500
88380VA0750086	Anthem HealthKeepers Silver 1800	Silver	Off	10	$294.27			39	1.2620	1.1500
88380VA0750063	Anthem HealthKeepers Silver 2800	Silver	Off	1, 5, 11	$277.34			40	1.2780	1.2000
88380VA0750064	Anthem HealthKeepers Silver 2800	Silver	Off	2	$278.54			41	1.3020	1.2000
88380VA0750065	Anthem HealthKeepers Silver 2800	Silver	Off	3	$276.07			42	1.3250	1.2000
88380VA0750066	Anthem HealthKeepers Silver 2800	Silver	Off	4, 12	$279.35			43	1.3570	1.2000
88380VA0750067	Anthem HealthKeepers Silver 2800	Silver	Off	6, 9	$274.55			44	1.3970	1.2000
88380VA0750068	Anthem HealthKeepers Silver 2800	Silver	Off	7	$292.68			45	1.4440	1.2000
88380VA0750069	Anthem HealthKeepers Silver 2800	Silver	Off	8	$287.83			46	1.5000	1.2000
88380VA0750070	Anthem HealthKeepers Silver 2800	Silver	Off	10	$281.05			47	1.5630	1.2000
88380VA0750055	Anthem HealthKeepers Silver 3500	Silver	Off	1, 5, 11	$269.57			48	1.6350	1.2000
88380VA0750056	Anthem HealthKeepers Silver 3500	Silver	Off	2	$270.76			49	1.7060	1.2000
88380VA0750057	Anthem HealthKeepers Silver 3500	Silver	Off	3	$268.32			50	1.7860	1.2500
88380VA0750058	Anthem HealthKeepers Silver 3500	Silver	Off	4, 12	$271.52			51	1.8650	1.2500
88380VA0750059	Anthem HealthKeepers Silver 3500	Silver	Off	6, 9	$266.86			52	1.9520	1.2500
88380VA0750060	Anthem HealthKeepers Silver 3500	Silver	Off	7	$284.49			53	2.0400	1.2500
88380VA0750061	Anthem HealthKeepers Silver 3500	Silver	Off	8	$279.78			54	2.1350	1.2500
88380VA0750062	Anthem HealthKeepers Silver 3500	Silver	Off	10	$273.17			55	2.2300	1.2500
88380VA0750121	Anthem HealthKeepers Silver 5000	Silver	Off	1, 5, 11	$258.25			56	2.3330	1.2500
88380VA0750122	Anthem HealthKeepers Silver 5000	Silver	Off	2	$259.39			57	2.4370	1.2500
88380VA0750123	Anthem HealthKeepers Silver 5000	Silver	Off	3	$257.06			58	2.5480	1.2500
88380VA0750124	Anthem HealthKeepers Silver 5000	Silver	Off	4, 12	$260.12			59	2.6030	1.2500
88380VA0750125	Anthem HealthKeepers Silver 5000	Silver	Off	6, 9	$255.65			60	2.7140	1.3000
88380VA0750126	Anthem HealthKeepers Silver 5000	Silver	Off	7	$272.55			61	2.8100	1.3000
88380VA0750127	Anthem HealthKeepers Silver 5000	Silver	Off	8	$268.03			62	2.8730	1.3000
88380VA0750128	Anthem HealthKeepers Silver 5000	Silver	Off	10	$261.69			63	2.9520	1.3000
88380VA0750087	Anthem HealthKeepers Gold 1000	Gold	Off	1, 5, 11	$371.99			64	3.0000	1.3000
88380VA0750088	Anthem HealthKeepers Gold 1000	Gold	Off	2	$373.61			65+	3.0000	1.3000
88380VA0750089	Anthem HealthKeepers Gold 1000	Gold	Off	3	$370.28					
88380VA0750090	Anthem HealthKeepers Gold 1000	Gold	Off	4, 12	$374.69					
88380VA0750091	Anthem HealthKeepers Gold 1000	Gold	Off	6, 9	$368.25					

* Tobacco factor only applies to age 18 and up

Virginia Rate Template

Carrier Name: HealthKeepers, Inc.(Anthem BCBS)

Market: Individual

Rate Effective Date 1/1/2017-12/31/2017

Component ID	Plan Name	Metal Level	Exchange	Area(s) Offered	Base Rate	Rating Area	Factor	Age	Age Factor	Tobacco Factor
88380VA0750092	Anthem HealthKeepers Gold 1000	Gold	Off	7	$392.57	1	1.0885	0-20	0.6350	1.0500*
88380VA0750093	Anthem HealthKeepers Gold 1000	Gold	Off	8	$386.07	2	0.9285	21	1.0000	1.0500
88380VA0750094	Anthem HealthKeepers Gold 1000	Gold	Off	10	$376.94	3	1.0122	22	1.0000	1.0500
88380VA0750103	Anthem HealthKeepers Gold 1300	Gold	Off	1, 5, 11	$370.77	4	1.0196	23	1.0000	1.0500
88380VA0750104	Anthem HealthKeepers Gold 1300	Gold	Off	2	$372.39	5	1.0057	24	1.0000	1.0500
88380VA0750105	Anthem HealthKeepers Gold 1300	Gold	Off	3	$369.06	6	1.0318	25	1.0040	1.1000
88380VA0750106	Anthem HealthKeepers Gold 1300	Gold	Off	4, 12	$373.45	7	0.9278	26	1.0240	1.1000
88380VA0750107	Anthem HealthKeepers Gold 1300	Gold	Off	6, 9	$367.03	8	1.0612	27	1.0480	1.1000
88380VA0750108	Anthem HealthKeepers Gold 1300	Gold	Off	7	$391.30	9	1.0340	28	1.0870	1.1000
88380VA0750109	Anthem HealthKeepers Gold 1300	Gold	Off	8	$384.80	10	1.0279	29	1.1190	1.1000
88380VA0750110	Anthem HealthKeepers Gold 1300	Gold	Off	10	$375.72	11	0.9967	30	1.1350	1.1500
88380VA0880005	Anthem HealthKeepers Silver, a Blue Cross and Blue Shield M	Silver	On	All	$287.37	12	1.0062	31	1.1590	1.1500
88380VA0880006	Anthem HealthKeepers Gold, a Blue Cross and Blue Shield Mu	Gold	On	All	$368.14			32	1.1830	1.1500
88380VA0890007	Anthem HealthKeepers Bronze X POS 5750 for HSA	Bronze	On	2, 4, 6, 9, 11, 12	$245.60			33	1.1980	1.1500
88380VA0890008	Anthem HealthKeepers Bronze X POS 5750 for HSA	Bronze	On	3, 5	$249.99			34	1.2140	1.1500
88380VA0890009	Anthem HealthKeepers Bronze X POS 5750 for HSA	Bronze	On	10	$246.33			35	1.2220	1.1500
88380VA0890001	Anthem HealthKeepers Bronze X POS 4500	Bronze	On	3, 5	$251.94			36	1.2300	1.1500
88380VA0890004	Anthem HealthKeepers Bronze X POS 4500	Bronze	On	10	$248.25			37	1.2380	1.1500
88380VA0890010	Anthem HealthKeepers Bronze X POS 4500	Bronze	On	2, 4, 6, 9, 11, 12	$247.49			38	1.2460	1.1500
88380VA0890002	Anthem HealthKeepers Silver X POS 2300	Silver	On	3, 5	$292.54			39	1.2620	1.1500
88380VA0890005	Anthem HealthKeepers Silver X POS 2300	Silver	On	10	$288.26			40	1.2780	1.2000
88380VA0890011	Anthem HealthKeepers Silver X POS 2300	Silver	On	2, 4, 6, 9, 11, 12	$287.39			41	1.3020	1.2000
88380VA0900025	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	1, 11	$247.74			42	1.3250	1.2000
88380VA0900026	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	2	$248.79			43	1.3570	1.2000
88380VA0900027	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	3, 12	$250.83			44	1.3970	1.2000
88380VA0900028	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	4, 10	$252.13			45	1.4440	1.2000
88380VA0900029	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	5	$252.61			46	1.5000	1.2000
88380VA0900030	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	6, 9	$245.22			47	1.5630	1.2000
88380VA0900031	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	7	$261.42			48	1.6350	1.2000
88380VA0900032	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	8	$257.08			49	1.7060	1.2000
88380VA0900001	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	1, 11	$249.66			50	1.7860	1.2500
88380VA0900002	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	2	$250.72			51	1.8650	1.2500
88380VA0900003	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	3, 12	$252.75			52	1.9520	1.2500
88380VA0900004	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	4, 10	$254.08			53	2.0400	1.2500
88380VA0900005	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	5	$254.56			54	2.1350	1.2500
88380VA0900006	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	6, 9	$247.14			55	2.2300	1.2500
88380VA0900007	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	7	$263.45			56	2.3330	1.2500
88380VA0900008	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	8	$259.09			57	2.4370	1.2500
88380VA0900009	Anthem HealthKeepers Silver POS 2300	Silver	Off	1, 11	$289.89			58	2.5480	1.2500
88380VA0900010	Anthem HealthKeepers Silver POS 2300	Silver	Off	2	$291.13			59	2.6030	1.2500
88380VA0900011	Anthem HealthKeepers Silver POS 2300	Silver	Off	3, 12	$293.49			60	2.7140	1.3000
88380VA0900012	Anthem HealthKeepers Silver POS 2300	Silver	Off	4, 10	$295.00			61	2.8100	1.3000
88380VA0900013	Anthem HealthKeepers Silver POS 2300	Silver	Off	5	$295.60			62	2.8730	1.3000
88380VA0900014	Anthem HealthKeepers Silver POS 2300	Silver	Off	6, 9	$286.96			63	2.9520	1.3000
88380VA0900015	Anthem HealthKeepers Silver POS 2300	Silver	Off	7	$305.89			64	3.0000	1.3000
88380VA0900016	Anthem HealthKeepers Silver POS 2300	Silver	Off	8	$300.83			65+	3.0000	1.3000

* Tobacco factor only applies to age 18 and up

State: Virginia **Filing Company:** HealthKeepers, Inc
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2017 Anthem Healthkeepers IND On/Off Exchange
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA IND G1608 HK 95169 Cover Letter 2017.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2017 IND VA HK 95169 Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Rate Review Checklist IND 1Q17.pdf
Item Status:	
Status Date:	

Bypassed - Item:	L&H Actuarial Memorandum
Bypass Reason:	Actuarial Memo attached in the "Actuarial Memorandum and Certifications" category above.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	IND HK 88380 PART II Jan2017.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Health Insurance Rate Request Summary
Comments:	
Attachment(s):	Rate Summary 1Q17 Anthem Ind.pdf
Item Status:	
Status Date:	

State: Virginia **Filing Company:** HealthKeepers, Inc
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2017 Anthem Healthkeepers IND On/Off Exchange
Project Name/Number: /

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRT-VA-IND2-88380-1Q17 - Submission 04 06 2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Virginia Rate Template
Comments:	
Attachment(s):	IND HK 95169 Rate Template 2017.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Other VA BOI required forms
Comments:	Attached here are: - Form 130A - Form 130B
Attachment(s):	Form 130A 88380 1Q17 Anthem Ind.pdf Form 130B 88380 1Q17 Anthem Ind.pdf
Item Status:	
Status Date:	

Satisfied - Item:	AV ScreenShots and Justifications
Comments:	
Attachment(s):	20160408VAAnthem88380INDOffUniqueAVPlanJustificationsSet1.pdf 20160408VAAnthem88380INDOffUniqueAVPlanJustificationsSet2.pdf 20160408VAAnthem88380INDOnAVCalculatorPlanScreenshots.pdf 20160408VAAnthem88380INDOnUniqueAVPlanJustificationsSet1.pdf 20160408VAAnthem88380INDOnUniqueAVPlanJustificationsSet2.pdf 20160408VAAnthem88380INDOffAVCalculatorPlanScreenshots - Set 1.pdf 20160408VAAnthem88380INDOffAVCalculatorPlanScreenshots - Set 2.pdf
Item Status:	
Status Date:	

Anthem Blue Cross and Blue Shield
2221 Edward Holland Dr
Richmond, Virginia 24030-3047

Anthem

April 11, 2016

VIA SERFF

Mr. Robert F. Grissom, Supervisor

Forms and Rates Section
Life and Health Division
State Corporation Commission Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

NAIC #95169
HIOS# 88380

Re: Actuarial Memorandum/Rates for **On and Off Exchange Products:**
Policy Forms VA_HMPSHS_(1/17)_ONHIX and OFF HIX - VA_HMPSHS_(1/17)

Dear Mr. Grissom:

I am submitting for your formal approval an Individual product rate filing for the above-referenced policies. The purpose of this rate filing is to establish product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA). The rates will be in-force for effective dates on or after January 1, 2017. These rates will apply to plans offered both On-Exchange and Off-Exchange. This rate filing is not intended to be used for other purposes.

All pertinent documents are available with the SERFF filing. I ask that you review and mark this filing as "Approved" via SERFF. The required actuarial certification is found in the included actuarial memorandum.

If you have any questions regarding this information, please call me at (804) 354-2716. You may also email me at tim.connell@anthem.com. If you wish to address written comments to me, please send your correspondence to Tim Connell, 2221 Edward Holland Drive, Maildrop VA4004-RR26, Richmond, VA 23230.

Thank you.

Sincerely yours,

Timothy J. Connell

Timothy J. Connell, F.S.A., M.A.A.A.
Actuarial Director

cc: Lynne Critzer
Robert T. Schenck
Soula Vassilopoulos

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc.
An independent licensee of the Blue Cross and Blue Shield Association.
®Registered marks Blue Cross and Blue Shield Association.

ACTUARIAL MEMORANDUM

1. General Information

- Company Identifying Information

Company Legal Name:	HealthKeepers, Inc.
State:	Virginia
HIOS Issuer ID:	88380
NAIC Company Code:	95169
Market:	Individual
Effective Date:	January 1, 2017

- Company Contact Information

Primary Contact Name:	Tim Connell
Primary Contact Telephone Number:	(804) 354-2716
Primary Contact Email Address:	Tim.Connell@anthem.com

2. Scope and Purpose of the Filing

This is a rate filing for the Individual market ACA-compliant plans offered by HealthKeepers, Inc., also referred to as Anthem. The policy forms associated with these plans are listed below. The proposed rates in this filing will be effective for the 2017 plan year beginning January 1, 2017, and apply to plans both On-Exchange and Off-Exchange.

The Memorandum provides support to the rate development and demonstrates that rates are established in compliance with state laws and provisions of the Affordable Care Act. To the extent relevant rules or guidance on the rules are updated or changed, amendments to this filing may be required. This rate filing is not intended to be used for other purposes.

Policy Form Number(s):

VA_HMPSHS_(1/17)_ONHIX
VA_HMPSHS_(1/17)

This memo is intended to satisfy both Virginia requirements as well as the federal Part III Actuarial Memo requirements. Comments relating directly to state requirements can be found just below as well as in sections 4, 5, 12, and Exhibit R.

Issue Age Limitations: Issued to individuals under age 65

General Marketing Method: On-Exchange forms are marketed by the Exchange Navigator for Virginia's Health Insurance Exchange. Off-exchange, non-grandfathered forms are marketed by direct-marketing representatives, web-based marketing, and independent insurance brokers.

Renewal of a policy can be refused for only the following reasons:

Fraud or material misrepresentation on an application or under terms of the policy
Non-Payment of premium
Not living, working, or residing in the service area

3. Proposed Rate Increase(s)

The proposed annual rate changes by product in this filing range from 13.4% to 18.5%, with rate changes by plan from 9.3% to 22.6%. These ranges are based on the renewing plans, and are consistent with what's reported in the Unified Rate Review Template. Exhibit A shows the rate change for each plan.

Factors that affect the rate changes for all plans include:

- Emerging experience different than projected.
- Trend: This includes the impact of inflation, provider contracting changes, and increased utilization of services.
- Morbidity: There are anticipated changes in the market-wide morbidity of the covered population in the projection period.
- Benefit modifications, including changes made to comply with updated AV requirements.
- Changes in taxes, fees, and some non-benefit expenses, including the one-year suspension of the Health Insurer Tax for 2017.
- Discontinuance of the Federal Transitional Reinsurance Program, which impacts both payments from and contributions to the program.

Although rates are based on the same claims experience, the rate changes vary by plan due to the following factors:

- Changes in benefit design that vary by plan
- Updates in benefit relativity factors among plans.
- Updated adjustment factors for catastrophic plans.
- Changes in some non-benefit expenses that are applied on a PMPM basis.
- Changes in the claim cost relativity by area.

• Estimated Annual Premium (before subsidies)

Average Annual Premium per policy: $ 6,628.46
Average Annual Premium per policy after rate increase: $ 7,677.15
Average Annual Premium per member: $ 4,276.43
Average Annual Premium per member after rate increase: $ 4,953.00

4. Experience Period Premium and Claims

The experience period premium and claims reported in Worksheet 1, Section I of the Unified Rate Review Template (URRT) are for the non-grandfathered, single risk pool compliant policies of the identified legal entity in the Individual market.

- Paid Through Date

  The experience reported in Worksheet 1, Section I of the URRT reflect the incurred claims from January 1, 2015 through December 31, 2015 based on claims paid through January 31, 2016.

- Premiums (net of MLR Rebate) in Experience Period

  The earned premium prior to MLR rebate is $723,440,716. The earned premium reflects the pro-rata share of premium based on policy coverage dates, and includes expected risk adjustment amount for the experience period, as specified in the URRT instructions.

  The preliminary MLR rebate estimate is $0, which is consistent with Anthem's December 31, 2015 general ledger estimate allocated to the non-grandfathered portion of Individual business. This is an estimated amount and will not be final until 7/31/2016. Using this MLR estimate, the net earned premium is $723,440,716 for the legal entity as reported in cell F14 of Worksheet 1, Section I of the URRT.

- Allowed and Incurred Claims Incurred During the Experience Period

  The allowed claims are determined by subtracting non-covered benefits, provider discounts, and coordination of benefits amounts from the billed amount.

  Allowed and incurred claims are completed using the chain ladder method, an industry standard, by using historic paid vs. incurred claims patterns. The method calculates historic completion percentages, representing the percent of cumulative claims paid of the ultimate incurred amounts for each lag month. Claim backlog files are reviewed on a monthly basis and are accounted for in the historical completion factor estimates.

  Allowed and incurred claims reported in Worksheet 1, Section I of the URRT are $885,997,604 and $654,916,901, respectively. Exhibit B provides claims detail.

- Membership and Annual premium subject to rate change

  As required by 14 VAC 5-130-70 B 13, the membership that is subject to this rate increae is 180,857, estimated as of December 2015. The premium for this membership in the most recent 12 months is $ 723,440,716. This corresponds to the premium in Worksheet 1 of the URRT. Note that many of these members were in effect in December, but some did not have coverage for the entire 12 months.

5. Benefit Categories

The methodology used to determine benefit categories in Worksheet 1, Section II of the URRT is as follows:

- 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 and 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.
- Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, and dental services.
- Capitation: Includes all services provided under one or more capitated arrangements.
- Prescription Drug: Includes drugs dispensed by a pharmacy and rebates received from drug manufacturers.

6. Projection Factors

The experience period claims in Worksheet 1, Section I of the URRT are projected to the projection period using the factors described below. Exhibit C provides a summary of the factors.

• Changes in the Morbidity of the Population Insured

Adjustments are made to account for the differences between the average morbidity of the experience period population and that of the anticipated population in the projection period.

The projected population consists of expected retention of existing policies and new sales. The sources of new entrants include the previously uninsured population, grandfathered policies migrating to ACA-compliant plans, and previously insured populations from other carriers. The morbidity impacts of population movement are based on the experience period risk score data and estimated risk scores of the projected population. Exhibit E shows the morbidity factor.

- Changes in Benefits

Changes in benefits include the following items. Exhibit E shows each adjustment factor.

- Essential Health Benefit (EHB) Changes: Adjustments are made to reflect the 2017 requirement to provide separate but equal visit limits for rehabilitative and habilitative therapies per HHS Notice of Benefit and Payment Parameters.

- Changes in Demographics (Normalization)

The experience period claims are normalized to reflect anticipated changes in age/gender, area, network, and benefit plan in the projection period. Exhibit D provides detail of each normalization factor below:

- Age/Gender: The assumed claims cost is applied by age and gender to the experience period membership distribution and the projection period membership distribution.

- Area/Network: The area claims factors are developed based on an analysis of allowed claims by network, mapped to the prescribed rating areas using the subscriber's 5-digit zip code.

- Benefit Plan: The experience period claims are normalized to reflect the average benefit level in the projection period using benefit relativities. The benefit relativities include the value of cost shares and anticipated changes in utilization due to the difference in average cost share requirements.

- Other Adjustments

Other adjustments to the experience claims data include the following items. Exhibit E and Exhibit F show the factors used for each adjustment.

- Induced Demand Due to Cost Share Reductions: Individuals who fall below 250% of the Federal Poverty Level and enroll in On-Exchange silver plans will be eligible for cost share reductions. The percentage of enrollment in CSR Plans in the experience period is compared to that of the projection period to adjust for the different induced demand level due to CSR between the two periods.
- Grace Period: The claims experience has been adjusted to account for incidences of enrollees not paying premiums due during the first month of the 90-day grace period when the QHP is liable for paying claims.
- Rx Rebates: The projected claims cost is adjusted to reflect anticipated Rx rebates. These projections take into account the most up-to-date information regarding anticipated rebate contracts, drug prices, anticipated price inflation, and upcoming patent expirations.

- Projected cost of pediatric dental and vision benefits are included.

- Trend Factors (cost/utilization)

  - The annual pricing trend used in the development of the rates is 8.9%. The trend is developed by normalizing historical benefit expense for changes in the underlying population and known cost drivers, which are then projected forward to develop the pricing trend. Examples of such changes include contracting, cost of care initiatives, workdays, costs associated with Hepatitis C, compound drugs, average wholesale price, and expected introduction of generic drugs. For projection, the experience period claims are trended 24 months from the midpoint of the experience period, which is July 1, 2015, to the midpoint of the projection period, which is July 1, 2017. Exhibit E has details.

  - Projected trends include the estimated cost of the pharmaceutical Harvoni and other high-cost drugs for treating Hepatitis C. These cost estimates were based on Virginia claims experience, together with CDC recommendations, Industry and Anthem Inc. data.

7. Credibility Manual Rate Development

The experience period claims are 100% credible based on the credibility method used. Therefore, a manual rate was not used in the rate development.

8. Credibility of Experience

- Credibility Method Used

  Based on an analysis of historical data, the standard for fully credible experience is 6,870 members.

  To determine credibility, the following formula was used: √(experience period members / 6,870)

- Resulting Credibility Level Assigned to Base Period Experience

  With 180,857 members, the credibility level assigned to the experience period claims is 100%.

9. Paid to Allowed Ratio

The 'Paid to Allowed Average Factor in Projection Period' reported in Worksheet 1, Section III of the URRT is equal to the ratio of member weighted average paid claims PMPM by plan to the member weighted average allowed claims PMPM by plan for the essential health benefits. The projected membership by plan used in the weighted average is reported in Worksheet 2, Section II of the URRT.

10. Risk Adjustment and Reinsurance

- Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:

  Experience period risk adjustments are estimated based on available 2015 information, including Wakely market study and our general understanding of the market risk. Wakely Consulting collected demographic and risk information from carriers in the state and market, and calculated Anthem's relative risk to the market. The 'Net Amt of Risk Adj' reported in Worksheet 2, section III of the URRT reflect the risk adjustment transfers net of risk adjustment fees.

  Experience period reinsurance recoveries are estimated by applying the 2015 federal reinsurance parameters to member level incurred claims of the experience period. The 'Net Amt of Rein' reported in Worksheet 2, section III of the URRT reflect the reinsurance recoveries net of reinsurance contributions.

- Projected Risk Adjustments PMPM:

  Projection period risk adjustments are estimated based on the HHS payment transfer formula. The Wakely study and Anthem's historical risk adjustment levels were used to develop the assumptions for the market level risk scores and the company's relative risk to the market. Any projected changes in population movements and demographics that may affect risk adjustments are also considered.

  The projected risk adjustment PMPMs reported in the URRT are net of risk adjustment fees, and on a paid claim basis. The projected amount applied to the development of Market Adjusted Index Rate is on an allowed claim basis. Exhibit C and Exhibit G provide details.

- Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

  Beginning in 2017, the Federal reinsurance program will no longer be in effect. The projected reinsurance amount will be $0.

11. Non-Benefit Expenses and Profit & Risk

Non-benefit expenses and profit & risk margin are explained below. Exhibit H shows the amount for each component.

- Administrative Expense

  Administrative Expense contains both acquisition costs associated with the production of new business through non-broker distribution channels (direct, telesales) as well as maintenance costs associated with ongoing costs for the administration of the business. Acquisition costs are based on projected cost per member applied to future sales estimates. Maintenance costs are projected for 2017 based on 2015 actual expenses with adjustments made for expected changes in business operations.

- Quality Improvement Expense

  Quality Improvement initiatives include programs such as Improve Health Outcomes, Activities to Prevent Hospital Readmissions, Improve Patient Safety and Reduce Medical Errors, Wellness and Health Promotion Activities, and Health Information Technology Expenses for Health Care Quality Improvements. The expense assumptions are based on historical expense level adjusted for cost inflation and anticipated changes in the programs.

- Selling Expense

  Selling Expense represents projected broker commissions and bonuses associated with the broker distribution channel. Commissions will be paid for products both On-Exchange and Off-Exchange.

- Specialty Expenses

  Specialty Expenses are projected administrative expenses for the dental and vision coverage.

- Taxes and Fees

  - Patient-Centered Outcomes Research Institute (PCORI) Fee: The PCORI fee is a federally-mandated fee designed to help fund the Patient-Centered Outcomes Research Trust Fund.

  - ACA Insurer Fee: The health insurance industry is assessed a permanent fee, based on market share of net premium, which is not tax deductible. The tax impact of non-deductibility is captured in this fee. For 2017, this fee is 0% due to a one-year suspension by the federal government.

- Marketplace User Fee: The Marketplace User Fee applies to Exchange business only, but the cost is spread across all plans in the market. A blended fee/percentage is determined based on an assumed 70.0% of members that will purchase products On-Exchange. The resulting fee/percentage is applied evenly to all plans in the risk pool, both On and Off Exchange.

  The Marketplace User Fee is applied as an adjustment to the Market Adjusted Index Rate at the market level as shown in Exhibit C.

- Federal income taxes, and state income taxes are also included.

The Risk Adjustment User Fee is reflected in the risk adjustment component of incurred claims, therefore not included in taxes and fees.

- Profit & Risk Margin

Profit & risk margin is reflected on a post-tax basis as a percentage of premium.

12. Projected Loss Ratio

- Projected Federal MLR

Exhibit I shows the projected Federal MLR for the products in this filing. The calculation is an estimate and is not meant to be a true measure for Federal or State MLR rebate purposes. The products in this filing represent only a subset of Anthem's Individual business. The MLR for Anthem's entire book of Individual business will be compared to the minimum Federal benchmark for purposes of determining regulation-related premium refunds. Also note that the projected Federal MLR presented here does not capture all adjustments, including but not limited to: three-year averaging, credibility, dual option, and deductible. Anthem's projected MLR is expected to meet or exceed the minimum MLR standards at the market level after including all adjustments.

- State Loss Ratio Demonstration

The State of Virginia requires that the anticipated loss ratio be at least as great as 75%. The anticipated loss ratio on a conventional basis of 81.5% exceeds this requirement. The same loss ratio is anticipated for both new and in-force business. The loss ratio originally anticipated for this block upon product introduction was 78.8%.

13. Single Risk Pool

The single risk pool for this filing is established according to the requirements in 45 CFR 156.80. It reflects all covered lives for every non-grandfathered product/plan combination sold in the Virginia Individual market by HealthKeepers, Inc..

14. Index Rate

- Experience Period Index Rate

The experience period Index Rate is equal to the allowed claims PMPM for the essential health benefits of Anthem's non-grandfathered business in the Individual market. The Index Rate reported in Worksheet 1, Section I, cell G17 of the URRT is $408.00, rounded to the nearest whole dollar as instructed. No benefits in excess of the essential health benefits have been included in this amount. A comparison to the benchmark was performed, and only essential health benefits were covered during the experience period

- Projection Period Index Rate

The projection period Index Rate is equal to projected allowed claims PMPM for the essential health benefits of Anthem's non-grandfathered business in the Individual market. It reflects the anticipated claim level of the projection period including impact from trend, benefit and demographics as described in Section 6 of this memo.

The projected index rate is reported in Worksheet 1, Section III, cell V44 of the URRT and is also shown in Exhibit C. No benefits in excess of the essential health benefits have been included in this amount.

15. Market Adjusted Index Rate

The Market Adjusted Index rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules. The three market-wide adjustments - Federal reinsurance program adjustment (ended for 2017), risk adjustment and Marketplace user fee adjustment - were described previously in the memo. In compliance with URR Instructions, these adjustments were applied on an allowed basis in the development of the Market Adjusted Index Rate, while they were reported in the URRT on a paid basis. Exhibit C illustrates the development of the Market Adjusted Index Rate.

16. Plan Adjusted Index Rate

The Plan Adjusted Index Rate is calculated as the Market Adjusted Index Rate adjusted for all allowable plan level modifiers defined in the market rating rules. Exhibit J shows the development. The plan level modifiers are described below:

- AV and Cost Sharing Adjustments: This is a multiplicative factor that adjusts for the projected paid/allowed ratio of each plan, based on the AV metal value with an adjustment for utilization differences due to differences in cost sharing. This also includes an adjustment for the average tobacco factor shown in Exhibit K.
- Provider Network Adjustments: This is a multiplicative factor that adjusts for differences in projected claims cost due to different network discounts.
- Adjustments for Benefits in Addition to the Essential Health Benefits: A factor of 1.00 indicates that the plan does not provide benefits beyond the essential health benefits.

- Catastrophic Plan Adjustment: This adjustment reflects the projected costs of the population eligible for catastrophic plans. The catastrophic adjustment factor is applied to catastrophic plans only; all other plans have an adjustment factor of 1.0.
- Adjustments for Distribution and Administrative Cost: This is an additive adjustment that includes all the selling expense, administration and retention Items shown in Exhibit H, with the exception of the Marketplace user fee. The Marketplace user fee has been included in the Market Adjusted Index Rate at the market level.

Experience Period Plan Adjusted Index Rate

The Plan Adjusted Index Rates for the experience period are reported in Worksheet 2, Section III of the URRT. They represent the Plan Adjusted Index Rates filed in 2015.

17. Calibration

The Plan Adjusted Index Rate is calibrated by the Age and Geographic factors so that the schedule of premiums rates for each plan can be further developed. Exhibit K shows both calibration factors.

• Age Curve Calibration

The age factors are based on the Default Federal Standard Age Curve. The age calibration adjustment is calculated as the member weighted average of the age factors, using the projected membership distribution by age, with an adjustment for the maximum of 3 child dependents under age 21. Under this methodology, the approximate average age rounded to the nearest whole number for the risk pool is 46.

- Geographic Factor Calibration

  The geographic factors are developed from historical claims experience. The geographic calibration adjustment is calculated as the member weighted average of the geographic factors, using the projected membership distribution by area.

18. Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is calculated by calibrating the Plan Adjusted Index Rate by the Age and Geographic calibration factors described above, and applying consumer specific age, geographic and tobacco status rating factors. Exhibit N has the sample rate calculations.

19. Actuarial Value Metal Values

The Actuarial Value (AV) Metal Values reported in Worksheet 2, Section I of the URRT are based on the AV Calculator. To the extent a component of the benefit design was not accommodated by an available input within the AV Calculator, the benefit characteristic was adjusted to be actuarially equivalent to an available input within the AV Calculator for purposes of utilizing the AV Calculator as the basis for the AV Metal Values. When applicable, benefits for plans that are not compatible with the parameters of the AV Calculator have been separately identified and documented in the Unique Plan Design Supporting Documentation and Justification that supports the Plan & Benefits Template.

20. Actuarial Value Pricing Values

The Actuarial Value (AV) Pricing Values for each plan are reported in Worksheet 2, Section I of the URRT. The AV Pricing Value represents the cumulative effect of adjustments made to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate. Consistent with final Market Rules, utilization adjustments are made to account for member behavior variations based upon cost-share variations of the benefit design and not the health status of the member. The plan level allowable modifiers to the Index Rate are included in Exhibit J and described in Section 16 above.

21. Membership Projections

Membership projections are reported in Worksheet 2, Section IV of the URRT. They are based on historical and current enrollment, expected new sales and lapses, and anticipated movement from grandfathered policies.

For Silver level plans in the Individual market, the portion of projected membership that will be eligible for cost-sharing reduction subsidies at each subsidy level are estimated from the enrollment data in the experience period. Exhibit O provides projected distributions for each plan.

22. Terminated Plans and Products

Exhibit P provides a listing of products from 2015 and 2016 that will be terminated prior to January 1, 2017.

Exhibit Q provides a listing of 2015 and 2016 plans that will be terminated prior to January 1, 2017. The mapping of terminated plans to the new plans is also included.

23. Plan Type

The plan type for each plan reported in Worksheet 2, Section I of the URRT is consistent with the option chosen from the drop-down box.

24. Warning Alerts

There are no warning alerts indicated on Worksheet 2 of the URRT.

25. Reliance

In support of this rate development, various data and analyses were provided by other members of Anthem's actuarial staff, including data and analysis related to cost of care, valuation, and pricing. I have reviewed the data and analyses for reasonableness and consistency. I have also relied on Michele Archer, FSA, MAAA to provide the actuarial certification for the Unique Plan Design Supporting Documentation and Justification for plans included in this filing.

26. Actuarial Certification

I, Timothy J. Connell, FSA, MAAA, am an actuary for Anthem. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. I hereby certify that the following statements are true to the best of my knowledge with regards to this filing:

(1) The projected Index Rate is:

- In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Not excessive nor deficient

(2) The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.

(3) The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV of the Part I Unified Rate Review Template is calculated in accordance with Actuarial Standards of Practice.

(4) The geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

(5) The most recent AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate changes, for certification of Qualified Health Plans for Federally-Facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation, used consistently, and only adjusted by the allowable modifiers. However, this Actuarial Memorandum does accurately describe the process used by the issuer to develop the rates.

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.

Timothy J. Connell

Timothy J. Connell, FSA, MAAA
Director and Actuary I

April 11, 2016
Date

Exhibit A - Non-Grandfathered Rate Changes

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

HIOS Plan Name	2017 HIOS Plan ID	On/Off Exchange	Metal Level	Network Name	Area(s) Offered	2016 HIOS Plan ID Mapping	New or Renewing	Plan Specific Rate Change (excluding aging) {1}
Anthem HealthKeepers Catastrophic X 7150	88380VA0720015	On	Catastrophic	Pathway X Tiered Hospital	All	88380VA0720015	Renewing	13.1%
Anthem HealthKeepers Bronze X 5750 for HSA	88380VA0720027	On	Bronze	POS Pathway X Tiered Hospital	1, 7, 8	88380VA0720027	Renewing	9.7%
Anthem HealthKeepers Bronze X 6200 for HSA	88380VA0720016	On	Bronze	Pathway X Tiered Hospital	All	88380VA0720016	Renewing	13.8%
Anthem HealthKeepers Bronze X 4900 for HSA	88380VA0720020	On	Bronze	Pathway X Tiered Hospital	All	88380VA0720020	Renewing	12.7%
Anthem HealthKeepers Bronze X 4500	88380VA0720019	On	Bronze	POS Pathway X Tiered Hospital	1, 7, 8	88380VA0720019	Renewing	11.0%
Anthem HealthKeepers Bronze X 5150	88380VA0720018	On	Bronze	Pathway X Tiered Hospital	All	88380VA0720018	Renewing	13.7%
Anthem HealthKeepers Bronze X 5900	88380VA0720017	On	Bronze	Pathway X Tiered Hospital	All	88380VA0720017	Renewing	13.0%
Anthem HealthKeepers Bronze X 6350	88380VA0720031	On	Bronze	Pathway X Tiered Hospital	All	None	New	0.0%
Anthem HealthKeepers Silver X 2300	88380VA0720024	On	Silver	POS Pathway X Tiered Hospital	1, 7, 8	88380VA0720024	Renewing	14.5%
Anthem HealthKeepers Silver X 2800	88380VA0720022	On	Silver	Pathway X Tiered Hospital	All	88380VA0720022	Renewing	16.1%
Anthem HealthKeepers Silver X 3500	88380VA0720021	On	Silver	Pathway X Tiered Hospital	All	88380VA0720021	Renewing	15.8%
Anthem HealthKeepers Silver X 5000	88380VA0720032	On	Silver	Pathway X Tiered Hospital	All	None	New	0.0%
Anthem HealthKeepers Gold X 1300	88380VA0720028	On	Gold	Pathway X Tiered Hospital	All	88380VA0720025	Renewing	18.6%
Anthem HealthKeepers Catastrophic 7150	88380VA0750015	Off	Catastrophic	Pathway Tiered Hospital	1, 5, 11	88380VA0750015	Renewing	12.7%
Anthem HealthKeepers Catastrophic 7150	88380VA0750016	Off	Catastrophic	Pathway Tiered Hospital	02	88380VA0750016	Renewing	14.7%
Anthem HealthKeepers Catastrophic 7150	88380VA0750017	Off	Catastrophic	Pathway Tiered Hospital	03	88380VA0750017	Renewing	13.1%
Anthem HealthKeepers Catastrophic 7150	88380VA0750018	Off	Catastrophic	Pathway Tiered Hospital	4, 12	88380VA0750018	Renewing	12.7%
Anthem HealthKeepers Catastrophic 7150	88380VA0750019	Off	Catastrophic	Pathway Tiered Hospital	6, 9	88380VA0750019	Renewing	13.8%
Anthem HealthKeepers Catastrophic 7150	88380VA0750020	Off	Catastrophic	Pathway Tiered Hospital	07	88380VA0750020	Renewing	11.8%
Anthem HealthKeepers Catastrophic 7150	88380VA0750021	Off	Catastrophic	Pathway Tiered Hospital	08	88380VA0750021	Renewing	14.5%
Anthem HealthKeepers Catastrophic 7150	88380VA0750022	Off	Catastrophic	Pathway Tiered Hospital	10	88380VA0750022	Renewing	13.0%
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750023	Off	Bronze	Pathway Tiered Hospital	1, 5, 11	88380VA0750023	Renewing	13.4%
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750024	Off	Bronze	Pathway Tiered Hospital	02	88380VA0750024	Renewing	15.5%
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750025	Off	Bronze	Pathway Tiered Hospital	03	88380VA0750025	Renewing	13.9%
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750026	Off	Bronze	Pathway Tiered Hospital	4, 12	88380VA0750026	Renewing	13.5%
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750027	Off	Bronze	Pathway Tiered Hospital	6, 9	88380VA0750027	Renewing	14.7%
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750028	Off	Bronze	Pathway Tiered Hospital	07	88380VA0750028	Renewing	12.5%
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750029	Off	Bronze	Pathway Tiered Hospital	08	88380VA0750029	Renewing	15.2%
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750030	Off	Bronze	Pathway Tiered Hospital	10	88380VA0750030	Renewing	13.8%
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750047	Off	Bronze	Pathway Tiered Hospital	1, 5, 11	88380VA0750047	Renewing	12.3%
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750048	Off	Bronze	Pathway Tiered Hospital	02	88380VA0750048	Renewing	14.2%
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750049	Off	Bronze	Pathway Tiered Hospital	03	88380VA0750049	Renewing	12.6%
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750050	Off	Bronze	Pathway Tiered Hospital	4, 12	88380VA0750050	Renewing	12.2%
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750051	Off	Bronze	Pathway Tiered Hospital	6, 9	88380VA0750051	Renewing	13.6%
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750052	Off	Bronze	Pathway Tiered Hospital	07	88380VA0750052	Renewing	11.3%
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750053	Off	Bronze	Pathway Tiered Hospital	08	88380VA0750053	Renewing	14.0%
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750054	Off	Bronze	Pathway Tiered Hospital	10	88380VA0750054	Renewing	12.6%
Anthem HealthKeepers Bronze 5150	88380VA0750039	Off	Bronze	Pathway Tiered Hospital	1, 5, 11	88380VA0750039	Renewing	13.2%
Anthem HealthKeepers Bronze 5150	88380VA0750040	Off	Bronze	Pathway Tiered Hospital	02	88380VA0750040	Renewing	15.3%
Anthem HealthKeepers Bronze 5150	88380VA0750041	Off	Bronze	Pathway Tiered Hospital	03	88380VA0750041	Renewing	13.7%
Anthem HealthKeepers Bronze 5150	88380VA0750042	Off	Bronze	Pathway Tiered Hospital	4, 12	88380VA0750042	Renewing	13.3%
Anthem HealthKeepers Bronze 5150	88380VA0750043	Off	Bronze	Pathway Tiered Hospital	6, 9	88380VA0750043	Renewing	14.6%
Anthem HealthKeepers Bronze 5150	88380VA0750044	Off	Bronze	Pathway Tiered Hospital	07	88380VA0750044	Renewing	12.4%
Anthem HealthKeepers Bronze 5150	88380VA0750045	Off	Bronze	Pathway Tiered Hospital	08	88380VA0750045	Renewing	15.1%
Anthem HealthKeepers Bronze 5150	88380VA0750046	Off	Bronze	Pathway Tiered Hospital	10	88380VA0750046	Renewing	13.7%
Anthem HealthKeepers Bronze 5900	88380VA0750031	Off	Bronze	Pathway Tiered Hospital	1, 5, 11	88380VA0750031	Renewing	12.3%

Exhibit A - Non-Grandfathered Rate Changes

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

HIOS Plan Name	2017 HIOS Plan ID	On/Off Exchange	Metal Level	Network Name	Area(s) Offered	2016 HIOS Plan ID Mapping	New or Renewing	Plan Specific Rate Change (excluding aging) {1}
Anthem HealthKeepers Bronze 5900	88380VA0750032	Off	Bronze	Pathway Tiered Hospital	02	88380VA0750032	Renewing	14.8%
Anthem HealthKeepers Bronze 5900	88380VA0750033	Off	Bronze	Pathway Tiered Hospital	03	88380VA0750033	Renewing	13.1%
Anthem HealthKeepers Bronze 5900	88380VA0750034	Off	Bronze	Pathway Tiered Hospital	4, 12	88380VA0750034	Renewing	12.7%
Anthem HealthKeepers Bronze 5900	88380VA0750035	Off	Bronze	Pathway Tiered Hospital	6, 9	88380VA0750035	Renewing	13.9%
Anthem HealthKeepers Bronze 5900	88380VA0750036	Off	Bronze	Pathway Tiered Hospital	07	88380VA0750036	Renewing	11.8%
Anthem HealthKeepers Bronze 5900	88380VA0750037	Off	Bronze	Pathway Tiered Hospital	08	88380VA0750037	Renewing	14.5%
Anthem HealthKeepers Bronze 5900	88380VA0750038	Off	Bronze	Pathway Tiered Hospital	10	88380VA0750038	Renewing	13.1%
Anthem HealthKeepers Bronze 6350	88380VA0750113	Off	Bronze	Pathway Tiered Hospital	1, 5, 11	None	New	0.0%
Anthem HealthKeepers Bronze 6350	88380VA0750114	Off	Bronze	Pathway Tiered Hospital	02	None	New	0.0%
Anthem HealthKeepers Bronze 6350	88380VA0750115	Off	Bronze	Pathway Tiered Hospital	03	None	New	0.0%
Anthem HealthKeepers Bronze 6350	88380VA0750116	Off	Bronze	Pathway Tiered Hospital	4, 12	None	New	0.0%
Anthem HealthKeepers Bronze 6350	88380VA0750117	Off	Bronze	Pathway Tiered Hospital	6, 9	None	New	0.0%
Anthem HealthKeepers Bronze 6350	88380VA0750118	Off	Bronze	Pathway Tiered Hospital	07	None	New	0.0%
Anthem HealthKeepers Bronze 6350	88380VA0750119	Off	Bronze	Pathway Tiered Hospital	08	None	New	0.0%
Anthem HealthKeepers Bronze 6350	88380VA0750120	Off	Bronze	Pathway Tiered Hospital	10	None	New	0.0%
Anthem HealthKeepers Silver 1800	88380VA0750079	Off	Silver	Pathway Tiered Hospital	1, 5, 11	88380VA0750079	Renewing	16.5%
Anthem HealthKeepers Silver 1800	88380VA0750080	Off	Silver	Pathway Tiered Hospital	02	88380VA0750080	Renewing	18.6%
Anthem HealthKeepers Silver 1800	88380VA0750081	Off	Silver	Pathway Tiered Hospital	03	88380VA0750081	Renewing	16.9%
Anthem HealthKeepers Silver 1800	88380VA0750082	Off	Silver	Pathway Tiered Hospital	4, 12	88380VA0750082	Renewing	16.5%
Anthem HealthKeepers Silver 1800	88380VA0750083	Off	Silver	Pathway Tiered Hospital	6, 9	88380VA0750083	Renewing	17.9%
Anthem HealthKeepers Silver 1800	88380VA0750084	Off	Silver	Pathway Tiered Hospital	07	88380VA0750084	Renewing	15.6%
Anthem HealthKeepers Silver 1800	88380VA0750085	Off	Silver	Pathway Tiered Hospital	08	88380VA0750085	Renewing	18.4%
Anthem HealthKeepers Silver 1800	88380VA0750086	Off	Silver	Pathway Tiered Hospital	10	88380VA0750086	Renewing	16.9%
Anthem HealthKeepers Silver 2800	88380VA0750063	Off	Silver	Pathway Tiered Hospital	1, 5, 11	88380VA0750063	Renewing	15.2%
Anthem HealthKeepers Silver 2800	88380VA0750064	Off	Silver	Pathway Tiered Hospital	02	88380VA0750064	Renewing	17.8%
Anthem HealthKeepers Silver 2800	88380VA0750065	Off	Silver	Pathway Tiered Hospital	03	88380VA0750065	Renewing	16.2%
Anthem HealthKeepers Silver 2800	88380VA0750066	Off	Silver	Pathway Tiered Hospital	4, 12	88380VA0750066	Renewing	15.8%
Anthem HealthKeepers Silver 2800	88380VA0750067	Off	Silver	Pathway Tiered Hospital	6, 9	88380VA0750067	Renewing	17.1%
Anthem HealthKeepers Silver 2800	88380VA0750068	Off	Silver	Pathway Tiered Hospital	07	88380VA0750068	Renewing	14.8%
Anthem HealthKeepers Silver 2800	88380VA0750069	Off	Silver	Pathway Tiered Hospital	08	88380VA0750069	Renewing	17.6%
Anthem HealthKeepers Silver 2800	88380VA0750070	Off	Silver	Pathway Tiered Hospital	10	88380VA0750070	Renewing	16.2%
Anthem HealthKeepers Silver 3500	88380VA0750055	Off	Silver	Pathway Tiered Hospital	1, 5, 11	88380VA0750055	Renewing	15.3%
Anthem HealthKeepers Silver 3500	88380VA0750056	Off	Silver	Pathway Tiered Hospital	02	88380VA0750056	Renewing	17.5%
Anthem HealthKeepers Silver 3500	88380VA0750057	Off	Silver	Pathway Tiered Hospital	03	88380VA0750057	Renewing	15.8%
Anthem HealthKeepers Silver 3500	88380VA0750058	Off	Silver	Pathway Tiered Hospital	4, 12	88380VA0750058	Renewing	15.4%
Anthem HealthKeepers Silver 3500	88380VA0750059	Off	Silver	Pathway Tiered Hospital	6, 9	88380VA0750059	Renewing	16.8%
Anthem HealthKeepers Silver 3500	88380VA0750060	Off	Silver	Pathway Tiered Hospital	07	88380VA0750060	Renewing	14.5%
Anthem HealthKeepers Silver 3500	88380VA0750061	Off	Silver	Pathway Tiered Hospital	08	88380VA0750061	Renewing	17.2%
Anthem HealthKeepers Silver 3500	88380VA0750062	Off	Silver	Pathway Tiered Hospital	10	88380VA0750062	Renewing	15.8%
Anthem HealthKeepers Silver 5000	88380VA0750121	Off	Silver	Pathway Tiered Hospital	1, 5, 11	None	New	0.0%
Anthem HealthKeepers Silver 5000	88380VA0750122	Off	Silver	Pathway Tiered Hospital	02	None	New	0.0%
Anthem HealthKeepers Silver 5000	88380VA0750123	Off	Silver	Pathway Tiered Hospital	03	None	New	0.0%
Anthem HealthKeepers Silver 5000	88380VA0750124	Off	Silver	Pathway Tiered Hospital	4, 12	None	New	0.0%
Anthem HealthKeepers Silver 5000	88380VA0750125	Off	Silver	Pathway Tiered Hospital	6, 9	None	New	0.0%
Anthem HealthKeepers Silver 5000	88380VA0750126	Off	Silver	Pathway Tiered Hospital	07	None	New	0.0%
Anthem HealthKeepers Silver 5000	88380VA0750127	Off	Silver	Pathway Tiered Hospital	08	None	New	0.0%

Exhibit A - Non-Grandfathered Rate Changes

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

HIOS Plan Name	2017 HIOS Plan ID	On/Off Exchange	Metal Level	Network Name	Area(s) Offered	2016 HIOS Plan ID Mapping	New or Renewing	Plan Specific Rate Change (excluding aging) {1}
Anthem HealthKeepers Silver 5000	88380VA0750128	Off	Silver	Pathway Tiered Hospital	10	None	New	0.0%
Anthem HealthKeepers Gold 1000	88380VA0750087	Off	Gold	Pathway Tiered Hospital	1, 5, 11	88380VA0750087	Renewing	20.1%
Anthem HealthKeepers Gold 1000	88380VA0750088	Off	Gold	Pathway Tiered Hospital	02	88380VA0750088	Renewing	22.6%
Anthem HealthKeepers Gold 1000	88380VA0750089	Off	Gold	Pathway Tiered Hospital	03	88380VA0750089	Renewing	20.8%
Anthem HealthKeepers Gold 1000	88380VA0750090	Off	Gold	Pathway Tiered Hospital	4, 12	88380VA0750090	Renewing	20.3%
Anthem HealthKeepers Gold 1000	88380VA0750091	Off	Gold	Pathway Tiered Hospital	6, 9	88380VA0750091	Renewing	22.0%
Anthem HealthKeepers Gold 1000	88380VA0750092	Off	Gold	Pathway Tiered Hospital	07	88380VA0750092	Renewing	19.4%
Anthem HealthKeepers Gold 1000	88380VA0750093	Off	Gold	Pathway Tiered Hospital	08	88380VA0750093	Renewing	22.3%
Anthem HealthKeepers Gold 1000	88380VA0750094	Off	Gold	Pathway Tiered Hospital	10	88380VA0750094	Renewing	20.8%
Anthem HealthKeepers Gold 1300	88380VA0750103	Off	Gold	Pathway Tiered Hospital	1, 5, 11	88380VA0900017	Renewing	18.2%
Anthem HealthKeepers Gold 1300	88380VA0750104	Off	Gold	Pathway Tiered Hospital	02	88380VA0900018	Renewing	20.5%
Anthem HealthKeepers Gold 1300	88380VA0750105	Off	Gold	Pathway Tiered Hospital	03	88380VA0900019	Renewing	16.8%
Anthem HealthKeepers Gold 1300	88380VA0750106	Off	Gold	Pathway Tiered Hospital	4, 12	88380VA0900019	Renewing	17.8%
Anthem HealthKeepers Gold 1300	88380VA0750107	Off	Gold	Pathway Tiered Hospital	6, 9	88380VA0900022	Renewing	19.8%
Anthem HealthKeepers Gold 1300	88380VA0750108	Off	Gold	Pathway Tiered Hospital	07	88380VA0900023	Renewing	17.5%
Anthem HealthKeepers Gold 1300	88380VA0750109	Off	Gold	Pathway Tiered Hospital	08	88380VA0900024	Renewing	20.3%
Anthem HealthKeepers Gold 1300	88380VA0750110	Off	Gold	Pathway Tiered Hospital	10	88380VA0900020	Renewing	18.2%
Anthem HealthKeepers Silver, a Blue Cross and Blue Shield Multi-State Plan	88380VA0880005	On	Silver	Pathway X Tiered Hospital	All	88380VA0880005	Renewing	16.8%
Anthem HealthKeepers Gold, a Blue Cross and Blue Shield Multi-State Plan	88380VA0880006	On	Gold	Pathway X Tiered Hospital	All	88380VA0880006	Renewing	20.8%
Anthem HealthKeepers Bronze X POS 5750 for HSA	88380VA0890007	On	Bronze	POS Pathway X Tiered Hospital	2, 4, 6, 9, 11, 12	88380VA0890007	Renewing	11.0%
Anthem HealthKeepers Bronze X POS 5750 for HSA	88380VA0890008	On	Bronze	POS Pathway X Tiered Hospital	3, 5	88380VA0890008	Renewing	9.9%
Anthem HealthKeepers Bronze X POS 5750 for HSA	88380VA0890009	On	Bronze	POS Pathway X Tiered Hospital	10	88380VA0890009	Renewing	10.5%
Anthem HealthKeepers Bronze X POS 4500	88380VA0890001	On	Bronze	POS Pathway X Tiered Hospital	3, 5	88380VA0890001	Renewing	11.0%
Anthem HealthKeepers Bronze X POS 4500	88380VA0890004	On	Bronze	POS Pathway X Tiered Hospital	10	88380VA0890004	Renewing	11.6%
Anthem HealthKeepers Bronze X POS 4500	88380VA0890010	On	Bronze	POS Pathway X Tiered Hospital	2, 4, 6, 9, 11, 12	88380VA0890010	Renewing	11.1%
Anthem HealthKeepers Silver X POS 2300	88380VA0890002	On	Silver	POS Pathway X Tiered Hospital	3, 5	88380VA0890002	Renewing	14.3%
Anthem HealthKeepers Silver X POS 2300	88380VA0890005	On	Silver	POS Pathway X Tiered Hospital	10	88380VA0890005	Renewing	15.1%
Anthem HealthKeepers Silver X POS 2300	88380VA0890011	On	Silver	POS Pathway X Tiered Hospital	2, 4, 6, 9, 11, 12	88380VA0890011	Renewing	15.2%
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900025	Off	Bronze	POS Pathway Tiered Hospital	1, 11	88380VA0900025	Renewing	10.3%
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900026	Off	Bronze	POS Pathway Tiered Hospital	02	88380VA0900026	Renewing	12.1%
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900027	Off	Bronze	POS Pathway Tiered Hospital	3, 12	88380VA0900027	Renewing	10.1%
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900028	Off	Bronze	POS Pathway Tiered Hospital	4, 10	88380VA0900028	Renewing	10.5%
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900029	Off	Bronze	POS Pathway Tiered Hospital	05	88380VA0900029	Renewing	9.4%
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900030	Off	Bronze	POS Pathway Tiered Hospital	6, 9	88380VA0900030	Renewing	11.6%
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900031	Off	Bronze	POS Pathway Tiered Hospital	07	88380VA0900031	Renewing	9.3%
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900032	Off	Bronze	POS Pathway Tiered Hospital	08	88380VA0900032	Renewing	11.9%
Anthem HealthKeepers Bronze POS 4500	88380VA0900001	Off	Bronze	POS Pathway Tiered Hospital	1, 11	88380VA0900001	Renewing	11.5%
Anthem HealthKeepers Bronze POS 4500	88380VA0900002	Off	Bronze	POS Pathway Tiered Hospital	02	88380VA0900002	Renewing	13.2%
Anthem HealthKeepers Bronze POS 4500	88380VA0900003	Off	Bronze	POS Pathway Tiered Hospital	3, 12	88380VA0900003	Renewing	11.1%
Anthem HealthKeepers Bronze POS 4500	88380VA0900004	Off	Bronze	POS Pathway Tiered Hospital	4, 10	88380VA0900004	Renewing	11.6%
Anthem HealthKeepers Bronze POS 4500	88380VA0900005	Off	Bronze	POS Pathway Tiered Hospital	05	88380VA0900005	Renewing	10.4%
Anthem HealthKeepers Bronze POS 4500	88380VA0900006	Off	Bronze	POS Pathway Tiered Hospital	6, 9	88380VA0900006	Renewing	12.7%
Anthem HealthKeepers Bronze POS 4500	88380VA0900007	Off	Bronze	POS Pathway Tiered Hospital	07	88380VA0900007	Renewing	10.4%
Anthem HealthKeepers Bronze POS 4500	88380VA0900008	Off	Bronze	POS Pathway Tiered Hospital	08	88380VA0900008	Renewing	13.0%
Anthem HealthKeepers Silver POS 2300	88380VA0900009	Off	Silver	POS Pathway Tiered Hospital	1, 11	88380VA0900009	Renewing	15.0%
Anthem HealthKeepers Silver POS 2300	88380VA0900010	Off	Silver	POS Pathway Tiered Hospital	02	88380VA0900010	Renewing	16.8%

Exhibit A - Non-Grandfathered Rate Changes

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

HIOS Plan Name	2017 HIOS Plan ID	On/Off Exchange	Metal Level	Network Name	Area(s) Offered	2016 HIOS Plan ID Mapping	New or Renewing	Plan Specific Rate Change (excluding aging) {1}
Anthem HealthKeepers Silver POS 2300	88380VA0900011	Off	Silver	POS Pathway Tiered Hospital	3, 12	88380VA0900011	Renewing	14.6%
Anthem HealthKeepers Silver POS 2300	88380VA0900012	Off	Silver	POS Pathway Tiered Hospital	4, 10	88380VA0900012	Renewing	15.1%
Anthem HealthKeepers Silver POS 2300	88380VA0900013	Off	Silver	POS Pathway Tiered Hospital	05	88380VA0900013	Renewing	13.8%
Anthem HealthKeepers Silver POS 2300	88380VA0900014	Off	Silver	POS Pathway Tiered Hospital	6, 9	88380VA0900014	Renewing	16.1%
Anthem HealthKeepers Silver POS 2300	88380VA0900015	Off	Silver	POS Pathway Tiered Hospital	07	88380VA0900015	Renewing	13.8%
Anthem HealthKeepers Silver POS 2300	88380VA0900016	Off	Silver	POS Pathway Tiered Hospital	08	88380VA0900016	Renewing	16.5%

NOTES:

{1} Plan level increases in rates do not include demographic changes in the population.

Exhibit B - Claims Experience for Rate Developments

HealthKeepers, Inc.
Individual

Experience Rate Claims Experience

Incurred January 1, 2015 through December 31, 2015
Paid through January 31, 2016

PAID CLAIMS:										
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			CSR	Total	Member	Total
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Receivable	Benefit Expense	Months	PMPM
$534,376,833	$141,233,119	$47,768,228	$297,897	$582,145,061	$141,531,016	$1,329,993	$57,560,654	$667,445,415	2,170,290	**$307.54**

ALLOWED CLAIMS:										
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			CSR	Total	Member	Total
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Receivable	Benefit Expense	Months	PMPM
$662,680,806	$176,551,702	$57,609,918	$353,699	$720,290,724	$176,905,401	$1,329,993	N/A	$898,526,118	2,170,290	**$414.01**

Note

{1} The 'Experience Rate Claims Experience' above does not account for Rx Rebates; whereas, the claims shown in Worksheet 1, Section 1 of the URRT include them.

{2} Drug Claims are processed by an external vendor.

Exhibit C - Market Adjusted Index Rate Development

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

		Experience Rate	
1)	Starting Paid Claims PMPM	$307.54	Exhibit B
2)	x Normalization Factor	0.8835	Exhibit D
3)	= Normalized Claims	$271.71	= (1) x (2)
4)	x Benefit Changes	1.0009	Exhibit E
5)	x Morbidity Changes	1.0152	Exhibit E
6)	x Trend Factor	1.1853	Exhibit E
7)	x Other Cost of Care Impacts	1.0144	Exhibit E
8)	= Projected Paid Claim Cost	**$331.96**	= (3) x (4) x (5) x (6) x (7)
9)	Credibility Weight	100.00%	
10)	Blended Paid Claims	$331.96	
11)	- Non-EHBs Embedded in Line Item 1) Above	$0.00	
12)	= Projected Paid Claims, Excluding ALL Non-EHBs	$331.96	= (10) - (11)
13)	+ Rx Rebates	-$8.13	Exhibit F
14)	+ Additional EHBs	$2.92	Exhibit F
15)	= Projected Paid Claims for EHBs	$326.75	= (12) + (13) + (14)
16)	÷ Paid to Allowed Ratio	0.6633	
17)	**= Index Rate** {2}	**$492.61**	= (15) / (16)
18)	Reinsurance Contribution	$0.00	Exhibit G
19)	Expected Reinsurance Payments	$0.00	Exhibit G
20)	Risk Adjustment Fee	$0.13	Exhibit G
21)	Risk Adjustment Net Transfer	$9.29	Exhibit G
22)	Marketplace User Fee	$10.04	Exhibit H
23)	**= Market Adjusted Index Rate** {3}	$521.96	= (17)+[(18)+(19)+(20)+(21)+(22)] ÷ (16)

NOTE:

{1} Factors above are detailed in subsequent exhibits

{2} Index Rate is Projected Allowed Claims for EHBs only

{3} The Market Adjusted Index Rate is the same for all plans in the single risk pool

Exhibit D - Normalization Factors

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

	Average Claim Factors - Experience Rate		
	Experience Period Population	Future Population	Normalization Factor [1]
Age/Gender	0.9629	0.9627	0.9998
Area/Network	0.8980	0.8946	0.9962
Benefit Plan	0.6739	0.5977	0.8870
Total			**0.8835**

Note

{1} Nomalization Factor = Future Population Factor / Experience Period Population Factor

Exhibit E - Projection Period Adjustments

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

Impact of Changes Between Experience Period and Projection Period:		
		Experience Rate
Benefit changes		
	EHB Changes	1.0009
	Total Benefit Changes	1.0009
Morbidity changes		
	Total Morbidity Changes	1.0152
Trend & Other Cost of Care impacts		
	Annual Medical/Rx Trend Rate	8.9%
	# Months of Projection	24.0
	Trend Factor	1.1853
	Other Cost of Care:	
	Induced Demand for CSR	1.0065
	Grace Period	1.0078
	Total other Cost of Care Impacts	1.0144

Note

{1} Explanation of the factors above is provided in the Actuarial Memorandum

Exhibit F - Other Claim Adjustments

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

Other Claim Adjustments	
	PMPM
Rx Rebates	($8.13)
Additional EHBs	
Pediatric Dental	$2.24
Pediatric Vision	$0.68
Total - Additional EHBs	$2.92
Additional non-EHBs	
None	$0.00
Total - Additional Non-EHBs	$0.00

NOTES:

{1} This exhibit includes projected claims from lines 13 & 14 of Exhibit C and additional non EHBs.

Exhibit G - Risk Adjustment and Reinsurance - Contributions and Payments

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

Risk Adjustment:		
PMPM	**User Fee** {1}	**Net Transfer** {2}
Federal Program	$0.13	$9.29
Reinsurance: {3}		
PMPM	**Contributions Made**	**Expected Receipts**
Federal Program	$0.00	$0.00
Grand Total of All Risk Mitigation Programs		$9.42

NOTES:

{1} For 2017, HHS established a per capita annual user fee rate of $1.56 per year or $0.13 per-enrollee-per-month.

{2} Projected risk adjustment transfer amount is explained in the Memorandum "Risk Adjustment and Reinsurance" Section.

{3} Federal Reinsurance Program is no longer applicable starting in 2017.

Exhibit H - Non-Benefit Expenses and Profit & Risk

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

	Expenses Applied As a PMPM Cost	Expenses Applied as a % of Premium [1]	Expenses Expressed as a PMPM [4]
Administrative Expenses			
Administrative Costs	$31.46		$31.46
Quality Improvement Expense	$5.43		$5.43
Selling Expense	$8.11		$8.11
Specialty Expenses	$0.70		$0.70
Total Administrative Expenses	**$45.70**	**0.00%**	**$45.70**
Taxes and Fees			
PCORI Fee	$0.20		$0.20
ACA Insurer Fee		0.00%	$0.00
Marketplace User Fee		2.43%	$10.04
MLR-Deductible Federal/State Income Taxes [2]		2.05%	$8.46
Total Taxes and Fees	**$0.20**	**4.48%**	**$18.70**
Profit and Risk Margin [3]		2.95%	$12.18
Total Non-Benefit Expenses, Profit, and Risk	**$45.90**	**7.43%**	**$76.58**

NOTES:

{1} The sum of the rounded percentages shown may not equal the total at the bottom of the table due to rounding.

{2} Includes only those income taxes which are deductible from the MLR denominator; in particular, Federal income taxes on investment income are excluded.

{3} Profit and Risk Margin shown here is post-tax profit, net of those federal and state income taxes which are deductible from the MLR denominator.

{4} Anthem's Non-Benefit Expenses are applied in both PMPM and % of Premium as shown above. The last column expresses all non-benefit Expenses in PMPM only.

Exhibit I - Federal MLR Estimated Calculation

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

Numerator:		
Incurred Claims {1}	$326.75	Exhibit C (Line 15) + Exhibit F (Total Non-EHBs)
+ Quality Improvement Expense	$5.43	Exhibit H
+ Risk Corridor Contributions	$0.00	
+ Risk Adjustment Net Transfer	$9.29	Exhibit G
+ Reinsurance Receipts	$0.00	Exhibit G
+ Risk Corridor Receipts	$0.00	
+ Reduction to Rx Incurred Claims (ACA MLR)	-$8.20	Footnote {3}
= *Estimated* Federal MLR Numerator	$333.28	
Denominator:		
Premiums {2}	$412.75	Incurred Claims + Exhibit G (Total) + Exhibit H (Total)
- Federal and State Taxes	$8.46	Exhibit H (Federal/State Income Taxes)
- Premium Taxes	$0.00	Exhibit H (Premium Tax)
- Risk Adjustment User Fee	$0.13	Exhibit G
- Reinsurance Contributions	$0.00	Exhibit G
- Licensing and Regulatory Fees	$10.24	Exhibit H (PCORI, ACA and Marketplace Fees)
= *Estimated* Federal MLR Denominator	$393.92	
***Estimated* Federal MLR**	**84.61%**	

NOTES:

{1} Incurred Claims = Projected Paids Claims for EHB (Exhibit C Line 15) + additional non EHBs (Exhibit F Total Non-EHBs)

{2} Premiums = Incurred Claims in this exhibit + Risk Mitigation Programs in Exhibit G + Non-Benefit Expenses and Profit & Risk Margin in Exhibit H

{3} This is the amount of 2017 pharmacy claims that are attributable to PBM Administrative Expenses (i.e. the "retail spread" or "pharmacy claims margin"). It is calculated by applying the 3rd party margin percentage to the 2017 projected Pharmacy claims including projected rebates.

{4} The above calculation is purely an estimate and not meant to be compared to the minimum MLR benchmark for federal/state MLR rebate purposes:

* The above calculation represents only the products in this filing. Federal MLR will be calculated at the legal entity and market level.

* Not all numerator/denominator components are captured above (for example, fraud and prevention program costs, payroll taxes, assessments for state high risk pools etc.).

* Other adjustments may also be applied within the federal MLR calculation such as 3-year averaging, new business, credibility, deductible and dual option. These are ignored in the above calculation.

* Licensing and Regulatory Fees include ACA-related fees as allowed under the MLR Final Rule.

Exhibit J - Plan Adjusted Index Rate and Consumer Adjusted Premium Rates

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

HIOS Plan Name	HIOS Plan ID	Market Adjusted Index Rate (Exhibit C)	Cost Sharing Adjustment	Provider Network Adjustment	Adjustment for Benefits in Addition to the EHBS	Catastrophic Plan Adjustment {1}	Administrative Costs {2}	Plan Adjusted Index Rate {3}	Calibration Factor {4}	Consumer Adjusted Premium Rate {5}
Anthem HealthKeepers Catastrophic X 7150	88380VA0720015	$521.96	0.5700	0.9909	1.0000	0.8169	$46.50	$287.33	1.5201	$189.02
Anthem HealthKeepers Bronze X 5750 for HSA	88380VA0720027	$521.96	0.6012	0.9909	1.0000	1.0000	$59.78	$370.74	1.5201	$243.89
Anthem HealthKeepers Bronze X 6200 for HSA	88380VA0720016	$521.96	0.5826	0.9909	1.0000	1.0000	$57.96	$359.30	1.5201	$236.36
Anthem HealthKeepers Bronze X 4900 for HSA	88380VA0720020	$521.96	0.5956	0.9909	1.0000	1.0000	$59.23	$367.27	1.5201	$241.60
Anthem HealthKeepers Bronze X 4500	88380VA0720019	$521.96	0.6059	0.9909	1.0000	1.0000	$60.26	$373.64	1.5201	$245.79
Anthem HealthKeepers Bronze X 5150	88380VA0720018	$521.96	0.5785	0.9909	1.0000	1.0000	$57.57	$356.78	1.5201	$234.70
Anthem HealthKeepers Bronze X 5900	88380VA0720017	$521.96	0.5698	0.9909	1.0000	1.0000	$56.71	$351.43	1.5201	$231.18
Anthem HealthKeepers Bronze X 6350	88380VA0720031	$521.96	0.5629	0.9909	1.0000	1.0000	$56.03	$347.14	1.5201	$228.36
Anthem HealthKeepers Silver X 2300	88380VA0720024	$521.96	0.7038	0.9909	1.0000	1.0000	$69.87	$433.86	1.5201	$285.41
Anthem HealthKeepers Silver X 2800	88380VA0720022	$521.96	0.6767	0.9909	1.0000	1.0000	$67.21	$417.21	1.5201	$274.45
Anthem HealthKeepers Silver X 3500	88380VA0720021	$521.96	0.6577	0.9909	1.0000	1.0000	$65.34	$405.53	1.5201	$266.77
Anthem HealthKeepers Silver X 5000	88380VA0720032	$521.96	0.6300	0.9909	1.0000	1.0000	$62.63	$388.49	1.5201	$255.56
Anthem HealthKeepers Gold X 1300	88380VA0720028	$521.96	0.9051	0.9909	1.0000	1.0000	$89.65	$557.79	1.5201	$366.93
Anthem HealthKeepers Catastrophic 7150	88380VA0750015	$521.96	0.5700	1.0010	1.0000	0.8169	$47.03	$290.31	1.5201	$190.98
Anthem HealthKeepers Catastrophic 7150	88380VA0750016	$521.96	0.5700	1.0053	1.0000	0.8169	$47.23	$291.57	1.5201	$191.80
Anthem HealthKeepers Catastrophic 7150	88380VA0750017	$521.96	0.5700	0.9963	1.0000	0.8169	$46.82	$288.97	1.5201	$190.09
Anthem HealthKeepers Catastrophic 7150	88380VA0750018	$521.96	0.5700	1.0083	1.0000	0.8169	$47.37	$292.41	1.5201	$192.36
Anthem HealthKeepers Catastrophic 7150	88380VA0750019	$521.96	0.5700	0.9909	1.0000	0.8169	$46.56	$287.39	1.5201	$189.06
Anthem HealthKeepers Catastrophic 7150	88380VA0750020	$521.96	0.5700	1.0565	1.0000	0.8169	$49.59	$306.36	1.5201	$201.53
Anthem HealthKeepers Catastrophic 7150	88380VA0750021	$521.96	0.5700	1.0389	1.0000	0.8169	$48.78	$301.29	1.5201	$198.20
Anthem HealthKeepers Catastrophic 7150	88380VA0750022	$521.96	0.5700	1.0144	1.0000	0.8169	$47.65	$294.18	1.5201	$193.52
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750023	$521.96	0.5826	1.0010	1.0000	1.0000	$58.71	$363.12	1.5201	$238.87
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750024	$521.96	0.5826	1.0053	1.0000	1.0000	$58.96	$364.70	1.5201	$239.91
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750025	$521.96	0.5826	0.9963	1.0000	1.0000	$58.44	$361.44	1.5201	$237.76
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750026	$521.96	0.5826	1.0083	1.0000	1.0000	$59.13	$365.75	1.5201	$240.60
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750027	$521.96	0.5826	0.9909	1.0000	1.0000	$58.12	$359.47	1.5201	$236.47
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750028	$521.96	0.5826	1.0565	1.0000	1.0000	$61.91	$383.20	1.5201	$252.08
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750029	$521.96	0.5826	1.0389	1.0000	1.0000	$60.90	$376.85	1.5201	$247.91
Anthem HealthKeepers Bronze 6200 for HSA	88380VA0750030	$521.96	0.5826	1.0144	1.0000	1.0000	$59.48	$367.96	1.5201	$242.05
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750047	$521.96	0.5956	1.0010	1.0000	1.0000	$60.00	$371.17	1.5201	$244.17
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750048	$521.96	0.5956	1.0053	1.0000	1.0000	$60.25	$372.78	1.5201	$245.23
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750049	$521.96	0.5956	0.9963	1.0000	1.0000	$59.72	$369.45	1.5201	$243.04
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750050	$521.96	0.5956	1.0083	1.0000	1.0000	$60.42	$373.86	1.5201	$245.94
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750051	$521.96	0.5956	0.9909	1.0000	1.0000	$59.40	$367.44	1.5201	$241.71
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750052	$521.96	0.5956	1.0565	1.0000	1.0000	$63.27	$391.70	1.5201	$257.67
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750053	$521.96	0.5956	1.0389	1.0000	1.0000	$62.24	$385.21	1.5201	$253.40
Anthem HealthKeepers Bronze 4900 for HSA	88380VA0750054	$521.96	0.5956	1.0144	1.0000	1.0000	$60.78	$376.12	1.5201	$247.42
Anthem HealthKeepers Bronze 5150	88380VA0750039	$521.96	0.5785	1.0010	1.0000	1.0000	$58.29	$360.56	1.5201	$237.19
Anthem HealthKeepers Bronze 5150	88380VA0750040	$521.96	0.5785	1.0053	1.0000	1.0000	$58.54	$362.12	1.5201	$238.21
Anthem HealthKeepers Bronze 5150	88380VA0750041	$521.96	0.5785	0.9963	1.0000	1.0000	$58.02	$358.88	1.5201	$236.08
Anthem HealthKeepers Bronze 5150	88380VA0750042	$521.96	0.5785	1.0083	1.0000	1.0000	$58.71	$363.17	1.5201	$238.90
Anthem HealthKeepers Bronze 5150	88380VA0750043	$521.96	0.5785	0.9909	1.0000	1.0000	$57.71	$356.93	1.5201	$234.80
Anthem HealthKeepers Bronze 5150	88380VA0750044	$521.96	0.5785	1.0565	1.0000	1.0000	$61.47	$380.49	1.5201	$250.30
Anthem HealthKeepers Bronze 5150	88380VA0750045	$521.96	0.5785	1.0389	1.0000	1.0000	$60.47	$374.19	1.5201	$246.15
Anthem HealthKeepers Bronze 5150	88380VA0750046	$521.96	0.5785	1.0144	1.0000	1.0000	$59.06	$365.36	1.5201	$240.34
Anthem HealthKeepers Bronze 5900	88380VA0750031	$521.96	0.5698	1.0010	1.0000	1.0000	$57.43	$355.15	1.5201	$233.63
Anthem HealthKeepers Bronze 5900	88380VA0750032	$521.96	0.5698	1.0053	1.0000	1.0000	$57.67	$356.69	1.5201	$234.64
Anthem HealthKeepers Bronze 5900	88380VA0750033	$521.96	0.5698	0.9963	1.0000	1.0000	$57.16	$353.50	1.5201	$232.54
Anthem HealthKeepers Bronze 5900	88380VA0750034	$521.96	0.5698	1.0083	1.0000	1.0000	$57.84	$357.72	1.5201	$235.32
Anthem HealthKeepers Bronze 5900	88380VA0750035	$521.96	0.5698	0.9909	1.0000	1.0000	$56.85	$351.57	1.5201	$231.28
Anthem HealthKeepers Bronze 5900	88380VA0750036	$521.96	0.5698	1.0565	1.0000	1.0000	$60.56	$374.79	1.5201	$246.55
Anthem HealthKeepers Bronze 5900	88380VA0750037	$521.96	0.5698	1.0389	1.0000	1.0000	$59.57	$368.58	1.5201	$242.46
Anthem HealthKeepers Bronze 5900	88380VA0750038	$521.96	0.5698	1.0144	1.0000	1.0000	$58.18	$359.88	1.5201	$236.74
Anthem HealthKeepers Bronze 6350	88380VA0750113	$521.96	0.5629	1.0010	1.0000	1.0000	$56.73	$350.82	1.5201	$230.78
Anthem HealthKeepers Bronze 6350	88380VA0750114	$521.96	0.5629	1.0053	1.0000	1.0000	$56.98	$352.33	1.5201	$231.78
Anthem HealthKeepers Bronze 6350	88380VA0750115	$521.96	0.5629	0.9963	1.0000	1.0000	$56.47	$349.19	1.5201	$229.71
Anthem HealthKeepers Bronze 6350	88380VA0750116	$521.96	0.5629	1.0083	1.0000	1.0000	$57.14	$353.35	1.5201	$232.45
Anthem HealthKeepers Bronze 6350	88380VA0750117	$521.96	0.5629	0.9909	1.0000	1.0000	$56.17	$347.28	1.5201	$228.45
Anthem HealthKeepers Bronze 6350	88380VA0750118	$521.96	0.5629	1.0565	1.0000	1.0000	$59.83	$370.21	1.5201	$243.54
Anthem HealthKeepers Bronze 6350	88380VA0750119	$521.96	0.5629	1.0389	1.0000	1.0000	$58.85	$364.08	1.5201	$239.50
Anthem HealthKeepers Bronze 6350	88380VA0750120	$521.96	0.5629	1.0144	1.0000	1.0000	$57.48	$355.49	1.5201	$233.85
Anthem HealthKeepers Silver 1800	88380VA0750079	$521.96	0.7086	1.0010	1.0000	1.0000	$71.21	$441.45	1.5201	$290.40
Anthem HealthKeepers Silver 1800	88380VA0750080	$521.96	0.7086	1.0053	1.0000	1.0000	$71.52	$443.37	1.5201	$291.66
Anthem HealthKeepers Silver 1800	88380VA0750081	$521.96	0.7086	0.9963	1.0000	1.0000	$70.89	$439.40	1.5201	$289.05

Exhibit J - Plan Adjusted Index Rate and Consumer Adjusted Premium Rates

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

HIOS Plan Name	HIOS Plan ID	Market Adjusted Index Rate (Exhibit C)	Cost Sharing Adjustment	Provider Network Adjustment	Adjustment for Benefits in Addition to the EHBS	Catastrophic Plan Adjustment {1}	Administrative Costs {2}	Plan Adjusted Index Rate {3}	Calibration Factor {4}	Consumer Adjusted Premium Rate {5}
Anthem HealthKeepers Silver 1800	88380VA0750082	$521.96	0.7086	1.0083	1.0000	1.0000	$71.72	$444.65	1.5201	$292.51
Anthem HealthKeepers Silver 1800	88380VA0750083	$521.96	0.7086	0.9909	1.0000	1.0000	$70.50	$437.01	1.5201	$287.48
Anthem HealthKeepers Silver 1800	88380VA0750084	$521.96	0.7086	1.0565	1.0000	1.0000	$75.11	$465.87	1.5201	$306.47
Anthem HealthKeepers Silver 1800	88380VA0750085	$521.96	0.7086	1.0389	1.0000	1.0000	$73.88	$458.15	1.5201	$301.39
Anthem HealthKeepers Silver 1800	88380VA0750086	$521.96	0.7086	1.0144	1.0000	1.0000	$72.15	$447.33	1.5201	$294.27
Anthem HealthKeepers Silver 2800	88380VA0750063	$521.96	0.6767	1.0010	1.0000	1.0000	$68.04	$421.61	1.5201	$277.35
Anthem HealthKeepers Silver 2800	88380VA0750064	$521.96	0.6767	1.0053	1.0000	1.0000	$68.33	$423.43	1.5201	$278.55
Anthem HealthKeepers Silver 2800	88380VA0750065	$521.96	0.6767	0.9963	1.0000	1.0000	$67.73	$419.65	1.5201	$276.06
Anthem HealthKeepers Silver 2800	88380VA0750066	$521.96	0.6767	1.0083	1.0000	1.0000	$68.53	$424.66	1.5201	$279.35
Anthem HealthKeepers Silver 2800	88380VA0750067	$521.96	0.6767	0.9909	1.0000	1.0000	$67.36	$417.36	1.5201	$274.55
Anthem HealthKeepers Silver 2800	88380VA0750068	$521.96	0.6767	1.0565	1.0000	1.0000	$71.76	$444.93	1.5201	$292.69
Anthem HealthKeepers Silver 2800	88380VA0750069	$521.96	0.6767	1.0389	1.0000	1.0000	$70.59	$437.55	1.5201	$287.84
Anthem HealthKeepers Silver 2800	88380VA0750070	$521.96	0.6767	1.0144	1.0000	1.0000	$68.94	$427.22	1.5201	$281.04
Anthem HealthKeepers Silver 3500	88380VA0750055	$521.96	0.6577	1.0010	1.0000	1.0000	$66.15	$409.80	1.5201	$269.58
Anthem HealthKeepers Silver 3500	88380VA0750056	$521.96	0.6577	1.0053	1.0000	1.0000	$66.44	$411.58	1.5201	$270.75
Anthem HealthKeepers Silver 3500	88380VA0750057	$521.96	0.6577	0.9963	1.0000	1.0000	$65.85	$407.90	1.5201	$268.33
Anthem HealthKeepers Silver 3500	88380VA0750058	$521.96	0.6577	1.0083	1.0000	1.0000	$66.63	$412.77	1.5201	$271.53
Anthem HealthKeepers Silver 3500	88380VA0750059	$521.96	0.6577	0.9909	1.0000	1.0000	$65.49	$405.67	1.5201	$266.87
Anthem HealthKeepers Silver 3500	88380VA0750060	$521.96	0.6577	1.0565	1.0000	1.0000	$69.77	$432.47	1.5201	$284.49
Anthem HealthKeepers Silver 3500	88380VA0750061	$521.96	0.6577	1.0389	1.0000	1.0000	$68.63	$425.30	1.5201	$279.78
Anthem HealthKeepers Silver 3500	88380VA0750062	$521.96	0.6577	1.0144	1.0000	1.0000	$67.02	$415.26	1.5201	$273.17
Anthem HealthKeepers Silver 5000	88380VA0750121	$521.96	0.6300	1.0010	1.0000	1.0000	$63.41	$392.59	1.5201	$258.26
Anthem HealthKeepers Silver 5000	88380VA0750122	$521.96	0.6300	1.0053	1.0000	1.0000	$63.68	$394.29	1.5201	$259.37
Anthem HealthKeepers Silver 5000	88380VA0750123	$521.96	0.6300	0.9963	1.0000	1.0000	$63.12	$390.76	1.5201	$257.06
Anthem HealthKeepers Silver 5000	88380VA0750124	$521.96	0.6300	1.0083	1.0000	1.0000	$63.86	$395.43	1.5201	$260.13
Anthem HealthKeepers Silver 5000	88380VA0750125	$521.96	0.6300	0.9909	1.0000	1.0000	$62.77	$388.63	1.5201	$255.66
Anthem HealthKeepers Silver 5000	88380VA0750126	$521.96	0.6300	1.0565	1.0000	1.0000	$66.87	$414.30	1.5201	$272.54
Anthem HealthKeepers Silver 5000	88380VA0750127	$521.96	0.6300	1.0389	1.0000	1.0000	$65.78	$407.43	1.5201	$268.02
Anthem HealthKeepers Silver 5000	88380VA0750128	$521.96	0.6300	1.0144	1.0000	1.0000	$64.24	$397.82	1.5201	$261.70
Anthem HealthKeepers Gold 1000	88380VA0750087	$521.96	0.9081	1.0010	1.0000	1.0000	$91.02	$565.48	1.5201	$371.99
Anthem HealthKeepers Gold 1000	88380VA0750088	$521.96	0.9081	1.0053	1.0000	1.0000	$91.41	$567.93	1.5201	$373.61
Anthem HealthKeepers Gold 1000	88380VA0750089	$521.96	0.9081	0.9963	1.0000	1.0000	$90.60	$562.86	1.5201	$370.26
Anthem HealthKeepers Gold 1000	88380VA0750090	$521.96	0.9081	1.0083	1.0000	1.0000	$91.67	$569.58	1.5201	$374.69
Anthem HealthKeepers Gold 1000	88380VA0750091	$521.96	0.9081	0.9909	1.0000	1.0000	$90.11	$559.78	1.5201	$368.24
Anthem HealthKeepers Gold 1000	88380VA0750092	$521.96	0.9081	1.0565	1.0000	1.0000	$96.02	$596.78	1.5201	$392.58
Anthem HealthKeepers Gold 1000	88380VA0750093	$521.96	0.9081	1.0389	1.0000	1.0000	$94.44	$586.88	1.5201	$386.07
Anthem HealthKeepers Gold 1000	88380VA0750094	$521.96	0.9081	1.0144	1.0000	1.0000	$92.22	$573.02	1.5201	$376.95
Anthem HealthKeepers Gold 1300	88380VA0750103	$521.96	0.9051	1.0010	1.0000	1.0000	$90.72	$563.63	1.5201	$370.77
Anthem HealthKeepers Gold 1300	88380VA0750104	$521.96	0.9051	1.0053	1.0000	1.0000	$91.11	$566.07	1.5201	$372.38
Anthem HealthKeepers Gold 1300	88380VA0750105	$521.96	0.9051	0.9963	1.0000	1.0000	$90.30	$561.01	1.5201	$369.05
Anthem HealthKeepers Gold 1300	88380VA0750106	$521.96	0.9051	1.0083	1.0000	1.0000	$91.37	$567.71	1.5201	$373.46
Anthem HealthKeepers Gold 1300	88380VA0750107	$521.96	0.9051	0.9909	1.0000	1.0000	$89.82	$557.95	1.5201	$367.04
Anthem HealthKeepers Gold 1300	88380VA0750108	$521.96	0.9051	1.0565	1.0000	1.0000	$95.70	$594.82	1.5201	$391.29
Anthem HealthKeepers Gold 1300	88380VA0750109	$521.96	0.9051	1.0389	1.0000	1.0000	$94.13	$584.96	1.5201	$384.81
Anthem HealthKeepers Gold 1300	88380VA0750110	$521.96	0.9051	1.0144	1.0000	1.0000	$91.92	$571.14	1.5201	$375.71
Anthem HealthKeepers Silver, a Blue Cross and Blue Shield Multi-State Plan	88380VA0880005	$521.96	0.7086	0.9909	1.0000	1.0000	$70.35	$436.85	1.5201	$287.37
Anthem HealthKeepers Gold, a Blue Cross and Blue Shield Multi-State Plan	88380VA0880006	$521.96	0.9081	0.9909	1.0000	1.0000	$89.94	$559.62	1.5201	$368.13
Anthem HealthKeepers Bronze X POS 5750 for HSA	88380VA0890007	$521.96	0.6013	0.9978	1.0000	1.0000	$60.19	$373.33	1.5201	$245.59
Anthem HealthKeepers Bronze X POS 5750 for HSA	88380VA0890008	$521.96	0.6013	1.0157	1.0000	1.0000	$61.26	$380.02	1.5201	$249.99
Anthem HealthKeepers Bronze X POS 5750 for HSA	88380VA0890009	$521.96	0.6013	1.0008	1.0000	1.0000	$60.37	$374.47	1.5201	$246.34
Anthem HealthKeepers Bronze X POS 4500	88380VA0890001	$521.96	0.6060	1.0157	1.0000	1.0000	$61.75	$382.98	1.5201	$251.94
Anthem HealthKeepers Bronze X POS 4500	88380VA0890004	$521.96	0.6060	1.0008	1.0000	1.0000	$60.86	$377.39	1.5201	$248.26
Anthem HealthKeepers Bronze X POS 4500	88380VA0890010	$521.96	0.6060	0.9978	1.0000	1.0000	$60.67	$376.24	1.5201	$247.51
Anthem HealthKeepers Silver X POS 2300	88380VA0890002	$521.96	0.7038	1.0157	1.0000	1.0000	$71.60	$444.71	1.5201	$292.54
Anthem HealthKeepers Silver X POS 2300	88380VA0890005	$521.96	0.7038	1.0008	1.0000	1.0000	$70.56	$438.21	1.5201	$288.27
Anthem HealthKeepers Silver X POS 2300	88380VA0890011	$521.96	0.7038	0.9978	1.0000	1.0000	$70.35	$436.88	1.5201	$287.40
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900025	$521.96	0.6013	1.0060	1.0000	1.0000	$60.86	$376.59	1.5201	$247.73
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900026	$521.96	0.6013	1.0104	1.0000	1.0000	$61.11	$378.21	1.5201	$248.80
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900027	$521.96	0.6013	1.0186	1.0000	1.0000	$61.60	$381.27	1.5201	$250.81
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900028	$521.96	0.6013	1.0239	1.0000	1.0000	$61.92	$383.25	1.5201	$252.11
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900029	$521.96	0.6013	1.0259	1.0000	1.0000	$62.04	$384.02	1.5201	$252.62
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900030	$521.96	0.6013	0.9958	1.0000	1.0000	$60.25	$372.79	1.5201	$245.23
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900031	$521.96	0.6013	1.0618	1.0000	1.0000	$64.18	$397.40	1.5201	$261.42
Anthem HealthKeepers Bronze POS 5750 for HSA	88380VA0900032	$521.96	0.6013	1.0441	1.0000	1.0000	$63.13	$390.82	1.5201	$257.09

Exhibit J - Plan Adjusted Index Rate and Consumer Adjusted Premium Rates

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

HIOS Plan Name	HIOS Plan ID	Market Adjusted Index Rate (Exhibit C)	Cost Sharing Adjustment	Provider Network Adjustment	Adjustment for Benefits in Addition to the EHBS	Catastrophic Plan Adjustment {1}	Administrative Costs {2}	Plan Adjusted Index Rate {3}	Calibration Factor {4}	Consumer Adjusted Premium Rate {5}
Anthem HealthKeepers Bronze POS 4500	88380VA0900001	$521.96	0.6060	1.0060	1.0000	1.0000	$61.32	$379.51	1.5201	$249.65
Anthem HealthKeepers Bronze POS 4500	88380VA0900002	$521.96	0.6060	1.0104	1.0000	1.0000	$61.58	$381.14	1.5201	$250.72
Anthem HealthKeepers Bronze POS 4500	88380VA0900003	$521.96	0.6060	1.0186	1.0000	1.0000	$62.07	$384.23	1.5201	$252.76
Anthem HealthKeepers Bronze POS 4500	88380VA0900004	$521.96	0.6060	1.0239	1.0000	1.0000	$62.39	$386.21	1.5201	$254.06
Anthem HealthKeepers Bronze POS 4500	88380VA0900005	$521.96	0.6060	1.0259	1.0000	1.0000	$62.51	$386.99	1.5201	$254.57
Anthem HealthKeepers Bronze POS 4500	88380VA0900006	$521.96	0.6060	0.9958	1.0000	1.0000	$60.71	$375.67	1.5201	$247.13
Anthem HealthKeepers Bronze POS 4500	88380VA0900007	$521.96	0.6060	1.0618	1.0000	1.0000	$64.67	$400.48	1.5201	$263.45
Anthem HealthKeepers Bronze POS 4500	88380VA0900008	$521.96	0.6060	1.0441	1.0000	1.0000	$63.61	$393.84	1.5201	$259.08
Anthem HealthKeepers Silver POS 2300	88380VA0900009	$521.96	0.7038	1.0060	1.0000	1.0000	$71.08	$440.66	1.5201	$289.88
Anthem HealthKeepers Silver POS 2300	88380VA0900010	$521.96	0.7038	1.0104	1.0000	1.0000	$71.38	$442.55	1.5201	$291.12
Anthem HealthKeepers Silver POS 2300	88380VA0900011	$521.96	0.7038	1.0186	1.0000	1.0000	$71.96	$446.14	1.5201	$293.48
Anthem HealthKeepers Silver POS 2300	88380VA0900012	$521.96	0.7038	1.0239	1.0000	1.0000	$72.33	$448.45	1.5201	$295.00
Anthem HealthKeepers Silver POS 2300	88380VA0900013	$521.96	0.7038	1.0259	1.0000	1.0000	$72.47	$449.35	1.5201	$295.60
Anthem HealthKeepers Silver POS 2300	88380VA0900014	$521.96	0.7038	0.9958	1.0000	1.0000	$70.37	$436.20	1.5201	$286.95
Anthem HealthKeepers Silver POS 2300	88380VA0900015	$521.96	0.7038	1.0618	1.0000	1.0000	$74.97	$465.02	1.5201	$305.90
Anthem HealthKeepers Silver POS 2300	88380VA0900016	$521.96	0.7038	1.0441	1.0000	1.0000	$73.74	$457.31	1.5201	$300.83

Notes:

{1} This adjustment reflects the projected costs of the population eligible for catastrophic plans.

{2} This is an additive adjustment that includes all the selling expense, administration and retention Items shown in Exhibit H, with the exception of the Marketplace user fee. The Marketplace user fee has been included in the Market Adjusted Index Rate at the market level.

{3} The Plan Adjusted Index Rate is calculated by multiplying the Market Adjusted Index Rate by the AV and cost sharing, provider network, benefits in addition to the EHBs, and catastrophic plan adjustments and then adding the administrative costs. The Plan Adjusted Index Rate can also be described as a Plan Level Required Premium.

{4} See Exhibit K - Calibration.

{5} The Consumer Adjusted Premium Rate is equal to 'Plan Adjusted Index Rate' divided by 'Calibration Factor'

Exhibit K - Calibration

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

Average rating factors for 2017 population:	
	Average Rating Factor
Tobacco	1.0024
	Calibration Factors
Age	1.5202
Area	1.0000
Total Calibration Factor{1}	1.5201
Total Average Rating Factor	1.5238

NOTES:

{1} Total Calibration factor was used in Exhibit J.

{2} Age calibration includes adjustments for membership that exceeds the three child dependent cap, as permitted by CMS per 2017 Part 3 Instructions.

Exhibit L - Age and Tobacco Factors

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

	Age Factors	Tobacco Factors
Age	**2017**	**2017**
0-17	0.635	1.000
18	0.635	1.050
19	0.635	1.050
20	0.635	1.050
21	1.000	1.050
22	1.000	1.050
23	1.000	1.050
24	1.000	1.050
25	1.004	1.100
26	1.024	1.100
27	1.048	1.100
28	1.087	1.100
29	1.119	1.100
30	1.135	1.150
31	1.159	1.150
32	1.183	1.150
33	1.198	1.150
34	1.214	1.150
35	1.222	1.150
36	1.230	1.150
37	1.238	1.150
38	1.246	1.150
39	1.262	1.150
40	1.278	1.200
41	1.302	1.200
42	1.325	1.200
43	1.357	1.200
44	1.397	1.200
45	1.444	1.200
46	1.500	1.200
47	1.563	1.200
48	1.635	1.200
49	1.706	1.200
50	1.786	1.250
51	1.865	1.250
52	1.952	1.250
53	2.040	1.250
54	2.135	1.250
55	2.230	1.250
56	2.333	1.250
57	2.437	1.250
58	2.548	1.250
59	2.603	1.250
60	2.714	1.300
61	2.810	1.300
62	2.873	1.300
63	2.952	1.300
64+	3.000	1.300

NOTES:
The weighted average of these factors for the entire risk pool included in this rate filing is provided in Exhibit K.

Exhibit M - Area Factors

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

Rating Area Description	2017 Area Rating Factor	2016 Area Rating Factor	Change
Blacksburg MSA	1.0885	1.0778	1.0%
Charlottesville MSA	0.9285	0.9144	1.5%
Danville MSA	1.0122	1.0111	0.1%
Harrisonburg MSA	1.0196	1.0137	0.6%
Bristol MSA	1.0057	1.0158	-1.0%
Lynchburg MSA	1.0318	1.0505	-1.8%
Richmond MSA	0.9278	0.9376	-1.0%
Roanoke MSA	1.0612	1.0473	1.3%
VA Beach-Norfolk MSA	1.0340	1.0211	1.3%
Wash/Arl/Alex MSA	1.0279	1.0272	0.1%
Winchester MSA	0.9967	1.0206	-2.3%
Non-MSA	1.0062	1.0100	-0.4%
Out of Area	1.3178	0.0000	

NOTES:

{1} The weighted average of these factors for the entire risk pool included in this rate filing is provided in Exhibit K.

Exhibit N - Sample Rate Calculation

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

Name: **John Doe**
Effective Date: **1/1/2017**
On/Off Exchange: On
Metal Level: Bronze
Plan ID: 88380VA0720018
Rating Area: 01

Family Members Covered:

	Age	Smoker?
Subscriber	47	N
Spouse	42	N
Child (age 21+)	25	Y
Child #1	20	N
Child #2	16	N

Calculation of Monthly Premium:

Consumer Adjusted Premium Rate	$234.70	Exhibit J
x Area Factor	1.0885	Exhibit M
Rate Adjusted for Area =	$255.48	

Age/Tobacco Factors: Exhibit L

	Age Factor	Tobacco Factor
Subscriber	1.563	1.000
Spouse	1.325	1.000
Child (age 21+)	1.004	1.100
Child #1	0.635	1.000
Child #2	0.635	1.000

Final Monthly Premium PMPM:

	PMPM
Subscriber	$399.32
Spouse	$338.51
Child (age 21+)	$282.15
Child #1	$162.23
Child #2	$162.23
TOTAL	**$1,344.44**

NOTES:

As per the Market Reform Rule, when computing family premiums no more than the three oldest covered children under the age of 21 are taken into account whereas the premiums associated with each child age 21+ are included.

Minor rate variances may occur due to differences in rounding methodology.

Exhibit O - Membership Projections for Cost-Sharing Reductions

HealthKeepers, Inc.
Individual

Rates Effective January 1, 2017

Silver Plan	Projected Membership by Subsidy Level:			
HIOS Standard Component Plan ID	100-150%	150%-200%	200%-250%	Standard
88380VA0720024	816	531	313	943
88380VA0720022	2,413	1,571	926	2,791
88380VA0720021	2,413	1,571	926	2,791
88380VA0720032	21,715	14,138	8,334	25,125
88380VA0750079	0	0	0	184
88380VA0750080	0	0	0	259
88380VA0750081	0	0	0	45
88380VA0750082	0	0	0	874
88380VA0750083	0	0	0	936
88380VA0750084	0	0	0	1,077
88380VA0750085	0	0	0	164
88380VA0750086	0	0	0	1,094
88380VA0750063	0	0	0	184
88380VA0750064	0	0	0	259
88380VA0750065	0	0	0	45
88380VA0750066	0	0	0	874
88380VA0750067	0	0	0	936
88380VA0750068	0	0	0	1,077
88380VA0750069	0	0	0	164
88380VA0750070	0	0	0	1,094
88380VA0750055	0	0	0	184
88380VA0750056	0	0	0	259
88380VA0750057	0	0	0	45
88380VA0750058	0	0	0	874
88380VA0750059	0	0	0	936
88380VA0750060	0	0	0	1,077
88380VA0750061	0	0	0	164
88380VA0750062	0	0	0	1,094
88380VA0750121	0	0	0	184
88380VA0750122	0	0	0	259
88380VA0750123	0	0	0	45
88380VA0750124	0	0	0	874
88380VA0750125	0	0	0	936
88380VA0750126	0	0	0	1,077
88380VA0750127	0	0	0	164
88380VA0750128	0	0	0	1,094
88380VA0880005	2,413	1,571	926	2,791
88380VA0890002	63	41	24	73
88380VA0890005	776	505	298	898
88380VA0890011	1,203	783	462	1,391
88380VA0900009	0	0	0	128
88380VA0900010	0	0	0	269
88380VA0900011	0	0	0	982
88380VA0900012	0	0	0	1,638
88380VA0900013	0	0	0	70
88380VA0900014	0	0	0	1,070
88380VA0900015	0	0	0	1,407
88380VA0900016	0	0	0	136

Exhibit P - Terminated Products

HealthKeepers, Inc.
Individual

Effective January 1, 2017

Following are the products that will be terminated prior to the effective date: *This includes products that have experience included in the URRT during the experience period and any products that were not in effect during the experience period but were made available thereafter.*	
Pre ACA Terminated Products	
HIOS Product ID	**HIOS Product Name**
N/A	N/A
Post ACA Terminated Products	
HIOS Product ID	**HIOS Product Name**
N/A	N/A

Exhibit Q - Terminated Plans

HealthKeepers, Inc.
Individual

Effective January 1, 2017

Following are the plans that will be terminated prior to the effective date:

This includes plans that have experience included in the URRT during the experience period and any plans that were not in effect during the experience period but were made available thereafter.

Pre ACA Terminated Plans				
Plan ID	**Plan Name**	**HIOS Product ID**	**HIOS Product Name**	**2017 Mapped HIOS Plan ID**
N/A	N/A	N/A	N/A	N/A

Post ACA Terminated Plans				
Plan ID	**Plan Name**	**HIOS Product ID**	**HIOS Product Name**	**2017 Mapped HIOS Plan ID**
88380VA0720023	Anthem HealthKeepers Silver X 2250/20%	88380VA072	HMO-On Exchange	88380VA0720022
88380VA0720026	Anthem HealthKeepers Bronze X 50% for HSA	88380VA072	HMO-Off Exchange	88380VA0720016
88380VA0750071	Anthem HealthKeepers Silver 2250/20%	88380VA075	HMO-Off Exchange	88380VA0750063
88380VA0750072	Anthem HealthKeepers Silver 2250/20%	88380VA075	HMO-Off Exchange	88380VA0750064
88380VA0750073	Anthem HealthKeepers Silver 2250/20%	88380VA075	HMO-Off Exchange	88380VA0750065
88380VA0750074	Anthem HealthKeepers Silver 2250/20%	88380VA075	HMO-Off Exchange	88380VA0750066
88380VA0750075	Anthem HealthKeepers Silver 2250/20%	88380VA075	HMO-Off Exchange	88380VA0750067
88380VA0750076	Anthem HealthKeepers Silver 2250/20%	88380VA075	HMO-Off Exchange	88380VA0750068
88380VA0750077	Anthem HealthKeepers Silver 2250/20%	88380VA075	HMO-Off Exchange	88380VA0750069
88380VA0750078	Anthem HealthKeepers Silver 2250/20%	88380VA075	POS-On Exchange	88380VA0750070
88380VA0750095	Anthem HealthKeepers Bronze 50% for HSA	88380VA075	POS-On Exchange	88380VA0750023
88380VA0750096	Anthem HealthKeepers Bronze 50% for HSA	88380VA075	POS-Off Exchange	88380VA0750024
88380VA0750097	Anthem HealthKeepers Bronze 50% for HSA	88380VA075	POS-Off Exchange	88380VA0750025
88380VA0750098	Anthem HealthKeepers Bronze 50% for HSA	88380VA075	POS-Off Exchange	88380VA0750026
88380VA0750099	Anthem HealthKeepers Bronze 50% for HSA	88380VA075	POS-Off Exchange	88380VA0750027
88380VA0750100	Anthem HealthKeepers Bronze 50% for HSA	88380VA075	POS-Off Exchange	88380VA0750028
88380VA0750101	Anthem HealthKeepers Bronze 50% for HSA	88380VA075	POS-Off Exchange	88380VA0750029
88380VA0750102	Anthem HealthKeepers Bronze 50% for HSA	88380VA075	POS-Off Exchange	88380VA0750030
88380VA0890003	Anthem HealthKeepers Gold X POS 1000/15%	88380VA089	POS-Off Exchange	88380VA0720028
88380VA0890006	Anthem HealthKeepers Gold X POS 1000/15%	88380VA089	POS On Exchange	88380VA0720028
88380VA0890012	Anthem HealthKeepers Gold X POS 1100/15%	88380VA089	POS-On Exchange	88380VA0720028
88380VA0900017	Anthem HealthKeepers Gold POS 1000/15%	88380VA090	POS Off Exchange	88380VA0750103
88380VA0900018	Anthem HealthKeepers Gold POS 1000/15%	88380VA090	POS Off Exchange	88380VA0750104
88380VA0900019	Anthem HealthKeepers Gold POS 1000/15%	88380VA090	POS Off Exchange	88380VA0750105
88380VA0900019	Anthem HealthKeepers Gold POS 1100/15%	88380VA090	POS-Off Exchange	88380VA0750106
88380VA0900020	Anthem HealthKeepers Gold POS 1000/15%	88380VA090	POS Off Exchange	88380VA0750106
88380VA0900020	Anthem HealthKeepers Gold POS 1100/15%	88380VA090	POS-Off Exchange	88380VA0750110
88380VA0900021	Anthem HealthKeepers Gold POS 1000/15%	88380VA090	POS Off Exchange	88380VA0750103
88380VA0900022	Anthem HealthKeepers Gold POS 1000/15%	88380VA090	POS Off Exchange	88380VA0750107
88380VA0900023	Anthem HealthKeepers Gold POS 1000/15%	88380VA090	POS Off Exchange	88380VA0750108
88380VA0900024	Anthem HealthKeepers Gold POS 1000/15%	88380VA090	POS Off Exchange	88380VA0750109

Exhibit R - Historical Rate Increases

Year	Average Increase
2015	1.9%
2016	8.6%
2017	15.8%

Rate Review Requirements Checklist
For all Rate Filings for Forms Issued in the Individual and Small Group Markets, Hospital Confinement Indemnity, Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis, and Medicare Supplement

NOTE: This document is intended to assist carriers in preparing rate filings for individual and selected group accident and sickness insurance coverage for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are approximate. Please review the applicable Administrative Code for the full text of the regulation.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
General Filing Requirements				
Information about the filing	14 VAC 5-100-70	When submitting an Individual Accident and Sickness form, a company must file the applicable rates, rules and classification of risks with the Commission.	SERFF	
Company Name and NAIC No.	Administrative Letter 1983-7	The transmittal letter must include the name and NAIC number of the company for which the filing is made.	SERFF	
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for health insurance rate filings. Failure to provide the applicable information will result in a "REJECTED" filing.***		
General Information Filing Description		All submissions must provide a brief summary of the filing, including a statement describing whether the rate or rate manual is new or a revision of an existing rate or rate manual.	Filing Description in SERFF	
		Identification of SERFF or state tracking number for the previously approved rate or rate manual.		
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.		
Rate Changes		(i) Include a statement regarding an increase, decrease, revision of former rates. (ii) Specify the percentage amount(s) of the change(s). (iii) Specify the number of affected policyholders. (iv) Specify the reason for the proposed change(s).	Filing Description in SERFF	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-50 B	Include an actuarial memorandum describing the basis on which rates were determined including a description of the calculation of the anticipated loss ratio.	SERFF	
Individual and Small Group Markets – Uniform Age Rating Curve	14 VAC 5-130- 50 E 1	Premium rates with respect to a particular plan or coverage may only vary by: (a) Whether the plan or coverage covers an individual or family; (b) The rating area; (c) Age, consistent with the Uniform Age Rating Curve table in 14 VAC 5-130-50 E; (d) Tobacco use, except the rate must not vary more than 1.5 to 1. If included in a small group form, employees must be given the option to avoid the tobacco surcharge by participating in certain wellness programs.	Actuarial Memo: Exhibits L, M and N	
	14 VAC 5-130-50 E 2	A premium rate must not vary by any other factor not described in 14 VAC 5-130-50 E 1.		
	14 VAC 5-130-50 E 3	For family coverage, permitted rating variations must be applied based on the portion of premium attributable to each family member covered under the plan. With respect to family members under age 21, the premiums for no more than the three oldest covered children must be taken into account in determining the total family premium.	Actuarial Memo: Exhibit N - Sample Rate Calculation	
	14 VAC 5-130-50 E 4	The premium charged must not be adjusted more frequently than annually except that the premium rate may be changed to reflect changes to: (i) Family composition of the member or; (ii) Coverage requested by the member.		
	14 VAC 5-130-50 E 5	Premium rates for student health insurance coverage may be based on school-specific community rating and are exempt from subdivision 1 through 4 above.	n/a	
Accident and Sickness Insurance Rate Filing Requirements – Filing a Rate for a New Policy Form	14 VAC 5-130-60 A	New rate submission must include: (i) Form number of applicable policy or certificate, application, and endorsements; (ii) Rate Sheet(s); (iii) Unified Rate Review Template *(only for rates applicable in the individual and small group health insurance markets except for student health insurance coverage).*	SERFF	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-60 B	An Actuarial Memorandum that includes:		
	14 VAC 5-130-60 B 1	A description of the type of policy or coverage, including benefits, renewability, general marketing method, and issue age limits.	Memo: section 2	
	14 VAC 5-130-60 B 2	A description of how rates were determined, including the general description and source of each assumption used.	Actuarial memo and exhibits	
	14 VAC 5-130-60 B 3	The estimated average annual premium per policy and per member.	Memo: section 3	
	14 VAC 5-130-60 B 4	The anticipated loss ratio and a description of how it was calculated.	Memo: section 12 and Exhibit C	
	14 VAC 5-130-60 B 5	The minimum anticipated loss ratio presumed reasonable in accordance with 14 VAC 5-130-65.	Memo: section 12	
	14 VAC 5-130-60 B 6	If the anticipated loss ratio is less than the minimum anticipated loss ratio, include supporting documentation for the use of such premiums.	n/a	
	14 VAC 5-130-60 B 7	*For coverage issued in the Individual or Small Group Health Insurance Market:* A certification by a qualified actuary of the actuarial value of each plan of benefits included and the AV calculation summary.	Memo: section 26	
	14 VAC 5-130-60 B 8	A certification by a qualified actuary that, to the best of his or her knowledge and judgment, the rate filing is in compliance with the applicable laws and regulations of Virginia and the premiums are reasonable in relation to the benefits provided.	Memo: section 26	
Reasonableness of benefits in relation to initial premiums	14 VAC 5-130-65 A	Benefits are deemed reasonable in relation to premiums if the anticipated loss ratio of policy form, including riders and endorsements, is at least as great as specified in the table provided, taking into account the qualifications and adjustments in subdivisions 1 through 9 below. The below anticipated loss ratio standards do not apply to a class of business where such standards are in conflict with specific statutes or regulations.		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS						LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-65 A 1	If the expected average annual premium is at least $200 but less than $1,000.							
		Type of Coverage	Renewal Clause						
			OR	CR	GR	NC	Other		
		Hospital Indemnity	60%	55%	55%	50%	60%		
		Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis	60%	55%	50%	45%	60%		
	14 VAC 5-130-65 A 2	If the expected average annual premium is $100 or more but less than $200, subtract five percentage points from the numbers in the table.						N/A	
	14 VAC 5-130-65 A 3	If the expected average annual premium is less than $100, subtract 10 percentage points from the numbers in the table.						N/A	
	14 VAC 5-130-65 A 4	If the expected average annual premium is $1,000 or more, add five percentage points to the numbers in the table.						N/A	
	14 VAC 5-130-65 A 5	Group Medicare supplement policies are expected to return to policyholders in the form of aggregate benefits under the policy at least 75% of the aggregate amount of premiums collected.						N/A	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-65 A 6	Medicare supplement policies issued prior to July 30, 1992, as a result of solicitation of individuals through the mail or by mass media advertising, which shall include both print and broadcast advertising, are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.	n/a	
	14 VAC 5-130-65 A 7	Medicare supplement policies issued prior to July 30, 1992, sold on an individual rather than a group basis are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.	n/a	
	14 VAC 5-130-65 A 8	All health insurance coverage issued in the individual health insurance market shall be originally priced to meet a minimum 75% loss ratio and, except for student health insurance coverage, must be guaranteed renewable or noncancellable.	Memo: section 12 and Exhibit C	
	14 VAC 5-130-65 A 9	All health insurance coverage issued in the small group health insurance market must be originally priced to meet a minimum 75% loss ratio and must be guaranteed renewable or noncancellable.	n/a	
	14 VAC 5-130-65 B	The average annual premium per policy per member shall be computed by the health insurance issuer based on an anticipated distribution of business by all applicable criteria having a price difference, such as age, sex, amount, dependent status, rider frequency, etc., except assuming an annual mode for all policies *(i.e., the fractional premium loading shall not affect the average annual premium or anticipated loss ratio calculation).*	Memo: section 3	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
All Accident and Sickness Forms; Subscriber Contracts of Hospital, Medical or Surgical Plans; Dental Plans; Optometric Plans; Health Insurance Coverage in the Individual and Small Group Markets; Individual and Group Medicare supplement forms and subscriber contracts of hospital, medical or surgical plans – Filing a Rate Revision	14 VAC 5-130-70 A	(i) New Rate Sheet; (ii) All information required by SERFF; and (iii) Unified Rate Review Template (individual and small group health insurance markets except for student health insurance coverage).	SERFF	
	14 VAC 5-130-70 B	**Actuarial Memorandum**		
	14 VAC 5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	Memo: section 2	
	14 VAC 5-130-70 B 2	The scope and reason for the premium or rate revision.	Memo: section 3	
	14 VAC 5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Memo: section 3 and Exhibit A	
	14 VAC 5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	Memo: section 3	
	14 VAC 5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) average overall change, including a detailed explanation of how the change was determined.	Memo: section 3 and Exhibit A	
	14 VAC 5-130-70 B 6	*The following is applicable to all coverage with the exception of coverage issued in the small group market:* Submit Form 130-A showing historical and projected experience, including: (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through	Memo: section 8. SERFF: Form 130A	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and (iii) If blended, provide the credibility factor assigned to the national experience.		
	14 VAC 5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	Memo: Exhibit R	
	14 VAC 5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	Memo: section 6 and exhibits	
	14 VAC 5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	Memo: section 12 and Exhibit C	
	14 VAC 5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	Memo: section 12 and Exhibit C	
	14 VAC 5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	Memo: section 12	
	14 VAC 5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.		
	14 VAC 5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such members in the year immediately prior to the filing of the rate revision.	Memo: section 4	
	14 VAC 5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	Memo: section 26	
	14 VAC 5-130-70 B 15	For coverage issued in the individual or small group health insurance markets, a certification by a qualified actuary of the		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		actuarial value of each plan of benefits included and the AV calculation summary.	Memo: section 26	
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 A 1	For individual accident and sickness insurance, individual, and group Medicare supplement insurance, and coverage issued in the individual market, with respect to filings of rate revisions for a previously approved form, benefits shall be deemed reasonable in relation to premiums provided the present values of the future and lifetime loss ratios are at least as great as the standards in 14 VAC 5-130-70 B 11.	n/a	
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 B	For coverage issued in the small group health insurance market, the anticipated loss ratio over the entire period for which the revised rates are computed to provide coverage must be at least as great as the standards in 14 VAC 5-130-70 B 11.	n/a	
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 C	Revised premiums for policies issued on or after the effective date of the revision must meet the standards in 14 VAC 5-130-65 A, except the average annual premium shall be determined on actual rather than anticipated distribution of business.	Memo: section 12 and Exhibit C	
Medicare Supplement Requirements		*Applicable requirements for Medicare Supplement insurance rate filings in addition to the above:*		
Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 2	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.	n/a	
Pre-Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 3	For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet: (a) The originally filed anticipated loss ratio when combined with the actual experience since inception; (b) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and (c) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection over the entire future period for which the rates are computed to provide coverage.	n/a	
Annual Rate and Experience Filing	14 VAC 5-170-120 C	An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.	n/a	
Actuarial Certification for Medicare Supplement Rate Revision Filings	14 VAC 5-170-120 C	For annual rate and experience filings, an actuarial certificate by a qualified actuary that the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio; 3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies; 4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at: www.actuary.org; 5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and 6. The premiums are reasonable in relation to the benefits provided.	n/a	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
Actuarial Certification for Medicare Supplement Rate Revision Filings	14 VAC 5-170-130 B	For proposed rate changes, an actuarial certificate by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio; 3. The filing was prepared based on the current standards or practices as promulgated by the Actuary Standards Board including the data qualify standard of practice as described at: www.actuary.org; 4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and 5. The premiums are reasonable in relation to the benefits provided.	n/a	
Chance in the Rating Structure or Methodology of a Medicare Supplement Form	14 VAC 5-170-130 D 3	A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of this subsection unless the issuer complies with the following requirements: (a) The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. (b) The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.	n/a	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
For Coverage in the Individual and Small Group Health Insurance Markets Risk Pools and Index Rates	14 VAC 5-130-81 A & B	The claims experience of all enrollees in all health benefit plans are members of a single risk pool. *(Not applicable to grandfathered coverage).*	Memo: Section 4	
	14 VAC 5-130-81 C	Each plan year or policy year, as applicable, a health insurance issuer shall: 1. Establish an index rate based on the total combined claim costs for providing essential health benefits within the single risk pool of the individual or small group market; 2. The index rate may be adjusted on a market-wide basis based on the total expected market-wide payments and charges under the risk adjustment and reinsurance programs in this Commonwealth and the health benefit exchange user fees, and 3. The premium rate for all of the health insurance issuer's plans shall use the applicable index rate, as adjusted in accordance with subsection D of this section.	Memo: Exhibits C, G and N	
	14 VAC 5-130-81 D	1. The actuarial value and cost-sharing design on the plan. 2. The plan's provider network, delivery system characteristics, and utilization management practices. 3. The benefits provided under the plan that are in addition to the essential health benefits. These additional benefits shall be pooled with similar benefits within a single risk pool and the claims experience from those benefits shall be utilized to determine rate variations for plans that offer those benefits in addition to essential health benefits. 4. Administrative costs, excluding health benefit exchange user fees. 5. With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.	Memo: Exhibits C and J	

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:

http://www.scc.virginia.gov/boi/laws.aspx

The Life and Health Division, Rates Section reviews rate revisions. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

I hereby certify that I have reviewed the attached rate revision filing and determined that it is in compliance with the rate revision checklist.

Signed: _____

Name (please print): Tim Connell

Company Name: Anthem HealthKeepers, Inc.

Date: 04/11/2016

Phone No: 804-354-2716 FAX No: _____

E-Mail Address tim.connell@anthem.com

Clear Form

PART II -- Written description justifying the rate increase

Anthem HealthKeepers, Inc. (NAIC 95169)
Consumer Disclosure for Proposed Health Insurance Rate Increase
Individual Plans
Rate Change Effective January 1, 2017

Scope and Range of the Rate Increase

Anthem Healthkeepers, Inc. has made an application to the Virginia Bureau of Insurance for premium rate changes for its fully ACA-compliant individual health plan products. This increase will impact approximately 190,000 Virginia members renewing on 1/1/2017 with Anthem. At the individual plan level, rate increases range from 9.3% to 22.6%. We expect most individuals will have an increase over 10%.

A subscriber's actual rate could be higher or lower depending on the geographic location, age characteristics, dependent coverage and other factors.

Financial Experience

Anthem expects the proposed rate increase will cover projected medical trends and yield a medical loss ratio of 84.6% on an ACA basis, meaning more than eighty-four cents of each premium dollar are expected to go to covering our members' medical expenses and improving health care quality. This projected MLR of 84.6% exceeds the minimum MLR requirement of 80% as defined in the Affordable Care Act (ACA). In the event Anthem's MLR is less than the Federal required minimum for a three year period, Anthem will refund the difference to policyholders.

Drivers of Rate Increase

The primary drivers of premium increases are associated with increases in the price of services primarily from hospitals, physicians and pharmacies, coupled with our members increasing their use of health care services, also called "utilization". Increases in the price of services are driven by technology advances, new medications such as for Hepatitis C, and a variety of other factors.

The Individual ACA market also is experiencing the phase-out of the federal reinsurance program. In 2017, the program will be phased out completely. Premiums must be set to cover the reduced reimbursement, as insurers now assume the entire risk for these high-cost members.

Anthem is committed to working to hold down the cost of insurance. We continue to offer innovative collaboration with providers such as our EPHC program with primary care doctors. We negotiate deeper discounts at our hospitals. And we provide members with tools to make informed decisions about where and how to receive treatment.

Reset Form

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: Anthem HealthKeepers, Inc. #95169

SERFF Tracking Number: AWLP-130518810

Effective Date: January 1, 2017

(Projected) Number of Insureds Affected: 190,000

New Rates

Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member: $4,953.00

Average Requested Percentage Rate Change Per Member: 15.8%

Minimum Requested Percentage Rate Change Per Member: 9.3%

Maximum Requested Percentage Rate Change Per Member: 22.6%

Plans Affected
(The Form Number and "Product Name")

Form#	**"Product Name"(if applicable)**
Please see next page.	Please see next page.

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

2017 Anthem HealthKeepers On-Exchange Form Numbers and Plan Names

Schedule of Benefits Form Number	Plan Name
VA_SB_CAT_HMO_7150_0_40_(1/17)_ONHIX	Anthem HealthKeepers Catastrophic X 7150
VA_SB_BRZ_HMO_HSA_6200_25_(1/17)_ONHIX	Anthem HealthKeepers Bronze X 6200 for HSA
VA_SB_BRZ_HMO_6350_40_(1/17)_ONHIX	Anthem HealthKeepers Bronze X 6350
VA_SB_BRZ_HMO_5900_35_40_(1/17)_ONHIX	Anthem HealthKeepers Bronze X 5900
VA_SB_BRZ_HMO_HSA_5750_0_(1/17)_ONHIX	Anthem HealthKeepers Bronze X 5750 for HSA
VA_SB_BRZ_HMO_POS_HSA_5750_0_(1/17)_ONHIX	Anthem HealthKeepers Bronze X POS 5750 for HSA
VA_SB_BRZ_HMO_5150_35_45_(1/17)_ONHIX	Anthem HealthKeepers Bronze X 5150
VA_SB_BRZ_HMO_4500_30_35_(1/17)_ONHIX	Anthem HealthKeepers Bronze X 4500
VA_SB_BRZ_HMO_POS_4500_30_35_(1/17)_ONHIX	Anthem HealthKeepers Bronze X POS 4500
VA_SB_BRZ_HMO_HSA_4900_35_(1/17)_ONHIX	Anthem HealthKeepers Bronze X 4900 for HSA
VA_SB_SVR_HMO_5000_25_30_(1/17)_ONHIX	Anthem HealthKeepers Silver X 5000
VA_SB_SRV_HMO_3500_15_45_(1/17)_ONHIX	Anthem HealthKeepers Silver X 3500
VA_SB_SVR_HMO_2800_20_35_(1/17)_ONHIX	Anthem HealthKeepers Silver X 2800
VA_SB_SVR_HMO_2300_20_20_(1/17)_ONHIX	Anthem HealthKeepers Silver X 2300
VA_SB_SVR_HMO_POS_2300_20_20_(1/17)_ONHIX	Anthem HealthKeepers Silver X POS 2300
VA_SB_SVR_HMO_1800_30_35_MSP_(1/17)_ONHIX	Anthem HealthKeepers Silver, a Blue Cross and Blue Shield Multi-State Plan
VA_SB_GLD_HMO_1300_20_20_(1/17)_ONHIX	Anthem HealthKeepers Gold X 1300
VA_SB_GLD_HMO_1000_20_35_MSP_(1/17)_ONHIX	Anthem HealthKeepers Gold, a Blue Cross and Blue Shield Multi-State Plan

2017 Anthem HealthKeepers Off-Exchange Form Numbers and Plan Names

Schedule of Benefits Form Number	Plan Name
VA_SB_CAT_HMO_7150_0_40_(1/17)	Anthem HealthKeepers Catastrophic 7150
VA_SB_BRZ_HMO_6350_40_(1/17)	Anthem HealthKeepers Bronze 6350
VA_SB_BRZ_HMO_HSA_6200_25_(1/17)	Anthem HealthKeepers Bronze 6200 for HSA
VA_SB_BRZ_HMO_5900_35_40_(1/17)	Anthem HealthKeepers Bronze 5900
VA_SB_BRZ_HMO_POS_HSA_5750_0_(1/17)	Anthem HealthKeepers Bronze POS 5750 for HSA
VA_SB_BRZ_HMO_5150_35_45_(1/17)	Anthem HealthKeepers Bronze 5150
VA_SB_BRZ_HMO_POS_4500_30_35_(1/17)	Anthem HealthKeepers Bronze POS 4500
VA_SB_BRZ_HMO_HSA_4900_35_(1/17)	Anthem HealthKeepers Bronze 4900 for HSA
VA_SB_SVR_HMO_5000_25_30_(1/17)	Anthem HealthKeepers Silver 5000
VA_SB_SVR_HMO_3500_15_45_(1/17)	Anthem HealthKeepers Silver 3500
VA_SB_SVR_HMO_2800_20_35_(1/17)	Anthem HealthKeepers Silver 2800
VA_SB_SVR_HMO_POS_2300_20_20_(1/17)	Anthem HealthKeepers Silver POS 2300
VA_SB_SVR_HMO_1800_30_35_(1/17)	Anthem HealthKeepers Silver 1800
VA_SB_GLD_HMO_1000_20_35_(1/17)	Anthem HealthKeepers Gold 1000

Health Insurance Rate Request Summary

Anthem HealthKeepers is filing for an increase to rates available for new and renewing individuals for products that are compliant with the Affordable Care Act (ACA). These rate increases are for both on and off exchange plans, and the rate increase would be effective starting January 1, 2017.

The basis for our rate adjustment is actual 2015 claim experience under our ACA set of products. Claims need to be trended forward to the 2017 time period to account for medical and pharmacy inflation, increases in utilization, and new medical technology and medications. In particular, new specialty drug medications, such as for treatment of Hepatitis C, continue to drive costs higher.

In addition to straight claim experience, we account for the federal ACA Reinsurance program. This program is temporary and pays for costs related to high dollar claimants. The program has been phasing out gradually and it will expire in 2017. This expiration means that our premium rates must be set higher to cover high-cost claimants that previously were reimbursed by the program. Rate increases, therefore, may be somewhat higher than they otherwise would have been.

We also estimate any changes in the morbidity of our population. This involves estimating the migration of members in and out of our insurance pool. The federal Risk Adjustment program is also considered, as it compensates carriers whose risk pool is less healthy than the Virginia market average. We use internal and external data to help estimate any potential payment to (or receipt from) the Risk Adjustment program.

Anthem is sensitive to the increasing cost of insurance and is committed to working to moderate the impact of rate increases on members while continuing to provide access to high quality, affordable health care. In addition, we are investing in many initiatives to reduce the cost of care, to promote wellness and preventive care for members and communities, and to work with providers to encourage high-quality, evidence-based care, which costs less over time. Anthem is dedicated to working with members to find health coverage plans that are the most appropriate, beneficial and affordable for their needs.

Unified Rate Review v3.3

Company Legal Name:	**HealthKeepers, Inc.**	State:	**VA**
HIOS Issuer ID:	**88380**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2017**		

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2015 to 12/31/2015

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$723,440,716	$333.34	100.00%
Incurred Claims in Experience Period	$654,916,901	301.76	90.53%
Allowed Claims:	$885,997,604	408.24	122.47%
Index Rate of Experience Period		$408.00	
Experience Period Member Months	2,170,290		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2017 to 12/31/2017 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
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**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	281.93	$4,204.19	$98.78	1.015	1.026	1.024	1.035	306.47	$4,517.01	$115.36	0.00	$0.00	$0.00
Outpatient Hospital	Visits	1,181.96	1,183.42	116.56	1.015	1.026	1.024	1.035	1,284.82	1,271.48	136.14	0.00	0.00	0.00
Professional	Visits	7,980.92	162.89	108.33	1.015	1.026	1.024	1.035	8,675.45	175.01	126.52	0.00	0.00	0.00
Other Medical	Visits	706.77	201.25	11.85	1.015	1.026	1.024	1.035	768.28	216.23	13.84	0.00	0.00	0.00
Capitation	Benefit Period	12,000.00	0.61	0.61	1.015	1.026	1.005	1.005	12,293.86	0.63	0.65	0.00	0.00	0.00
Prescription Drug	Prescriptions	10,616.85	81.49	72.10	1.015	1.026	1.088	1.062	12,146.78	98.89	100.10	0.00	0.00	0.00
Total				$408.24							$492.61			$0.00

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$492.61	$1,123,156,450
Paid to Allowed Average Factor in Projection Period			0.663	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$326.75	$744,989,673
Projected Risk Adjustments PMPM			-9.42	(21,488,637)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$336.17	$766,478,310
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$336.17	$766,478,310
Administrative Expense Load		11.07%	45.70	104,188,597
Profit & Risk Load		2.95%	12.18	27,765,544
Taxes & Fees		4.53%	18.70	42,644,455
Single Risk Pool Gross Premium Avg. Rate, PMPM			$412.75	$941,076,905
Index Rate for Projection Period			$492.61	
% increase over Experience Period			23.82%	
% Increase, annualized:			11.28%	
Projected Member Months				2,279,999

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.

Product-Plan Data Collection

Company Legal Name:	**HealthKeepers, Inc.**	State:	**VA**
HIOS Issuer ID:	**88380**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2017**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Terminated Produc	HMO On Exchange														
Product ID:	88380VA002	88380VA072														
Metal:	Not Applicable	Catastrophic	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Gold	Gold	Silver
AV Metal Value	0.000	0.614	0.619	0.613	0.620	0.618	0.619	0.614	0.595	0.687	0.690	0.685	0.681	0.780	0.780	0.688
AV Pricing Value	0.000	0.550	0.710	0.688	0.704	0.716	0.684	0.673	0.665	0.831	0.799	0.777	0.744	1.069	0.010	0.010
Plan Category	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	New	Renewing	Terminated	Terminated
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	2015 Experience	Anthem HealthKeepers Catastrophic X	Anthem HealthKeepers Bronze X 5750	Anthem HealthKeepers Bronze X 6200	Anthem HealthKeepers Bronze X 4900	Anthem HealthKeepers Bronze X 4500	Anthem HealthKeepers Bronze X 5150	Anthem HealthKeepers Bronze X 5900	Anthem HealthKeepers Bronze X 6350	Anthem HealthKeepers Silver X 2300	Anthem HealthKeepers Silver X 2800	Anthem HealthKeepers Silver X 3500	Anthem HealthKeepers Silver X 5000	Anthem HealthKeepers Gold X 1300	Anthem HealthKeepers Gold X 1000/10%	Anthem HealthKeepers Silver X
Plan ID (Standard Component ID):	88380VA0020000	88380VA0720015	88380VA0720027	88380VA0720016	88380VA0720020	88380VA0720019	88380VA0720018	88380VA0720017	88380VA0720031	88380VA0720024	88380VA0720022	88380VA0720021	88380VA0720032	88380VA0720028	88380VA0720025	88380VA0720023
Exchange Plan?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Historical Rate Increase - Calendar Year - 2	0.00%	3.48%														
Historical Rate Increase - Calendar Year - 1	0.00%	6.83%														
Historical Rate Increase - Calendar Year 0	0.00%	15.19%														
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	0.00%	13.11%	9.68%	13.83%	12.65%	11.03%	13.67%	13.04%	0.00%	14.54%	16.11%	15.77%	0.00%	18.60%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	13.11%	9.68%	13.83%	12.65%	11.03%	13.67%	13.04%	0.00%	14.54%	16.11%	15.77%	0.00%	18.60%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	35.09%	#DIV/0!	41.43%	32.17%	19.27%	27.76%	28.53%	#DIV/0!	21.06%	23.76%	21.41%	#DIV/0!	#DIV/0!	-100.00%	-100.00%
Product Rate Increase %	0.00%	15.19%														

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

Plan ID (Standard Component ID):	Total	88380VA0020000	88380VA0720015	88380VA0720027	88380VA0720016	88380VA0720020	88380VA0720019	88380VA0720018	88380VA0720017	88380VA0720031	88380VA0720024	88380VA0720022	88380VA0720021	88380VA0720032	88380VA0720028	88380VA0720025	88380VA0720023
Inpatient	$9.97	$0.00	$6.88	$5.29	$10.34	$9.47	$6.98	$9.82	$9.44	$0.00	$9.63	$12.47	$12.11	$0.00	$12.12	$0.00	$0.00
Outpatient	$11.77	$0.00	$8.12	$6.24	$12.20	$11.18	$8.24	$11.59	$11.14	$0.00	$11.36	$14.71	$14.29	$0.00	$14.30	$0.00	$0.00
Professional	$10.94	$0.00	$7.55	$5.80	$11.34	$10.39	$7.65	$10.77	$10.35	$0.00	$10.56	$13.67	$13.28	$0.00	$13.29	$0.00	$0.00
Prescription Drug	$8.65	$0.00	$5.97	$4.59	$8.97	$8.22	$6.06	$8.52	$8.19	$0.00	$8.35	$10.82	$10.51	$0.00	$10.51	$0.00	$0.00
Other	$1.20	$0.00	$0.83	$0.63	$1.24	$1.14	$0.84	$1.18	$1.13	$0.00	$1.16	$1.50	$1.45	$0.00	$1.45	$0.00	$0.00
Capitation	$0.06	$0.00	$0.04	$0.03	$0.06	$0.05	$0.04	$0.06	$0.05	$0.00	$0.05	$0.07	$0.07	$0.00	$0.07	$0.00	$0.00
Administration	-$1.38	$0.00	-$15.06	-$4.64	-$7.54	-$6.15	-$4.75	-$7.74	-$8.09	$0.00	$0.13	-$2.15	-$3.28	$0.00	$11.92	$0.00	$0.00
Taxes & Fees	$11.81	$0.00	$9.36	$13.13	$11.67	$12.10	$13.09	$11.61	$11.50	$0.00	$14.69	$13.25	$12.92	$0.00	$17.20	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$53.00	$0.00	$23.68	$31.07	$48.30	$46.40	$38.14	$45.81	$43.72	$0.00	$55.92	$64.33	$61.37	$0.00	$80.87	$0.00	$0.00
Member Cost Share Increase	$30.08	$0.00	$25.62	$26.43	$32.06	$31.15	$30.56	$33.06	$35.10	$0.00	$32.08	$34.70	$34.30	$0.00	$38.91	$0.00	$0.00
Average Current Rate PMPM	$216.97	$0.00	$180.71	$320.94	$349.33	$366.74	$345.89	$335.14	$335.20	$0.00	$384.65	$399.44	$389.10	$0.00	$434.71	$0.00	$0.00
Projected Member Months	2,279,999	0	14,592	3,905	43,776	43,776	3,905	43,776	43,776	43,776	31,239	92,416	92,416	831,744	58,368	0	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	88380VA0020000	88380VA0720015	88380VA0720027	88380VA0720016	88380VA0720020	88380VA0720019	88380VA0720018	88380VA0720017	88380VA0720031	88380VA0720024	88380VA0720022	88380VA0720021	88380VA0720032	88380VA0720028	88380VA0720025	88380VA0720023
Plan Adjusted Index Rate	$336.66	$0.00	$212.70	$0.00	$254.06	$277.88	$313.27	$279.25	$273.43	$0.00	$358.38	$337.12	$334.00	$0.00	$0.00	$411.33	$344.92
Member Months	2,169,978	0	13,886	0	122,414	47,416	6,445	52,043	40,736	0	19,019	78,948	574,056	0	0	56,203	96,779
Total Premium (TP)	$730,549,983	$0	$2,953,550	$0	$31,099,918	$13,175,748	$2,019,027	$14,533,221	$11,138,474	$0	$6,816,123	$26,615,014	$191,736,977	$0	$0	$23,118,074	$33,380,993
EHB Percent of TP, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$885,838,795	$0	$3,150,432	$0	$26,000,981	$11,534,795	$2,206,636	$9,903,125	$10,485,612	$0	$8,218,705	$34,048,874	$280,992,685	$0	$0	$34,415,190	$41,330,542
EHB Percent of TAC, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	$283,366,745	$0	$2,054,355	$0	-$2,118,952	$122,185	$695,272	-$761,060	-$658,047	$0	$2,688,085	$11,383,897	$126,215,385	$0	$0	$11,953,447	$13,599,245
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$57,558,320	$0	$0	$0	$119,766	$16,164	$17	$8,312	$14,389	$0	$707,265	$3,559,007	$42,582,825	$0	$0	$1,608	$4,380,744
Portion of above payable by HHS on behalf of insured person, as %	20.31%	#DIV/0!	0.00%	#DIV/0!	-5.65%	13.23%	0.00%	-1.09%	-2.19%	#DIV/0!	26.31%	31.26%	33.74%	#DIV/0!	#DIV/0!	0.01%	32.21%
Total Incurred claims, payable with issuer funds	$602,472,050	$0	$1,096,077	$0	$28,119,933	$11,412,610	$1,511,364	$10,664,185	$11,143,659	$0	$5,530,621	$22,664,977	$154,777,301	$0	$0	$22,461,744	$27,731,297
Net Amt of Rein	$64,825,276.97	$0.00	$220,154.37	$0.00	$1,895,846.80	$646,579.27	$228,612.96	$424,497.15	$814,934.43	$0.00	$438,986.06	$2,494,014.70	$22,750,112.46	$0.00	$0.00	$2,176,784.17	$2,670,874.70
Net Amt of Risk Adj	-$20,206,754.18	$0.00	$731,683.76	$0.00	-$15,053,838.89	-$5,256,090.41	-$224,077.54	-$5,426,634.54	-$5,054,183.65	$0.00	$37,066.09	-$345,156.44	$27,087,945.39	$0.00	$0.00	$3,584,635.05	-$659,210.29
Incurred Claims PMPM	$277.64	#DIV/0!	$78.93	#DIV/0!	$229.71	$240.69	$234.50	$204.91	$273.56	#DIV/0!	$290.79	$287.09	$269.62	#DIV/0!	#DIV/0!	$399.65	$286.54
Allowed Claims PMPM	$408.22	#DIV/0!	$226.88	#DIV/0!	$212.40	$243.27	$342.38	$190.29	$257.40	#DIV/0!	$432.13	$431.28	$489.49	#DIV/0!	#DIV/0!	$612.34	$427.06
EHB portion of Allowed Claims, PMPM	$408.22	#DIV/0!	$226.88	#DIV/0!	$212.40	$243.27	$342.38	$190.29	$257.40	#DIV/0!	$432.13	$431.28	$489.49	#DIV/0!	#DIV/0!	$612.34	$427.06

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	88380VA0020000	88380VA0720015	88380VA0720027	88380VA0720016	88380VA0720020	88380VA0720019	88380VA0720018	88380VA0720017	88380VA0720031	88380VA0720024	88380VA0720022	88380VA0720021	88380VA0720032	88380VA0720028	88380VA0720025	88380VA0720023
Plan Adjusted Index Rate	$411.76		$287.33	$370.74	$359.30	$367.27	$373.64	$356.78	$351.43	$347.14	$433.86	$417.21	$405.53	$388.49	$557.79	$0.00	$0.00
Member Months	2,279,999	-	14,592	3,905	43,776	43,776	3,905	43,776	43,776	43,776	31,239	92,416	92,416	831,744	58,368	-	-
Total Premium (TP)	$938,812,664	$0	$4,192,734	$1,447,751	$15,728,648	$16,077,413	$1,459,050	$15,618,490	$15,384,184	$15,196,429	$13,553,300	$38,556,666	$37,477,021	$323,122,712	$32,556,833	$0	$0
EHB Percent of TP, [see instructions]	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
state mandated benefits portion of TP that are other than EHB	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$1,123,171,476		$5,626,488	$1,767,933	$20,845,904	$20,973,267	$1,761,366	$20,764,904	$20,714,044	$20,728,585	$14,620,202	$45,284,916	$44,634,563	$394,393,974	$33,654,461	$0	$0
EHB Percent of TAC, [see instructions]	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	$356,692,255		$2,200,029	$648,457	$7,983,505	$7,825,085	$633,188	$7,993,326	$8,134,418	$8,302,840	$4,137,101	$13,746,580	$13,980,923	$130,126,453	$7,012,290	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$71,214,771		$0	$0	$0	$0	$0	$0	$0	$0	$1,873,655	$5,637,242	$5,479,391	$47,242,699	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	19.97%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	45.29%	41.01%	39.19%	36.31%	0.00%	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$766,479,222	$0	$3,426,459	$1,119,476	$12,862,399	$13,148,183	$1,128,178	$12,771,578	$12,579,626	$12,425,745	$10,483,100	$31,538,336	$30,653,639	$264,267,521	$26,642,171	$0	$0
Net Amt of Rein	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	-$21,477,600		-$95,846	-$33,118	-$359,791	-$367,785	-$33,376	-$357,251	-$351,882	-$347,577	-$310,130	-$882,201	-$857,454	-$7,392,182	-$745,244	$0	$0
Incurred Claims PMPM	$336.18	#DIV/0!	$234.82	$286.68	$293.82	$300.35	$288.91	$291.75	$287.36	$283.85	$335.58	$341.26	$331.69	$317.73	$456.45	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$492.62	#DIV/0!	$385.59	$452.74	$476.19	$479.10	$451.05	$474.34	$473.18	$473.51	$468.01	$490.01	$482.97	$474.18	$576.59	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$492.62	#DIV/0!	$385.59	$452.74	$476.19	$479.10	$451.05	$474.34	$473.18	$473.51	$468.01	$490.01	$482.97	$474.18	$576.59	#DIV/0!	#DIV/0!

Virginia Rate Template

Carrier Name: HealthKeepers, Inc.(Anthem BCBS)

Market: Individual

Rate Effective Date 1/1/2017-12/31/2017

Component ID	Plan Name	Metal Level	Exchange	Area(s) Offered	Base Rate	Rating Area	Factor	Age	Age Factor	Tobacco Factor
88380VA0720015	Anthem HealthKeepers Catastrophic X 7150	Catastrophic	On	All	$189.01	1	1.0885	0-20	0.6350	1.0500*
88380VA0720027	Anthem HealthKeepers Bronze X 5750 for HSA	Bronze	On	1, 7, 8	$243.89	2	0.9285	21	1.0000	1.0500
88380VA0720016	Anthem HealthKeepers Bronze X 6200 for HSA	Bronze	On	All	$236.36	3	1.0122	22	1.0000	1.0500
88380VA0720020	Anthem HealthKeepers Bronze X 4900 for HSA	Bronze	On	All	$241.59	4	1.0196	23	1.0000	1.0500
88380VA0720019	Anthem HealthKeepers Bronze X 4500	Bronze	On	1, 7, 8	$245.79	5	1.0057	24	1.0000	1.0500
88380VA0720018	Anthem HealthKeepers Bronze X 5150	Bronze	On	All	$234.71	6	1.0318	25	1.0040	1.1000
88380VA0720017	Anthem HealthKeepers Bronze X 5900	Bronze	On	All	$231.19	7	0.9278	26	1.0240	1.1000
88380VA0720031	Anthem HealthKeepers Bronze X 6350	Bronze	On	All	$228.37	8	1.0612	27	1.0480	1.1000
88380VA0720024	Anthem HealthKeepers Silver X 2300	Silver	On	1, 7, 8	$285.42	9	1.0340	28	1.0870	1.1000
88380VA0720022	Anthem HealthKeepers Silver X 2800	Silver	On	All	$274.45	10	1.0279	29	1.1190	1.1000
88380VA0720021	Anthem HealthKeepers Silver X 3500	Silver	On	All	$266.78	11	0.9967	30	1.1350	1.1500
88380VA0720032	Anthem HealthKeepers Silver X 5000	Silver	On	All	$255.57	12	1.0062	31	1.1590	1.1500
88380VA0720028	Anthem HealthKeepers Gold X 1300	Gold	On	All	$366.92			32	1.1830	1.1500
88380VA0750015	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	1, 5, 11	$190.99			33	1.1980	1.1500
88380VA0750016	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	2	$191.80			34	1.2140	1.1500
88380VA0750017	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	3	$190.10			35	1.2220	1.1500
88380VA0750018	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	4, 12	$192.37			36	1.2300	1.1500
88380VA0750019	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	6, 9	$189.07			37	1.2380	1.1500
88380VA0750020	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	7	$201.53			38	1.2460	1.1500
88380VA0750021	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	8	$198.20			39	1.2620	1.1500
88380VA0750022	Anthem HealthKeepers Catastrophic 7150	Catastrophic	Off	10	$193.51			40	1.2780	1.2000
88380VA0750023	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	1, 5, 11	$238.88			41	1.3020	1.2000
88380VA0750024	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	2	$239.91			42	1.3250	1.2000
88380VA0750025	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	3	$237.77			43	1.3570	1.2000
88380VA0750026	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	4, 12	$240.61			44	1.3970	1.2000
88380VA0750027	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	6, 9	$236.47			45	1.4440	1.2000
88380VA0750028	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	7	$252.07			46	1.5000	1.2000
88380VA0750029	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	8	$247.90			47	1.5630	1.2000
88380VA0750030	Anthem HealthKeepers Bronze 6200 for HSA	Bronze	Off	10	$242.05			48	1.6350	1.2000
88380VA0750047	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	1, 5, 11	$244.16			49	1.7060	1.2000
88380VA0750048	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	2	$245.22			50	1.7860	1.2500
88380VA0750049	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	3	$243.02			51	1.8650	1.2500
88380VA0750050	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	4, 12	$245.95			52	1.9520	1.2500
88380VA0750051	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	6, 9	$241.72			53	2.0400	1.2500
88380VA0750052	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	7	$257.68			54	2.1350	1.2500
88380VA0750053	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	8	$253.40			55	2.2300	1.2500
88380VA0750054	Anthem HealthKeepers Bronze 4900 for HSA	Bronze	Off	10	$247.41			56	2.3330	1.2500
88380VA0750039	Anthem HealthKeepers Bronze 5150	Bronze	Off	1, 5, 11	$237.20			57	2.4370	1.2500
88380VA0750040	Anthem HealthKeepers Bronze 5150	Bronze	Off	2	$238.20			58	2.5480	1.2500
88380VA0750041	Anthem HealthKeepers Bronze 5150	Bronze	Off	3	$236.09			59	2.6030	1.2500
88380VA0750042	Anthem HealthKeepers Bronze 5150	Bronze	Off	4, 12	$238.91			60	2.7140	1.3000
88380VA0750043	Anthem HealthKeepers Bronze 5150	Bronze	Off	6, 9	$234.79			61	2.8100	1.3000
88380VA0750044	Anthem HealthKeepers Bronze 5150	Bronze	Off	7	$250.31			62	2.8730	1.3000
88380VA0750045	Anthem HealthKeepers Bronze 5150	Bronze	Off	8	$246.17			63	2.9520	1.3000
88380VA0750046	Anthem HealthKeepers Bronze 5150	Bronze	Off	10	$240.34			64	3.0000	1.3000
88380VA0750031	Anthem HealthKeepers Bronze 5900	Bronze	Off	1, 5, 11	$233.63			65+	3.0000	1.3000
88380VA0750032	Anthem HealthKeepers Bronze 5900	Bronze	Off	2	$234.63					
88380VA0750033	Anthem HealthKeepers Bronze 5900	Bronze	Off	3	$232.54					
88380VA0750034	Anthem HealthKeepers Bronze 5900	Bronze	Off	4, 12	$235.33					

* Tobacco factor only applies to age 18 and up

Virginia Rate Template

Carrier Name: HealthKeepers, Inc.(Anthem BCBS)

Market: Individual

Rate Effective Date 1/1/2017-12/31/2017

Component ID	Plan Name	Metal Level	Exchange	Area(s) Offered	Base Rate	Rating Area	Factor	Age	Age Factor	Tobacco Factor
88380VA0750035	Anthem HealthKeepers Bronze 5900	Bronze	Off	6, 9	$231.27	1	1.0885	0-20	0.6350	1.0500*
88380VA0750036	Anthem HealthKeepers Bronze 5900	Bronze	Off	7	$246.55	2	0.9285	21	1.0000	1.0500
88380VA0750037	Anthem HealthKeepers Bronze 5900	Bronze	Off	8	$242.46	3	1.0122	22	1.0000	1.0500
88380VA0750038	Anthem HealthKeepers Bronze 5900	Bronze	Off	10	$236.74	4	1.0196	23	1.0000	1.0500
88380VA0750113	Anthem HealthKeepers Bronze 6350	Bronze	Off	1, 5, 11	$230.78	5	1.0057	24	1.0000	1.0500
88380VA0750114	Anthem HealthKeepers Bronze 6350	Bronze	Off	2	$231.78	6	1.0318	25	1.0040	1.1000
88380VA0750115	Anthem HealthKeepers Bronze 6350	Bronze	Off	3	$229.70	7	0.9278	26	1.0240	1.1000
88380VA0750116	Anthem HealthKeepers Bronze 6350	Bronze	Off	4, 12	$232.46	8	1.0612	27	1.0480	1.1000
88380VA0750117	Anthem HealthKeepers Bronze 6350	Bronze	Off	6, 9	$228.45	9	1.0340	28	1.0870	1.1000
88380VA0750118	Anthem HealthKeepers Bronze 6350	Bronze	Off	7	$243.54	10	1.0279	29	1.1190	1.1000
88380VA0750119	Anthem HealthKeepers Bronze 6350	Bronze	Off	8	$239.50	11	0.9967	30	1.1350	1.1500
88380VA0750120	Anthem HealthKeepers Bronze 6350	Bronze	Off	10	$233.84	12	1.0062	31	1.1590	1.1500
88380VA0750079	Anthem HealthKeepers Silver 1800	Silver	Off	1, 5, 11	$290.40			32	1.1830	1.1500
88380VA0750080	Anthem HealthKeepers Silver 1800	Silver	Off	2	$291.67			33	1.1980	1.1500
88380VA0750081	Anthem HealthKeepers Silver 1800	Silver	Off	3	$289.05			34	1.2140	1.1500
88380VA0750082	Anthem HealthKeepers Silver 1800	Silver	Off	4, 12	$292.51			35	1.2220	1.1500
88380VA0750083	Anthem HealthKeepers Silver 1800	Silver	Off	6, 9	$287.47			36	1.2300	1.1500
88380VA0750084	Anthem HealthKeepers Silver 1800	Silver	Off	7	$306.46			37	1.2380	1.1500
88380VA0750085	Anthem HealthKeepers Silver 1800	Silver	Off	8	$301.40			38	1.2460	1.1500
88380VA0750086	Anthem HealthKeepers Silver 1800	Silver	Off	10	$294.27			39	1.2620	1.1500
88380VA0750063	Anthem HealthKeepers Silver 2800	Silver	Off	1, 5, 11	$277.34			40	1.2780	1.2000
88380VA0750064	Anthem HealthKeepers Silver 2800	Silver	Off	2	$278.54			41	1.3020	1.2000
88380VA0750065	Anthem HealthKeepers Silver 2800	Silver	Off	3	$276.07			42	1.3250	1.2000
88380VA0750066	Anthem HealthKeepers Silver 2800	Silver	Off	4, 12	$279.35			43	1.3570	1.2000
88380VA0750067	Anthem HealthKeepers Silver 2800	Silver	Off	6, 9	$274.55			44	1.3970	1.2000
88380VA0750068	Anthem HealthKeepers Silver 2800	Silver	Off	7	$292.68			45	1.4440	1.2000
88380VA0750069	Anthem HealthKeepers Silver 2800	Silver	Off	8	$287.83			46	1.5000	1.2000
88380VA0750070	Anthem HealthKeepers Silver 2800	Silver	Off	10	$281.05			47	1.5630	1.2000
88380VA0750055	Anthem HealthKeepers Silver 3500	Silver	Off	1, 5, 11	$269.57			48	1.6350	1.2000
88380VA0750056	Anthem HealthKeepers Silver 3500	Silver	Off	2	$270.76			49	1.7060	1.2000
88380VA0750057	Anthem HealthKeepers Silver 3500	Silver	Off	3	$268.32			50	1.7860	1.2500
88380VA0750058	Anthem HealthKeepers Silver 3500	Silver	Off	4, 12	$271.52			51	1.8650	1.2500
88380VA0750059	Anthem HealthKeepers Silver 3500	Silver	Off	6, 9	$266.86			52	1.9520	1.2500
88380VA0750060	Anthem HealthKeepers Silver 3500	Silver	Off	7	$284.49			53	2.0400	1.2500
88380VA0750061	Anthem HealthKeepers Silver 3500	Silver	Off	8	$279.78			54	2.1350	1.2500
88380VA0750062	Anthem HealthKeepers Silver 3500	Silver	Off	10	$273.17			55	2.2300	1.2500
88380VA0750121	Anthem HealthKeepers Silver 5000	Silver	Off	1, 5, 11	$258.25			56	2.3330	1.2500
88380VA0750122	Anthem HealthKeepers Silver 5000	Silver	Off	2	$259.39			57	2.4370	1.2500
88380VA0750123	Anthem HealthKeepers Silver 5000	Silver	Off	3	$257.06			58	2.5480	1.2500
88380VA0750124	Anthem HealthKeepers Silver 5000	Silver	Off	4, 12	$260.12			59	2.6030	1.2500
88380VA0750125	Anthem HealthKeepers Silver 5000	Silver	Off	6, 9	$255.65			60	2.7140	1.3000
88380VA0750126	Anthem HealthKeepers Silver 5000	Silver	Off	7	$272.55			61	2.8100	1.3000
88380VA0750127	Anthem HealthKeepers Silver 5000	Silver	Off	8	$268.03			62	2.8730	1.3000
88380VA0750128	Anthem HealthKeepers Silver 5000	Silver	Off	10	$261.69			63	2.9520	1.3000
88380VA0750087	Anthem HealthKeepers Gold 1000	Gold	Off	1, 5, 11	$371.99			64	3.0000	1.3000
88380VA0750088	Anthem HealthKeepers Gold 1000	Gold	Off	2	$373.61			65+	3.0000	1.3000
88380VA0750089	Anthem HealthKeepers Gold 1000	Gold	Off	3	$370.28					
88380VA0750090	Anthem HealthKeepers Gold 1000	Gold	Off	4, 12	$374.69					
88380VA0750091	Anthem HealthKeepers Gold 1000	Gold	Off	6, 9	$368.25					

* Tobacco factor only applies to age 18 and up

Virginia Rate Template

Carrier Name: HealthKeepers, Inc.(Anthem BCBS)

Market: Individual

Rate Effective Date 1/1/2017-12/31/2017

Component ID	Plan Name	Metal Level	Exchange	Area(s) Offered	Base Rate	Rating Area	Factor	Age	Age Factor	Tobacco Factor
88380VA0750092	Anthem HealthKeepers Gold 1000	Gold	Off	7	$392.57	1	1.0885	0-20	0.6350	1.0500*
88380VA0750093	Anthem HealthKeepers Gold 1000	Gold	Off	8	$386.07	2	0.9285	21	1.0000	1.0500
88380VA0750094	Anthem HealthKeepers Gold 1000	Gold	Off	10	$376.94	3	1.0122	22	1.0000	1.0500
88380VA0750103	Anthem HealthKeepers Gold 1300	Gold	Off	1, 5, 11	$370.77	4	1.0196	23	1.0000	1.0500
88380VA0750104	Anthem HealthKeepers Gold 1300	Gold	Off	2	$372.39	5	1.0057	24	1.0000	1.0500
88380VA0750105	Anthem HealthKeepers Gold 1300	Gold	Off	3	$369.06	6	1.0318	25	1.0040	1.1000
88380VA0750106	Anthem HealthKeepers Gold 1300	Gold	Off	4, 12	$373.45	7	0.9278	26	1.0240	1.1000
88380VA0750107	Anthem HealthKeepers Gold 1300	Gold	Off	6, 9	$367.03	8	1.0612	27	1.0480	1.1000
88380VA0750108	Anthem HealthKeepers Gold 1300	Gold	Off	7	$391.30	9	1.0340	28	1.0870	1.1000
88380VA0750109	Anthem HealthKeepers Gold 1300	Gold	Off	8	$384.80	10	1.0279	29	1.1190	1.1000
88380VA0750110	Anthem HealthKeepers Gold 1300	Gold	Off	10	$375.72	11	0.9967	30	1.1350	1.1500
88380VA0880005	Anthem HealthKeepers Silver, a Blue Cross and Blue Shield M	Silver	On	All	$287.37	12	1.0062	31	1.1590	1.1500
88380VA0880006	Anthem HealthKeepers Gold, a Blue Cross and Blue Shield Mu	Gold	On	All	$368.14			32	1.1830	1.1500
88380VA0890007	Anthem HealthKeepers Bronze X POS 5750 for HSA	Bronze	On	2, 4, 6, 9, 11, 12	$245.60			33	1.1980	1.1500
88380VA0890008	Anthem HealthKeepers Bronze X POS 5750 for HSA	Bronze	On	3, 5	$249.99			34	1.2140	1.1500
88380VA0890009	Anthem HealthKeepers Bronze X POS 5750 for HSA	Bronze	On	10	$246.33			35	1.2220	1.1500
88380VA0890001	Anthem HealthKeepers Bronze X POS 4500	Bronze	On	3, 5	$251.94			36	1.2300	1.1500
88380VA0890004	Anthem HealthKeepers Bronze X POS 4500	Bronze	On	10	$248.25			37	1.2380	1.1500
88380VA0890010	Anthem HealthKeepers Bronze X POS 4500	Bronze	On	2, 4, 6, 9, 11, 12	$247.49			38	1.2460	1.1500
88380VA0890002	Anthem HealthKeepers Silver X POS 2300	Silver	On	3, 5	$292.54			39	1.2620	1.1500
88380VA0890005	Anthem HealthKeepers Silver X POS 2300	Silver	On	10	$288.26			40	1.2780	1.2000
88380VA0890011	Anthem HealthKeepers Silver X POS 2300	Silver	On	2, 4, 6, 9, 11, 12	$287.39			41	1.3020	1.2000
88380VA0900025	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	1, 11	$247.74			42	1.3250	1.2000
88380VA0900026	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	2	$248.79			43	1.3570	1.2000
88380VA0900027	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	3, 12	$250.83			44	1.3970	1.2000
88380VA0900028	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	4, 10	$252.13			45	1.4440	1.2000
88380VA0900029	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	5	$252.61			46	1.5000	1.2000
88380VA0900030	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	6, 9	$245.22			47	1.5630	1.2000
88380VA0900031	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	7	$261.42			48	1.6350	1.2000
88380VA0900032	Anthem HealthKeepers Bronze POS 5750 for HSA	Bronze	Off	8	$257.08			49	1.7060	1.2000
88380VA0900001	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	1, 11	$249.66			50	1.7860	1.2500
88380VA0900002	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	2	$250.72			51	1.8650	1.2500
88380VA0900003	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	3, 12	$252.75			52	1.9520	1.2500
88380VA0900004	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	4, 10	$254.08			53	2.0400	1.2500
88380VA0900005	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	5	$254.56			54	2.1350	1.2500
88380VA0900006	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	6, 9	$247.14			55	2.2300	1.2500
88380VA0900007	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	7	$263.45			56	2.3330	1.2500
88380VA0900008	Anthem HealthKeepers Bronze POS 4500	Bronze	Off	8	$259.09			57	2.4370	1.2500
88380VA0900009	Anthem HealthKeepers Silver POS 2300	Silver	Off	1, 11	$289.89			58	2.5480	1.2500
88380VA0900010	Anthem HealthKeepers Silver POS 2300	Silver	Off	2	$291.13			59	2.6030	1.2500
88380VA0900011	Anthem HealthKeepers Silver POS 2300	Silver	Off	3, 12	$293.49			60	2.7140	1.3000
88380VA0900012	Anthem HealthKeepers Silver POS 2300	Silver	Off	4, 10	$295.00			61	2.8100	1.3000
88380VA0900013	Anthem HealthKeepers Silver POS 2300	Silver	Off	5	$295.60			62	2.8730	1.3000
88380VA0900014	Anthem HealthKeepers Silver POS 2300	Silver	Off	6, 9	$286.96			63	2.9520	1.3000
88380VA0900015	Anthem HealthKeepers Silver POS 2300	Silver	Off	7	$305.89			64	3.0000	1.3000
88380VA0900016	Anthem HealthKeepers Silver POS 2300	Silver	Off	8	$300.83			65+	3.0000	1.3000

* Tobacco factor only applies to age 18 and up

Form 130A - Anthem Individual On and Off Exchange Products

Company Name: **Anthem HealthKeepers**
NAIC Number: **95159**

Policy Form Number(s):	***Product*** *Inception Date:*	*Rate Increase Effective Date:*
VA_HMPSHS_(1/17)_ONHIX	Jan-14	1/1/2017
VA_HMPSHS_(1/17)	Jan-14	1/1/2017

Applies to:

New Business (Y/N):	***Y***
Virginia only (Y/N)	***Y***
Existing Business (Y/N):	***Y***
Individual (Y/N)	***Y***
*Small Group (Y/N)**	***N***

Claims Incurred through (MM/YY):	*12/15*
Claims Paid through (MM/YY):	*1/16*

	(1) **Calendar Year**	(2) **Member Months**	(3) **Earned Premium**	(4) **Incurred & Paid Claims**	(5) **IBNR**	(6) (4) + (5) **Incurred Claims**	(7) **Drug Rebates**	(8) (6) - (7) **Net Incurred Claims**	(9) (3)/(2) **Earned Premium PMPM**	(10) (8)/(2) **Net Incurred Claims PMPM**	(11) (10)/(9) **Loss Ratio**	(12) [(9)YY/(9)[YY-1]]-1 **Premium Trend**	(13) [(10)YY/(10)[YYY-1]]-1 **Claims Trend**	*(Calculated)* (14) **PV Earned Premium**	(15) **PV Net Incurred Claims**	(16) (15)/(14) **PV Loss Ratio**
ACTUAL *	2014	851,013	$ 294,933,111	$ 221,238,387	$ 1,709,680	$ 222,948,067	$ (2,510,188)	$ 220,437,880	$ 346.57	$ 259.03	74.7%	0.0%	0.0%	$ 333,871,745	$ 249,034,475	74.6%
	2015	2,175,324	$ 743,626,818	$ 577,444,519	$ 48,066,125	$ 625,510,644	$ (10,718,376)	$ 614,792,268	$ 341.85	$ 282.62	82.7%	-1.4%	9.1%	$ 801,718,453	$ 661,473,341	82.5%
	2016	2,210,370	$ 748,997,537	$ -	-	$ 643,940,565	$ (16,839,471)	$ 627,101,094	$ 338.86	$ 283.71	83.7%	-0.9%	0.4%	$ 769,055,933	$ 642,587,404	83.6%
	SUM	5,236,707	1,787,557,467	798,682,906	49,775,805	1,492,399,277	(30,068,034)	1,462,331,242	$ 341.35	$ 279.25	81.8%	-0.9%	3.9%	1,904,646,131	1,553,095,220	81.5%
PROJECTED	2017	2,279,999	$ 941,076,905	$ -	$ -	$ 785,014,702	$ (18,536,392)	$ 766,478,310	$ 412.75	$ 336.17	81.4%	20.7%	18.9%	$ 920,265,950	$ 748,006,238	81.3%
	2018	1,618,799	$ 668,164,602	$ -	$ -	$ 557,360,438	$ (13,160,838)	$ 544,199,600	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 622,275,071	$ 505,794,695	81.3%
	2019	1,149,347	$ 474,396,868	$ -	$ -	$ 395,725,911	$ (9,344,195)	$ 386,381,716	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 420,776,477	$ 342,013,555	81.3%
	2020	816,037	$ 336,821,776	$ -	$ -	$ 280,965,397	$ (6,634,379)	$ 274,331,018	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 284,525,046	$ 231,266,309	81.3%
	2021	579,386	$ 239,143,461	$ -	$ -	$ 199,485,432	$ (4,710,409)	$ 194,775,023	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 192,393,126	$ 156,380,076	81.3%
	2022	411,364	$ 169,791,857	$ -	$ -	$ 141,634,657	$ (3,344,390)	$ 138,290,266	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 130,094,400	$ 105,742,718	81.3%
	2023	292,069	$ 120,552,219	$ -	$ -	$ 100,560,606	$ (2,374,517)	$ 98,186,089	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 87,968,594	$ 71,502,219	81.3%
	2024	207,369	$ 85,592,075	$ -	$ -	$ 71,398,030	$ (1,685,907)	$ 69,712,123	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 59,483,526	$ 48,349,119	81.3%
	2025	147,232	$ 60,770,373	$ -	$ -	$ 50,692,602	$ (1,196,994)	$ 49,495,608	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 40,222,193	$ 32,693,214	81.3%
	2026	104,535	$ 43,146,965	$ -	$ -	$ 35,991,747	$ (849,866)	$ 35,141,881	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 27,197,864	$ 22,106,840	81.3%
	2027	74,220	$ 30,634,345	$ -	$ -	$ 25,554,140	$ (603,405)	$ 24,950,736	$ 412.75	$ 336.17	81.4%	0.0%	0.0%	$ 18,390,937	$ 14,948,435	81.3%
	SUM	7,680,356	$ 3,170,091,447	$ -	$ -	$2,644,383,662	$ (62,441,291)	$2,581,942,370	$ 412.75	$ 336.17	81.4%	6.2%	5.6%	$ 2,803,593,184	$ 2,278,803,417	81.3%
	LIFETIME	12,917,063	4,957,648,914	798,682,906	49,775,805	$4,136,782,938	$ (92,509,326)	$4,044,273,613	$ 383.81	$ 313.10	81.6%	3.3%	4.9%	$ 4,708,239,315	$ 3,831,898,637	81.4%

* Due to the early filing date, 2016 data is a projection based on best estimates. Therefore, there is no incurred and paid claims or IBNR.

Statutory Minimum Loss Ratio 75%

Assumptions

Rate Increase Over Prior:	**15.8%**
Annual:	**15.8%**
Underlying Trend	**8.9%**
Benefit Changes	**0.0%**
Demo Changes	**0.8%**
Anti-selection	**0.0%**
Other Changes	**0.7%**
Total Trend	**10.5%**
Lapse Rate:	**29.0%**
Interest Rate:	**5.0%**

Premium Trend beyond rating period **0.0%**
Claims Trend beyond rating period **0.0%**

Notes on this form:

All products which were originally introduced previous to January 1, 2017 and that are continuing on through 2017 will be migrated to the new policy forms listed above. All new 2017 products will be introduced under the policy forms listed above as well.

Since the rate increase shown at left does not include the effects of buydown, member mix change, risk adjustment change, the end of the reinsurance program and other impacts, it will not match the resulting net premium trend shown in column 12 above.

It is assumed that new and in-force business will have the same loss ratio.

The underlying trend and other changes shown at left are annualized versions of the experience period to projection period impacts shown in Exhibit E of the Actuarial Memorandum.

The "benefit changes" maps to the "total benefit changes" shown on Exhibit E.

The "demo changes" maps to the "total morbidity changes" shown on Exhibit E.

The "other changes" includes the induced demand for CSR and grace period impact shown on Exhibit E.

Since the total trend shown here is the pricing trend used in the model, it will not match the resulting paid claims trend shown in column 13.

Reinsurance recoveries are included in the incurred claims in column (6).

The lapse rate is derived from looking at historical lapse rates for Individual ACA products.

The interest rate is the same as used in other Anthem Individual filings.

Form 130B - Trend Anthem Individual (Using Small Group Experience)

	Calendar Year	Inpatient Hospital Cost Per Unit (Admits)	Inpatient Hospital Units per 1,000	Inpatient Hospital PMPM	Outpatient Hospital Cost Per Unit (Visits)	Outpatient Hospital Units per 1,000	Outpatient Hospital PMPM	Physician Cost Per Unit (Visits)	Physician Units per 1,000	Physician PMPM	Prescription Drugs Cost Per Unit (Scripts)	Prescription Drugs Units per 1,000	Prescription Drugs PMPM	Total PMPM
Actual	2010	$ 14,376	50.69	$ 60.72	$ 707	996	$ 58.69	$ 117	8,252	$ 80.60	$ 55	12,068	$ 54.96	$ 254.97
	2011	$ 15,813	49.81	$ 65.64	$ 765	993	$ 63.30	$ 122	8,251	$ 83.55	$ 60	12,109	$ 60.10	$ 272.59
	2012	$ 15,674	47.32	$ 61.80	$ 794	995	$ 65.79	$ 122	8,336	$ 84.99	$ 64	12,089	$ 64.49	$ 277.07
	2013	$ 17,078	45.65	$ 64.97	$ 867	965	$ 69.74	$ 124	8,249	$ 84.94	$ 69	12,138	$ 70.03	$ 289.68
	2014	$ 18,846	43.85	$ 68.87	$ 915	966	$ 73.67	$ 124	8,168	$ 84.57	$ 76	11,969	$ 75.55	$ 302.66
	2015	$ 20,908	43.65	$ 76.05	$ 978	986	$ 80.40	$ 128	8,178	$ 87.55	$ 86	12,072	$ 86.10	$ 330.09
Projected	2016	$ 21,995	43.25	$ 79.28	$ 1,014	994	$ 84.04	$ 131	8,514	$ 93.05	$ 101	12,470	$ 105.04	$ 361.41
	2017	$ 23,271	42.91	$ 83.21	$ 1,067	1,017	$ 90.44	$ 135	8,982	$ 101.31	$ 111	12,582	$ 116.15	$ 391.12

	Calendar Year	Inpatient Hospital Cost Per Unit (Admits)	Inpatient Hospital Units per 1,000	Inpatient Hospital PMPM	Outpatient Hospital Cost Per Unit (Visits)	Outpatient Hospital Units per 1,000	Outpatient Hospital PMPM	Physician Cost Per Unit (Visits)	Physician Units per 1,000	Physician PMPM	Prescription Drugs Cost Per Unit (Scripts)	Prescription Drugs Units per 1,000	Prescription Drugs PMPM	Total Trend
Actual	2011	10.0%	-1.7%	8.1%	8.2%	-0.4%	7.9%	3.7%	0.0%	3.7%	9.0%	0.3%	9.4%	6.9%
	2012	-0.9%	-5.0%	-5.8%	3.7%	0.2%	3.9%	0.7%	1.0%	1.7%	7.5%	-0.2%	7.3%	1.6%
	2013	9.0%	-3.5%	5.1%	9.3%	-3.0%	6.0%	1.0%	-1.0%	-0.1%	8.2%	0.4%	8.6%	4.6%
	2014	10.4%	-3.9%	6.0%	5.6%	0.1%	5.6%	0.6%	-1.0%	-0.4%	9.4%	-1.4%	7.9%	4.5%
	2015	10.9%	-0.5%	10.4%	6.9%	2.1%	9.1%	3.4%	0.1%	3.5%	13.0%	0.9%	14.0%	9.1%
Projected	2016	5.2%	-0.9%	4.3%	3.7%	0.8%	4.5%	2.1%	4.1%	6.3%	18.1%	3.3%	22.0%	9.5%
	2017	5.8%	-0.8%	5.0%	5.2%	2.3%	7.6%	3.2%	5.5%	8.9%	9.6%	0.9%	10.6%	8.2%

Notes:

The historical ACA experience is very volatile with cost sharing and population changes. We think the Small Group block is a more stable basis on which to base trends. We have slightly modified the Small Group projections to reflect a greater Hepatitis C impact in the Individual market. The Hepatitis C impact is also described in Section 6 of the Actuarial Memorandum.

Historical experience reflects buydowns and benefit plan mix; future projections assume fixed benefits, which will make them appear higher.

The non-drug splits are inferred, as they are not analyzed to this level of detail for the purpose of setting trends.

Unique Plan Design Supporting Documentation and Justification

Please fill in the following information.

HIOS Issuer ID: 88380

HIOS Product IDs: 88380VA075, 88380VA090

Applicable HIOS Plan IDs (Standard Component):

88380VA0750023-00, 88380VA0750024-00, 88380VA0750025-00, 88380VA0750026-00, 88380VA0750027-00, 88380VA0750028-00, 88380VA0750029-00, 88380VA0750030-00, 88380VA0750047-00, 88380VA0750048-00, 88380VA0750049-00, 88380VA0750050-00, 88380VA0750051-00, 88380VA0750052-00, 88380VA0750053-00, 88380VA0750054-00, 88380VA0750039-00, 88380VA0750040-00, 88380VA0750041-00, 88380VA0750042-00, 88380VA0750043-00, 88380VA0750044-00, 88380VA0750045-00, 88380VA0750046-00, 88380VA0750031-00, 88380VA0750032-00, 88380VA0750033-00, 88380VA0750034-00, 88380VA0750035-00, 88380VA0750036-00, 88380VA0750037-00, 88380VA0750038-00, 88380VA0900025-00, 88380VA0900026-00, 88380VA0900027-00, 88380VA0900028-00, 88380VA0900029-00, 88380VA0900030-00, 88380VA0900031-00, 88380VA0900032-00, 88380VA0750087-00, 88380VA0750088-00, 88380VA0750089-00, 88380VA0750090-00, 88380VA0750091-00, 88380VA0750092-00, 88380VA0750093-00, 88380VA0750094-00, 88380VA0750103-00, 88380VA0750104-00, 88380VA0750105-00, 88380VA0750106-00, 88380VA0750107-00, 88380VA0750108-00, 88380VA0750109-00, 88380VA0750110-00, 88380VA0750079-00, 88380VA0750080-00, 88380VA0750081-00, 88380VA0750082-00, 88380VA0750083-00, 88380VA0750084-00, 88380VA0750085-00, 88380VA0750086-00, 88380VA0750063-00, 88380VA0750064-00, 88380VA0750065-00, 88380VA0750066-00, 88380VA0750067-00, 88380VA0750068-00, 88380VA0750069-00, 88380VA0750070-00, 88380VA0750055-00, 88380VA0750056-00, 88380VA0750057-00, 88380VA0750058-00, 88380VA0750059-00, 88380VA0750060-00, 88380VA0750061-00, 88380VA0750062-00, 88380VA0750113-00, 88380VA0750114-00, 88380VA0750115-00, 88380VA0750116-00, 88380VA0750117-00, 88380VA0750118-00, 88380VA0750119-00, 88380VA0750120-00, 88380VA0750121-00, 88380VA0750122-00, 88380VA0750123-00, 88380VA0750124-00, 88380VA0750125-00, 88380VA0750126-00, 88380VA0750127-00, 88380VA0750128-00

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and the materiality of those benefits):

1 The AV Calculator does not support plan designs where the cost share type varies by site of service. These benefit designs can impact 1 or more of the following AV service categories:

A. Imaging (CT/PET Scans, MRIs)
B. X-rays and Diagnostic Imaging
C. Outpatient Facility Fees (e.g., Ambulatory Surgery Center)
D. Primary Care Visits to Treat an Injury or Illness (Exc, Preventive, and X-rays)
E. All Drugs categories

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

1 Per 156.135(b)(2), a weighted average of the level 1 (preferred) and level 2 (non-preferred) member cost shares is calculated.

Confirmation that only in-network cost sharing, including multitier networks, was considered: Yes

Description of the standardized plan population data used: Used AV Calculator population data.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

1 Using proprietary claims data, weightings between the level 1 sites of service and the level 2 sites of service were developed for each of the five benefit categories. The weightings were used to calculate a weighted average cost share for each benefit category.
Weighted Average Cost Share = (Level 1 Weight) * (Level 1 Cost Share) + (1 - Level 1 Weight) * (Level 2 Cost Share)

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments: This method was not used.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV

The analysis was
(i) conducted by a member of the American Academy of Actuaries;
(ii) performed in accordance with generally accepted actuarial principles and methodologies;

Actuary signature: Michele L. Archer

Actuary Printed Name: Michele L. Archer, FSA, MAAA

Date: April 8, 2016

Unique Plan Design Supporting Documentation and Justification

Please fill in the following information.

HIOS Issuer ID: 88380

HIOS Product IDs: 88380VA090

Applicable HIOS Plan IDs (Standard Component):

88380VA0900001-00, 88380VA0900002-00, 88380VA0900003-00, 88380VA0900004-00, 88380VA0900005-00, 88380VA0900006-00, 88380VA0900007-00, 88380VA0900008-00, 88380VA0900009-00, 88380VA0900010-00, 88380VA0900011-00, 88380VA0900012-00, 88380VA0900013-00, 88380VA0900014-00, 88380VA0900015-00, 88380VA0900016-00

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and the materiality of those benefits):

1 The AV Calculator does not support plan designs where the cost share type varies by site of service. These benefit designs can impact 1 or more of the following AV service categories:

A. Imaging (CT/PET Scans, MRIs)
B. X-rays and Diagnostic Imaging
C. Outpatient Facility Fees (e.g., Ambulatory Surgery Center)
D. Primary Care Visits to Treat an Injury or Illness (Exc, Preventive, and X-rays)
E. All Drugs categories

2 Benefit designs apply a member copay prior to deductible for a limited number of office visits with remaining office visits subject to deductible and coinsurance. The limited visits at a copayment are combined across multiple benefit categories. In addition to Primary Care Visit, limits apply across Specialist Visit, Outpatient Mental/Behavioral Health and Substance Use Disorder Office Services, Rehabilitative Speech Therapy, and/or Rehabilitative Physical and Occupational Therapies. The limited copays prior to deductible functionality in the AV calculator is only applicable to the Primary Care Visit benefit category.

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

1 Per 156.135(b)(2), a weighted average of the level 1 (preferred) and level 2 (non-preferred) member cost shares is calculated.

2 Per 156.135(b)(2), a weighted average of the member cost shares for visits subject to copays and the member cost shares for visits subject to plan deductible and coinsurance is calculated and converted to an effective coinsurance.

Confirmation that only in-network cost sharing, including multitier networks, was considered: Yes

Description of the standardized plan population data used: Used AV Calculator population data.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

1 Using proprietary claims data, weightings between the level 1 sites of service and the level 2 sites of service were developed for each of the five benefit categories. The weightings were used to calculate a weighted average cost share for each benefit category.
Weighted Average Cost Share = (Level 1 Weight) * (Level 1 Cost Share) + (1 - Level 1 Weight) * (Level 2 Cost Share)

2 Using proprietary claims data, weightings were determined to model the number of office visit services that would be subject to a limited copayment or the plan deductible and coinsurance. Due to the combined structure of the office visit services, across several categories, a redistribution of the weighting factors were modeled based on frequency of service statistics from a nationally known consulting firm. The final weightings were used to convert the plan member cost shares to an effective coinsurance for each service category subject to the limited visits at a copayment.

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments: This method was not used.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV

The analysis was
(i) conducted by a member of the American Academy of Actuaries;
(ii) performed in accordance with generally accepted actuarial principles and methodologies;

Actuary signature: Michele L. Archer

Actuary Printed Name: Michele L. Archer, FSA, MAAA

Date: April 8, 2016

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720027-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,200.00			$6,200.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720016-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.28%
Metal Tier:	Bronze

2017 AV Calculator

$3,642.53
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,900.00			$4,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720020-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.98%
Metal Tier:	Bronze

2017 AV Calculator

$3,684.32
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720019-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,150.00			$5,150.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☑	☑		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720018-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.93%
Metal Tier:	Bronze

2017 AV Calculator

$3,681.07
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,900.00			$5,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$40.00	☑	☑		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		2

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720017-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.37%
Metal Tier:	Bronze

2017 AV Calculator

$3,648.00
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890007-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890008-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890009-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890001-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890004-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:
HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890010-01

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 61.83%
Metal Tier: Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720028-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.04%
Metal Tier:	Gold

2017 AV Calculator

$5,044.97
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			$1,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$5,000.00			$5,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA088
HIOS Plan ID: 88380VA0880006-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.01%
Metal Tier:	Gold

2017 AV Calculator

$5,042.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720024-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,850.00			$1,850.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,850.00			$4,850.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	70%		☑	☑	70%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720024-04

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.67%
Metal Tier:	Silver

2017 AV Calculator

$4,550.02
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$750.00			$750.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$1,400.00			$1,400.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	88%		☑	☑	88%		☐	☐
Specialist Visit	☑	☑	78%		☑	☑	78%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	76%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720024-05

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.95%
Metal Tier:	Gold

2017 AV Calculator

$5,685.47
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			$200.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$600.00			$600.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	91%		☑	☑	91%		☐	☐
Specialist Visit	☑	☑	82%		☑	☑	82%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	67%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720024-06

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	94.48%
Metal Tier:	Platinum

2017 AV Calculator

$6,565.81
$6,949.49

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,800.00			$2,800.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720022-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.03%
Metal Tier:	Silver

2017 AV Calculator

$4,263.49
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,600.00			$2,600.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$30.00	☑	☑		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720022-04

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.59%
Metal Tier:	Silver

2017 AV Calculator

$4,544.98
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$750.00			$750.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$1,550.00			$1,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$25.00	☑	☑		$25.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	76%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720022-05

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.90%
Metal Tier:	Gold

2017 AV Calculator

$5,682.86
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			$200.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$600.00			$600.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$10.00	☑	☑		$10.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	67%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720022-06

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	94.59%
Metal Tier:	Platinum

2017 AV Calculator

$6,573.45
$6,949.49

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$45.00	☐	☐		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	75%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720021-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.47%
Metal Tier:	Silver

2017 AV Calculator

$4,228.82
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,400.00			$2,400.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$5,400.00			$5,400.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	76%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720021-04

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.97%
Metal Tier:	Silver

2017 AV Calculator

$4,568.34
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$900.00			$900.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$1,550.00			$1,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	76%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720021-05

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.95%
Metal Tier:	Gold

2017 AV Calculator

$5,685.90
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			$200.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$600.00			$600.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	72%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720021-06

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	94.81%
Metal Tier:	Platinum

2017 AV Calculator

$6,588.84
$6,949.49

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890002-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890005-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890011-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,850.00			$1,850.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,850.00			$4,850.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	70%		☑	☑	70%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890002-04

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.67%
Metal Tier:	Silver

2017 AV Calculator

$4,550.02
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,850.00			$1,850.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,850.00			$4,850.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	70%		☑	☑	70%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890005-04

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.67%
Metal Tier:	Silver

2017 AV Calculator

$4,550.02
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,850.00			$1,850.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,850.00			$4,850.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	70%		☑	☑	70%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890011-04

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.67%
Metal Tier:	Silver

2017 AV Calculator

$4,550.02
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$750.00			$750.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$1,400.00			$1,400.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	88%		☑	☑	88%		☐	☐
Specialist Visit	☑	☑	78%		☑	☑	78%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	76%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890002-05

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.95%
Metal Tier:	Gold

2017 AV Calculator

$5,685.47
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$750.00			$750.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$1,400.00			$1,400.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	88%		☑	☑	88%		☐	☐
Specialist Visit	☑	☑	78%		☑	☑	78%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	76%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890005-05

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.95%
Metal Tier:	Gold

2017 AV Calculator

$5,685.47
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$750.00			$750.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$1,400.00			$1,400.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	88%		☑	☑	88%		☐	☐
Specialist Visit	☑	☑	78%		☑	☑	78%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	76%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890011-05

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.95%
Metal Tier:	Gold

2017 AV Calculator

$5,685.47
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			$200.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$600.00			$600.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	91%		☑	☑	91%		☐	☐
Specialist Visit	☑	☑	82%		☑	☑	82%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	67%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890002-06

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	94.48%
Metal Tier:	Platinum

2017 AV Calculator

$6,565.81
$6,949.49

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			$200.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$600.00			$600.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	91%		☑	☑	91%		☐	☐
Specialist Visit	☑	☑	82%		☑	☑	82%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	67%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890005-06

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	94.48%
Metal Tier:	Platinum

2017 AV Calculator

$6,565.81
$6,949.49

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			$200.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$600.00			$600.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	91%		☑	☑	91%		☐	☐
Specialist Visit	☑	☑	82%		☑	☑	82%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	67%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA089
HIOS Plan ID: 88380VA0890011-06

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	94.48%
Metal Tier:	Platinum

2017 AV Calculator

$6,565.81
$6,949.49

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,800.00			$1,800.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA088
HIOS Plan ID: 88380VA0880005-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.15%
Metal Tier:	Silver

2017 AV Calculator

$4,332.94
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,650.00			$1,650.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$5,400.00			$5,400.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$30.00	☑	☑		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA088
HIOS Plan ID: 88380VA0880005-04

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.60%
Metal Tier:	Silver

2017 AV Calculator

$4,545.85
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$900.00			$900.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$1,450.00			$1,450.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$20.00	☑	☑		$20.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA088
HIOS Plan ID: 88380VA0880005-05

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.95%
Metal Tier:	Gold

2017 AV Calculator

$5,685.63
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$175.00			$175.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$600.00			$600.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$10.00	☑	☑		$10.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	62%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA088
HIOS Plan ID: 88380VA0880005-06

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	94.30%
Metal Tier:	Platinum

2017 AV Calculator

$6,553.25
$6,949.49

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,350.00			$6,350.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	57%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	58%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	53%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720031-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.55%
Metal Tier:	Bronze

2017 AV Calculator

$3,539.58
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$5,000.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,750.00			$6,750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720032-01

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.15%
Metal Tier:	Silver

2017 AV Calculator

$4,208.95
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,750.00			$3,750.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$5,300.00			$5,300.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720032-04

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	72.18%
Metal Tier:	Silver

2017 AV Calculator

$4,457.97
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$850.00			$850.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$1,850.00			$1,850.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	67%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720032-05

Output

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	86.27%
Metal Tier:	Gold

2017 AV Calculator

$5,576.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$250.00			$250.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$750.00			$750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA072
HIOS Plan ID: 88380VA0720032-06

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	93.23%
Metal Tier:	Platinum

2017 AV Calculator

$6,479.21
$6,949.49

Unique Plan Design Supporting Documentation and Justification

Please fill in the following information.

HIOS Issuer ID: 88380

HIOS Product IDs: 88380VA072, 88380VA089, 88380VA088

Applicable HIOS Plan IDs (Standard Component):
88380VA0720027-01, 88380VA0720016-01, 88380VA0720020-01, 88380VA0720018-01, 88380VA0720017-01, 88380VA0890007-01, 88380VA0890008-01, 88380VA0890009-01, 88380VA0720028-01, 88380VA0880006-01, 88380VA0720022-01, 88380VA0720021-01, 88380VA0880005-01, 88380VA0720031-01, 88380VA0720032-01

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and the materiality of those benefits):

1 The AV Calculator does not support plan designs where the cost share type varies by site of service. These benefit designs can impact 1 or more of the following AV service categories:

A. Imaging (CT/PET Scans, MRIs)
B. X-rays and Diagnostic Imaging
C. Outpatient Facility Fees (e.g., Ambulatory Surgery Center)
D. Primary Care Visits to Treat an Injury or Illness (Exc, Preventive, and X-rays)
E. All Drugs categories

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

1 Per 156.135(b)(2), a weighted average of the level 1 (preferred) and level 2 (non-preferred) member cost shares is calculated.

Confirmation that only in-network cost sharing, including multitier networks, was considered: Yes

Description of the standardized plan population data used: Used AV Calculator population data.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

1 Using proprietary claims data, weightings between the level 1 sites of service and the level 2 sites of service were developed for each of the five benefit categories. The weightings were used to calculate a weighted average cost share for each benefit category.
Weighted Average Cost Share = (Level 1 Weight) * (Level 1 Cost Share) + (1 - Level 1 Weight) * (Level 2 Cost Share)

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments: This method was not used.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV

The analysis was
(i) conducted by a member of the American Academy of Actuaries;
(ii) performed in accordance with generally accepted actuarial principles and methodologies;

Actuary signature: Michele L. Archer

Actuary Printed Name: Michele L. Archer, FSA, MAAA

Date: April 8, 2016

Unique Plan Design Supporting Documentation and Justification

Please fill in the following information.

HIOS Issuer ID: 88380

HIOS Product IDs: 88380VA072, 88380VA089

Applicable HIOS Plan IDs (Standard Component):
88380VA0720019-01, 88380VA0890001-01, 88380VA0890004-01, 88380VA0890010-01, 88380VA0720024-01, 88380VA0890002-01, 88380VA0890005-01, 88380VA0890011-01

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and the materiality of those benefits):

1 The AV Calculator does not support plan designs where the cost share type varies by site of service. These benefit designs can impact 1 or more of the following AV service categories:
A. Imaging (CT/PET Scans, MRIs)
B. X-rays and Diagnostic Imaging
C. Outpatient Facility Fees (e.g., Ambulatory Surgery Center)
D. Primary Care Visits to Treat an Injury or Illness (Exc, Preventive, and X-rays)
E. All Drugs categories

2 Benefit designs apply a member copay prior to deductible for a limited number of office visits with remaining office visits subject to deductible and coinsurance. The limited visits at a copayment are combined across multiple benefit categories. In addition to Primary Care Visit, limits apply across Specialist Visit, Outpatient Mental/Behavioral Health and Substance Use Disorder Office Services, Rehabilitative Speech Therapy, and/or Rehabilitative Physical and Occupational Therapies. The limited copays prior to deductible functionality in the AV calculator is only applicable to the Primary Care Visit benefit category.

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

1 Per 156.135(b)(2), a weighted average of the level 1 (preferred) and level 2 (non-preferred) member cost shares is calculated.

2 Per 156.135(b)(2), a weighted average of the member cost shares for visits subject to copays and the member cost shares for visits subject to plan deductible and coinsurance is calculated and converted to an effective coinsurance.

Confirmation that only in-network cost sharing, including multitier networks, was considered: Yes

Description of the standardized plan population data used: Used AV Calculator population data.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

1 Using proprietary claims data, weightings between the level 1 sites of service and the level 2 sites of service were developed for each of the five benefit categories. The weightings were used to calculate a weighted average cost share for each benefit category.
Weighted Average Cost Share = (Level 1 Weight) * (Level 1 Cost Share) + (1 - Level 1 Weight) * (Level 2 Cost Share)

2 Using proprietary claims data, weightings were determined to model the number of office visit services that would be subject to a limited copayment or the plan deductible and coinsurance. Due to the combined structure of the office visit services, across several categories, a redistribution of the weighting factors were modeled based on frequency of service statistics from a nationally known consulting firm. The final weightings were used to convert the plan member cost shares to an effective coinsurance for each service category subject to the limited visits at a copayment.

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments: This method was not used.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV

The analysis was
(i) conducted by a member of the American Academy of Actuaries;
(ii) performed in accordance with generally accepted actuarial principles and methodologies;

Actuary signature: Michele L. Archer

Actuary Printed Name: Michele L. Archer, FSA, MAAA

Date: April 8, 2016

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,200.00			$6,200.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750023-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.28%
Metal Tier:	Bronze

2017 AV Calculator

$3,642.53
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,200.00			$6,200.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750024-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.28%
Metal Tier:	Bronze

2017 AV Calculator

$3,642.53
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,200.00			$6,200.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750025-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.28%
Metal Tier:	Bronze

2017 AV Calculator

$3,642.53
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,200.00			$6,200.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750026-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.28%
Metal Tier:	Bronze

2017 AV Calculator

$3,642.53
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,200.00			$6,200.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750027-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.28%
Metal Tier:	Bronze

2017 AV Calculator

$3,642.53
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,200.00			$6,200.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750028-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.28%
Metal Tier:	Bronze

2017 AV Calculator

$3,642.53
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,200.00			$6,200.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750029-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.28%
Metal Tier:	Bronze

2017 AV Calculator

$3,642.53
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,200.00			$6,200.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750030-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.28%
Metal Tier:	Bronze

2017 AV Calculator

$3,642.53
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,900.00			$4,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750047-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.98%
Metal Tier:	Bronze

2017 AV Calculator

$3,684.32
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,900.00			$4,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750048-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.98%
Metal Tier:	Bronze

2017 AV Calculator

$3,684.32
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,900.00			$4,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750049-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.98%
Metal Tier:	Bronze

2017 AV Calculator

$3,684.32
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,900.00			$4,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750050-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.98%
Metal Tier:	Bronze

2017 AV Calculator

$3,684.32
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,900.00			$4,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750051-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.98%
Metal Tier:	Bronze

2017 AV Calculator

$3,684.32
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,900.00			$4,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750052-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.98%
Metal Tier:	Bronze

2017 AV Calculator

$3,684.32
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,900.00			$4,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750053-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.98%
Metal Tier:	Bronze

2017 AV Calculator

$3,684.32
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,900.00			$4,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750054-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.98%
Metal Tier:	Bronze

2017 AV Calculator

$3,684.32
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,150.00			$5,150.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☑	☑		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750039-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.93%
Metal Tier:	Bronze

2017 AV Calculator

$3,681.07
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,150.00			$5,150.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☑	☑		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750040-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.93%
Metal Tier:	Bronze

2017 AV Calculator

$3,681.07
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,150.00			$5,150.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☑	☑		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750041-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.93%
Metal Tier:	Bronze

2017 AV Calculator

$3,681.07
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,150.00			$5,150.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☑	☑		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750042-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.93%
Metal Tier:	Bronze

2017 AV Calculator

$3,681.07
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,150.00			$5,150.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☑	☑		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750043-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.93%
Metal Tier:	Bronze

2017 AV Calculator

$3,681.07
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,150.00			$5,150.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☑	☑		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750044-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.93%
Metal Tier:	Bronze

2017 AV Calculator

$3,681.07
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,150.00			$5,150.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☑	☑		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750045-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.93%
Metal Tier:	Bronze

2017 AV Calculator

$3,681.07
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,150.00			$5,150.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☑	☑		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750046-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.93%
Metal Tier:	Bronze

2017 AV Calculator

$3,681.07
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,900.00			$5,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$40.00	☑	☑		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		2

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750031-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.37%
Metal Tier:	Bronze

2017 AV Calculator

$3,648.00
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,900.00			$5,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$40.00	☑	☑		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		2

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750032-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.37%
Metal Tier:	Bronze

2017 AV Calculator

$3,648.00
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,900.00			$5,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$40.00	☑	☑		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		2

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750033-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.37%
Metal Tier:	Bronze

2017 AV Calculator

$3,648.00
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,900.00			$5,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$40.00	☑	☑		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		2

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750034-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.37%
Metal Tier:	Bronze

2017 AV Calculator

$3,648.00
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,900.00			$5,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$40.00	☑	☑		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		2

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750035-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.37%
Metal Tier:	Bronze

2017 AV Calculator

$3,648.00
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,900.00			$5,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$40.00	☑	☑		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		2

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750036-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.37%
Metal Tier:	Bronze

2017 AV Calculator

$3,648.00
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,900.00			$5,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$40.00	☑	☑		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		2

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750037-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.37%
Metal Tier:	Bronze

2017 AV Calculator

$3,648.00
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,900.00			$5,900.00
Coinsurance (%, Insurer's Cost Share)			65.00%			65.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$40.00	☑	☑		$40.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	64%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	61%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	63%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	55%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		2

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750038-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.37%
Metal Tier:	Bronze

2017 AV Calculator

$3,648.00
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900025-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900026-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900027-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900028-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900029-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900030-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900031-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,750.00			$5,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%			100.00%
OOP Maximum ($)			$6,550.00			$6,550.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	80%		☑	☑	80%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	70%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	89%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	94%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	70%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	80%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑	80%		☑	☑	80%		☐	☐
Preferred Brand Drugs	☑	☑	80%		☑	☑	80%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900032-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.90%
Metal Tier:	Bronze

2017 AV Calculator

$3,679.12
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:
HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900001-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900002-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900003-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:
HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900004-00

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 61.83%
Metal Tier: Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900005-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:
HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900006-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900007-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			$4,500.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77%		☑	☑	77%		☐	☐
Specialist Visit	☑	☑	65%		☑	☑	65%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$25.00	☐	☐		$25.00	☐	☐
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900008-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.83%
Metal Tier:	Bronze

2017 AV Calculator

$3,674.85
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			$1,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$5,000.00			$5,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750087-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.01%
Metal Tier:	Gold

2017 AV Calculator

$5,042.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			$1,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$5,000.00			$5,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750088-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.01%
Metal Tier:	Gold

2017 AV Calculator

$5,042.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			$1,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$5,000.00			$5,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750089-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.01%
Metal Tier:	Gold

2017 AV Calculator

$5,042.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			$1,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$5,000.00			$5,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750090-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.01%
Metal Tier:	Gold

2017 AV Calculator

$5,042.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			$1,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$5,000.00			$5,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750091-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.01%
Metal Tier:	Gold

2017 AV Calculator

$5,042.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			$1,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$5,000.00			$5,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750092-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.01%
Metal Tier:	Gold

2017 AV Calculator

$5,042.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			$1,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$5,000.00			$5,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750093-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.01%
Metal Tier:	Gold

2017 AV Calculator

$5,042.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			$1,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$5,000.00			$5,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☐	☐		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750094-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.01%
Metal Tier:	Gold

2017 AV Calculator

$5,042.96
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750103-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.04%
Metal Tier:	Gold

2017 AV Calculator

$5,044.97
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750104-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.04%
Metal Tier:	Gold

2017 AV Calculator

$5,044.97
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750105-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.04%
Metal Tier:	Gold

2017 AV Calculator

$5,044.97
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750106-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.04%
Metal Tier:	Gold

2017 AV Calculator

$5,044.97
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750107-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.04%
Metal Tier:	Gold

2017 AV Calculator

$5,044.97
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750108-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.04%
Metal Tier:	Gold

2017 AV Calculator

$5,044.97
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750109-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.04%
Metal Tier:	Gold

2017 AV Calculator

$5,044.97
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,300.00			$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$4,800.00			$4,800.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	69%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐		$15.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750110-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.04%
Metal Tier:	Gold

2017 AV Calculator

$5,044.97
$6,464.79

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,800.00			$1,800.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750079-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.15%
Metal Tier:	Silver

2017 AV Calculator

$4,332.94
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,800.00			$1,800.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750080-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.15%
Metal Tier:	Silver

2017 AV Calculator

$4,332.94
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,800.00			$1,800.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750081-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.15%
Metal Tier:	Silver

2017 AV Calculator

$4,332.94
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,800.00			$1,800.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750082-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.15%
Metal Tier:	Silver

2017 AV Calculator

$4,332.94
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,800.00			$1,800.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750083-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.15%
Metal Tier:	Silver

2017 AV Calculator

$4,332.94
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,800.00			$1,800.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750084-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.15%
Metal Tier:	Silver

2017 AV Calculator

$4,332.94
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,800.00			$1,800.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750085-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.15%
Metal Tier:	Silver

2017 AV Calculator

$4,332.94
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,800.00			$1,800.00
Coinsurance (%, Insurer's Cost Share)			70.00%			70.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	69%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	64%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	67%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	57%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750086-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.15%
Metal Tier:	Silver

2017 AV Calculator

$4,332.94
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,800.00			$2,800.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750063-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.03%
Metal Tier:	Silver

2017 AV Calculator

$4,263.49
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,800.00			$2,800.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750064-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.03%
Metal Tier:	Silver

2017 AV Calculator

$4,263.49
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,800.00			$2,800.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750065-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.03%
Metal Tier:	Silver

2017 AV Calculator

$4,263.49
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,800.00			$2,800.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750066-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.03%
Metal Tier:	Silver

2017 AV Calculator

$4,263.49
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,800.00			$2,800.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750067-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.03%
Metal Tier:	Silver

2017 AV Calculator

$4,263.49
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,800.00			$2,800.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750068-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.03%
Metal Tier:	Silver

2017 AV Calculator

$4,263.49
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,800.00			$2,800.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750069-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.03%
Metal Tier:	Silver

2017 AV Calculator

$4,263.49
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,800.00			$2,800.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$35.00	☑	☑		$35.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	71%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

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):		3

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750070-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.03%
Metal Tier:	Silver

2017 AV Calculator

$4,263.49
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$45.00	☐	☐		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	75%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750055-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.47%
Metal Tier:	Silver

2017 AV Calculator

$4,228.82
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$45.00	☐	☐		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	75%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750056-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.47%
Metal Tier:	Silver

2017 AV Calculator

$4,228.82
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$45.00	☐	☐		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	75%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750057-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.47%
Metal Tier:	Silver

2017 AV Calculator

$4,228.82
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$45.00	☐	☐		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	75%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750058-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.47%
Metal Tier:	Silver

2017 AV Calculator

$4,228.82
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$45.00	☐	☐		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	75%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750059-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.47%
Metal Tier:	Silver

2017 AV Calculator

	$4,228.82
	$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$45.00	☐	☐		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	75%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750060-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.47%
Metal Tier:	Silver

2017 AV Calculator

$4,228.82
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$45.00	☐	☐		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	75%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750061-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.47%
Metal Tier:	Silver

2017 AV Calculator

$4,228.82
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			85.00%			85.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	65%		☑	☑	65%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	55%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$45.00	☐	☐		$45.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	83%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	75%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	80%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	55%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	65%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750062-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.47%
Metal Tier:	Silver

2017 AV Calculator

$4,228.82
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900009-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900010-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

	$4,244.65
	$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900011-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900012-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900013-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900014-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900015-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,300.00			$2,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	60%		☑	☑	60%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	86%		☑	☑	86%		☐	☐
Specialist Visit	☑	☑	69%		☑	☑	69%		☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	78%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	70%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	75%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐		$20.00	☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA090
HIOS Plan ID: 88380VA0900016-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.72%
Metal Tier:	Silver

2017 AV Calculator

$4,244.65
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,350.00			$6,350.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	57%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	58%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	53%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750113-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.55%
Metal Tier:	Bronze

2017 AV Calculator

$3,539.58
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,350.00			$6,350.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	57%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	58%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	53%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750114-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.55%
Metal Tier:	Bronze

2017 AV Calculator

$3,539.58
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,350.00			$6,350.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	57%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	58%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	53%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750115-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.55%
Metal Tier:	Bronze

2017 AV Calculator

$3,539.58
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,350.00			$6,350.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	57%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	58%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	53%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750116-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.55%
Metal Tier:	Bronze

2017 AV Calculator

$3,539.58
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,350.00			$6,350.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	57%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	58%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	53%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750117-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.55%
Metal Tier:	Bronze

2017 AV Calculator

$3,539.58
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,350.00			$6,350.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	57%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	58%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	53%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750118-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.55%
Metal Tier:	Bronze

2017 AV Calculator

$3,539.58
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,350.00			$6,350.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	57%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	58%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	53%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750119-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.55%
Metal Tier:	Bronze

2017 AV Calculator

$3,539.58
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,350.00			$6,350.00
Coinsurance (%, Insurer's Cost Share)			60.00%			60.00%
OOP Maximum ($)			$7,150.00			$7,150.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	57%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	58%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	53%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☑	☑			☑	☑			☐	☐
Preferred Brand Drugs	☑	☑			☑	☑			☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750120-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.55%
Metal Tier:	Bronze

2017 AV Calculator

$3,539.58
$5,943.92

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$5,000.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,750.00			$6,750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750121-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.15%
Metal Tier:	Silver

2017 AV Calculator

$4,208.95
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$5,000.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,750.00			$6,750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750122-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.15%
Metal Tier:	Silver

2017 AV Calculator

$4,208.95
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$5,000.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,750.00			$6,750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750123-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.15%
Metal Tier:	Silver

2017 AV Calculator

$4,208.95
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$5,000.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,750.00			$6,750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750124-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.15%
Metal Tier:	Silver

2017 AV Calculator

$4,208.95
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$5,000.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,750.00			$6,750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750125-00

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.15%
Metal Tier: Silver

2017 AV Calculator

$4,208.95
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$5,000.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,750.00			$6,750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750126-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.15%
Metal Tier:	Silver

2017 AV Calculator

$4,208.95
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$5,000.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,750.00			$6,750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750127-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.15%
Metal Tier:	Silver

2017 AV Calculator

$4,208.95
$6,176.34

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?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	70%
		2nd Tier Utilization:	30%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$5,000.00
Coinsurance (%, Insurer's Cost Share)			75.00%			75.00%
OOP Maximum ($)			$6,750.00			$6,750.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑	55%		☑	☑	55%		☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	50%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑	74%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑	50%		☐	☐
Rehabilitative Speech Therapy	☑	☑			☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑	68%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑	71%		☐	☐
Skilled Nursing Facility	☑	☑			☑	☑	50%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑	59%			
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐		$10.00	☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%		☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	50%		☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

HIOS Issuer ID: 88380
HIOS Product ID: 88380VA075
HIOS Plan ID: 88380VA0750128-00

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.15%
Metal Tier:	Silver

2017 AV Calculator

$4,208.95
$6,176.34