April 10, 2020

Christine Gibert
Washington Health Benefit Exchange
Via email: Christine.gibert@wahbexchange.org

RE: Actuarial Value Certification for WAHBE 2021 Standard Medical Plan Designs

Dear Christine:

The Affordable Care Act (ACA) requires that non-grandfathered health care coverage provided by issuers in the individual market cover all Essential Health Benefits (EHBs) and have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV) or Bronze (60% AV) tiers. The ACA allows for a -4% to +2% de minimis range around these target AVs, the Bronze plan allows for a -4/+5% de minimis range[1]. For example, any plan design that has an AV from 66-72%, would be considered a Silver plan. The ACA also defines AVs for Cost-Sharing Reduction (CSR) Plan variations that are available to individuals meeting income and other eligibility criteria and enrolling in a Silver level plan in the individual market. These CSR variation AVs are 73%, 87% and 94%. The ACA allows for a 1% de minimis range around the target AVs for CSR plans.

The Center for Consumer Information and Insurance Oversight (CCIIO) provides an Actuarial Value Calculator (AVC)[2] that issuers must use to determine the AV of a plan. While CCIIO developed the AVC such to accommodate most plans, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design, or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these plan designs is required.

Washington Health Benefit Exchange (WAHBE) defines standard plan designs that issuers participating on the Exchange must offer. Standard plan designs are defined for the individual market. For 2021, WAHBE

[1] CMS finalized a rule April 18, 2017 that allows plans a wider AV range of -4% to +2% (or -4% to +5% for Bronze plans described above), compared to the current range of -2% to +2%. The regulation requires that the Bronze plan satisfy certain criteria to be eligible.
[2] http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html

is defining one standard plan design for the individual market for the Gold, Silver (and three corresponding CSR plan levels), and Bronze levels.

WAHBE contracted with Wakely Consulting Group, LLC (Wakely) to assist with the development of 2021 standard plan designs and validation of the federal AVs for the 2021 standard plan designs. This required calculating the AV of several iterations of plan designs to identify plan designs within the target AV ranges. Compliance of the benefit designs in relation to other regulatory benefit design constraints has not been evaluated by Wakely.

Most of the cost sharing features of 2021 standard plan designs can be accommodated by the federal AVC. The Office of the Insurance Commissioner (OIC) has confirmed with the Center for Consumer Information and Insurance Oversight (CCIIO) that the AVC accrues any copays applied during the deductible period toward the deductible. Plans that include services that are not subject to the deductible and also have a copay that does not count towards the deductible cannot be input into the current AVC without a unique benefit design certification. The adjustment made to the AVC for these categories are described below.

Methodology

Wakely is providing an actuarial certification for the adjusted actuarial values allowed under §156.135(b)(3) in Appendix A and B.

A summary of WAHBE's standard plan designs for 2021 is in Appendix C. Wakely utilized the 2021 federal AVC to determine the AV for all plans, entering plan designs to the extent that they fit the AVC. Screen shots of the AVC inputs and outputs for all calculations performed for plan designs that were accommodated by the AVC can be found in Appendix D.

We adjusted the resulting AV for the plan design features that deviate from the parameters of the AVC. The plan design feature that cannot be accommodated in the AVC are copays that do not accrue to the deductible for benefits that are not subject to the deductible. The AVC calculates actuarial values with copays that accrue to the deductible.

Wakely developed a separate calculation of actuarial values based on readjudication of detailed claim data for nationwide individual ACA claims experience. Wakely's ACA claims experience consists of 4.3 million lives and $14.8 billion in allowed costs. For purpose of this readjudication, Wakely has used a randomized 10% sample of this dataset consisting of approximately 400K lives. The readjudication process analyzes the specific claims for an individual and their family members and accumulates cost sharing for the individual to determine the ultimate total cost sharing paid by individuals and the portion of the claims paid by the issuers for a given plan design. The process is as follows:

1. Wakely developed a SAS model that sequentially runs the detailed claims data for an individual and a family through logic to calculate the respective cost sharing that an individual would owe and the portion of a claim that would be paid by the insurer. This includes accumulation of cost

sharing that accrues to the deductible as well as cost sharing accruing to the overall maximum out of pocket limits for a plan.

2. Wakely set up the cost sharing in the model to reflect the cost sharing structure for the specific plan designs for each of the defined standard plans. These included the Standard Gold, Standard Silver, and Standard Bronze plan designs. We also set up the cost sharing to reflect the three CSR variations of the Standard Silver plan. The cost sharing applied is shown in the specific plan designs found in Appendix C below.
3. The model used for the adjudication was calibrated to reflect Washington average claims cost. The average claims cost used in the calibration were derived from the carrier's filed 2020 URRTs.
4. Two actuarial values were calculated using the readjudication model.
    a. First, actuarial values for each standard plan design were calculated assuming that the copays for services that are not subject to the deductible accrue to the deductible before the deductible is met. In order to do this, the detailed claims were ran through the adjudication model in order to accumulate the total cost sharing paid by the individual and the total paid by the carrier. When accumulating the cost sharing for the individual, the copay was also applied to the accumulating deductible to reflect the methodology followed by the Federal AVC. This means that when the individual had a copay, the accumulating deductible would be the accumulating deductible plus the copay instead of just the accumulating deductible. After running the adjudication, the actuarial value for those claims was calculated by taking the total paid by the carrier divided by the total allowed for all claims that were run through the model.
    b. The model was then revised to reflect the assumption that copays for services that are not subject to the deductible will not accrue to the deductible. This change was made in the algorithm for adjudication in the SAS model. No other changes were made to the model. In contrast to the method described above, the copays under this logic would not accrue to the accumulating deductible cost share for the individual. Thus, the copay and the accruing deductible would be kept separate, similar to the approach for the standard plans. Actuarial values for each standard plan design were calculated using this revised assumption by dividing the total claims paid by the carrier by the total allowed claims.
5. We calculated the adjustment factor for each plan design by dividing the actuarial value calculated assuming that copays do not accrue to the deductible (described in 4b) by the actuarial value calculated assuming that copays do accrue to the deductible (described in 4a). Given that the only difference in the two AV's was from the method in 4a having the copay accrue to the deductible and 4b with the copay not accruing to the deductible, the difference in AV's will give us the impact the differing copay methodologies have on a plan's AV.

6. The factors were then applied to the AV determined by the AVC for each standard plan by multiplying the adjustment factor times the AV determined by the AVC.

The following table shows the actuarial values determined by the AVC, and the adjusted actuarial values that Wakely is certifying after the application of the adjustment factor.

Standard Plan	AV from AVC	Adjusted AV	Adjustment Factor
Standard Gold	81.98%	81.28%	0.9914
Standard Silver	72.06%	71.21%	0.9882
Standard Silver, 73% AV CSR Variation	74.17%	73.34%	0.9888
Standard Silver, 87% AV CSR Variation	87.57%	86.97%	0.9931
Standard Silver, 94% AV CSR Variation	94.67%	94.39%	0.9970
Standard Bronze	64.46%	64.30%	0.9974

Disclosures and Limitations

Responsible Actuary. Aree Bly is the actuary responsible for this communication. Aree is a member of the American Academy of Actuaries and is a Fellow of the Society of Actuaries. She meets the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the use of WAHBE and WAHBE exchange plan issuers. Wakely does not intend to benefit third parties and assumes no duty or liability to those third parties. Any third parties receiving this work should consult their own experts in interpreting the results. This report, when distributed, must be provided in its entirety and include caveats regarding the variability of results and Wakely's reliance on information provided by WAHBE.

Risks and Uncertainties. The assumptions and resulting estimates included in this report are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from any estimates. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

Conflict of Interest. The responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent from WAHBE.

Data and Reliance. Wakely relied on information supplied by WAHBE in this assignment. We have reviewed the data for reasonableness but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Any errors in the data will affect the accuracy of the analysis and the conclusions drawn in this report. When performing financial and actuarial analyses on the current data, assumptions must be made where there is incomplete data. Improvements in data will allow for more accurate analyses and consistent reporting.

Subsequent Events. There are no known relevant events subsequent to the date of information received that would impact the results of this report.

Contents of Actuarial Report. This document and the supporting exhibits constitute the entirety of the actuarial report and supersede any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of our knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations.

Sincerely,

Aree Bly, FSA, MAAA
Senior Consulting Actuary

Appendix A

Adjusted Actuarial Value Certification

Washington Health Benefit Exchange Standard Plan Designs Effective January 1, 2021

I, Aree Bly, am associated with the firm of Wakely Consulting Group, LLC. (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by Washington Health Benefit Exchange (WAHBE) to provide a certification of the adjusted actuarial value of the standard plan designs offered through WAHBE that are effective January 1, 2021. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the adjusted actuarial values provided with this certification are considered actuarially sound for purposes of 45 CFR § 156.135(b), according to the following criteria:

- The final 2021 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of 45 CFR § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in this report. The actuarial values associated with this certification are for the 2021 WAHBE standard plan designs with unique designs that could not be accommodated by the AV Calculator.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

Aree Bly, FSA, MAAA
Senior Consulting Actuary, Wakely Consulting Group
April 8, 2020

Appendix B

Actuarial Value Certification

Unique Plan Design Supporting Documentation and Justification

Applicable Plans: 2021 Standard Gold, Silver Copay Standard CSR Variation, the 73% CSR, the 87% CSR, the 94% CSR and the Bronze non-HSA Standard Option

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator, and the materiality of those benefits): copays applied for services that are not subject to deductible, and copay does not accrue toward deductible:

The AVC accrues any copays applied during the deductible period toward the deductible. The standard plan designs include services that are not subject to the deductible and that include copays. The copays paid during the deductible period do not accrue toward the deductible. We have applied an adjustment to the AV calculated in the AVC after entering the plan parameters that do fit the AVC.

Acceptable alternate method used per 156.135(b) (2) or 156.135(b) (3): Method 156.135(b) (3) was utilized in developing the actuarial values for the plans.

Confirmation that only in-network cost-sharing, including multitier networks, was considered: Only in-network cost-sharing was considered in the development of the actuarial values.

Description of the standardized plan population data used: The standardized plan population data used in the analysis was derived from the Wakely proprietary database of ACA individual and small group experience for 2017.

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:

If the method described in 156.135(b) (3) was used, a description of the data and method used to develop the adjustments: Wakely utilized a proprietary data set reflecting nationwide ACA individual market experience from 2017. We calculated the actuarial value for each standard plan in two benefit situations. The first was calculated allowing the copays paid for services that are not subject to the deductible to also accrue to the deductible before the deductible is met. The second actuarial value was calculated without allowing the copays to accrue to the deductible. For each standard plan, we calculated an adjustment factor equal to the actuarial value without copays

accruing to the deductible divided by the actuarial value with copays accruing to the deductible. This factor was applied to the actuarial value that was calculated by the AV Calculator for each standard plan with benefits input as completely as possible.

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; and
(ii) performed in accordance with generally accepted actuarial principles and methodologies.

Actuary signature:

Actuary Printed Name: Aree Bly, FSA, MAAA

Date: April 8, 2020

If this provides insufficient space to list your justifications, please print out another form and add additional reasons there.

Appendix C

WAHBE 2021 Standard Plan Designs

Individual Market Gold, Silver, and Bronze Plans

Benefits	Standard Gold	Standard Silver	Standard Bronze
Integrated	Yes	Yes	Yes
Deductible ($)	$500	$2,000	$6,000
MOOP ($)	$5,250	$7,800	$8,550
Emergency Room Services	$450	$800	40%
Urgent Care	$35	$60	$100
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	$525*	$800*	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	$15	$25	$50
Specialist Visit	$40	$60	$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	$15	$25	$50
Advanced Imaging (CT/PET Scans, MRIs)	$300	30%	40%
Speech Therapy	$25	$35	40%
Occupational and Physical Therapy	$25	$35	40%
Preventive Care/Screening/Immunization	$0	$0	$0
Laboratory Outpatient and Professional Services	$20	$35	40%
X-rays and Diagnostic Imaging	$30	$60	40%
Skilled Nursing Facility	$350 **	$800 **	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$350	$600	40%
Outpatient Surgery Physician/Surgical Services	$75	$200	40%
Generics	$10	$20	$32
Preferred Brand Drugs	$60	$70	40%
Non-Preferred Brand Drugs	$100	$250	40%
Specialty Drugs (i.e. high-cost)	$100	$250	40%
Ambulance	$375	$375	40%
Routine Eye Exam for Children	$0	$0	$0
All Other Benefits	20%	30%	40%
Federal AV from AVC	**81.98%**	**72.06%**	**64.46%**
Adjusted AV	**81.28%**	**71.21%**	**64.30%**

* Per day copay, limit of 5 copays per stay

** Per day copay

Shaded items are not subject to deductible.

Individual Market Silver Plan and CSR Variations

Benefits	Standard Silver	Standard Silver 73% AV	Standard Silver 87% AV	Standard Silver 94% AV
Integrated	Yes	Yes	Yes	Yes
Deductible ($)	$2,000	$2,000	$750	$150
MOOP ($)	$7,800	$6,500	$2,250	$800
Emergency Room Services	$800	$750	$425	$150
Urgent Care	$60	$60	$30	$15
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	$800*	$750*	$425*	$100*
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	$25	$20	$10	$3
Specialist Visit	$60	$60	$30	$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	$25	$20	$10	$3
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	20%	15%
Speech Therapy	$35	$35	$20	$5
Occupational and Physical Therapy	$35	$35	$20	$5
Preventive Care/Screening/Immunization	$0	$0	$0	$0
Laboratory Outpatient and Professional Services	$35	$35	$20	$5
X-rays and Diagnostic Imaging	$60	$60	$40	$15
Skilled Nursing Facility	$800 **	$750 **	$425 **	$100 **
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$600	$600	$325	$100
Outpatient Surgery Physician/Surgical Services	$200	$175	$120	$25
Generics	$20	$18	$12	$3
Preferred Brand Drugs	$70	$70	$35	$12
Non-Preferred Brand Drugs	$250	$200	$160	$35
Specialty Drugs (i.e. high-cost)	$250	$200	$160	$35
Ambulance	$375	$325	$175	$75
Routine Eye Exam for Children	$0	$0	$0	$0
All Other Benefits	30%	30%	20%	15%
Federal AV	**72.06%**	**74.17%**	**87.57%**	**94.67%**
Adjusted AV	**71.21%**	**73.34%**	**86.97%**	**94.39%**

* Per day copay, limit of 5 copays per stay

** Per day copay

Shaded items are not subject to deductible.

Appendix D

WAHBE 2020 AVC Screenshots (Unadjusted)

(Begins on next page)

Individual Market Standard Gold Plan

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)			$500.00
Coinsurance (%, Insurer's Cost Share)			80.00%
MOOP ($)			$5,250.00
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$450.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐		$525.00	☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$15.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$300.00	☐	☐			☑	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$20.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$350.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$350.00	☐	☐			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$75.00	☐	☐			☑	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

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):	5	
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:

Name: Standard Gold

Plan HIOS ID:

Issuer HIOS ID:

2021_1j

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.98%
Metal Tier:	Gold
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	1.8105 seconds

Final 2021 AV Calculator

Individual Market Standard Silver Plan

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			
Coinsurance (%, Insurer's Cost Share)			70.00%			
MOOP ($)			$7,800.00			
MOOP if Separate ($)						

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	☑	☐		$800.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$800.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$25.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$35.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$35.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$35.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$800.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$600.00	☐	☐			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$200.00	☐	☐			☑	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$20.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$70.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☑	☐		$250.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$250.00	☐	☐			☑	☐

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):	5	
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:

Name: Standard Silver

Plan HIOS ID:

Issuer HIOS ID:

2021_1j

Output

Calculate

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

Actuarial Value: 72.06%

Metal Tier:

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

Additional Notes:

Calculation Time: 4.9609 seconds

Final 2021 AV Calculator

Individual Market Standard Silver, CSR 73% Plan

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			
Coinsurance (%, Insurer's Cost Share)			70.00%			
MOOP ($)			$6,500.00			
MOOP if Separate ($)						

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	☑	☐		$750.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$750.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$35.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$35.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$35.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$750.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$600.00	☐	☐			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$175.00	☐	☐			☑	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$18.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$70.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☑	☐		$200.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$200.00	☐	☐			☑	☐

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):	5	
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:

Name: Standard Silver 73% AV

Plan HIOS ID:

Issuer HIOS ID:

2021_1j

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Actuarial Value: 74.17%

Metal Tier:

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

Calculation Time: 2.7852 seconds

Final 2021 AV Calculator

Individual Market Standard Silver, CSR 87% Plan

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)			$750.00
Coinsurance (%, Insurer's Cost Share)			80.00%
MOOP ($)			$2,250.00
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined

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	☑	☐		$425.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$425.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$10.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$20.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$40.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$425.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$325.00	☐	☐			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$120.00	☐	☐			☑	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$12.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$35.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$160.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$160.00	☐	☐			☐	☐

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):		5
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:

Name: Standard Silver 87% AV

Plan HIOS ID:

Issuer HIOS ID:

2021_1j

Output

Calculate

Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value:	87.57%
Metal Tier:	Gold
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	2.9629 seconds

Final 2021 AV Calculator

Individual Market Standard Silver, CSR 94% Plan

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$150.00			
Coinsurance (%, Insurer's Cost Share)			85.00%			
MOOP ($)			$800.00			
MOOP if Separate ($)						

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	☐	☐		$150.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$100.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$3.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$15.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$3.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$5.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$5.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$15.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$100.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$100.00	☐	☐			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$25.00	☐	☐			☑	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$3.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$12.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$35.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$35.00	☐	☐			☐	☐

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):	5
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:

Name: Standard Silver 94% AV
Plan HIOS ID:
Issuer HIOS ID:
2021_1j

Output

Calculate

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	94.67%
Metal Tier:	Platinum
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	2.7305 seconds

Final 2021 AV Calculator

Individual Market Standard Bronze Plan

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:	$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,000.00			
Coinsurance (%, Insurer's Cost Share)			60.00%			
MOOP ($)			$8,550.00			
MOOP if Separate ($)						

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	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$100.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☑	☑			☐	☐			☐	☐
Occupational and Physical Therapy	☑	☑			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$32.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☑			☐	☐			☐	☐
Non-Preferred Brand Drugs	☑	☑	60%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑	60%		☐	☐			☐	☐

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:

Name: Standard Bronze

Plan HIOS ID:

Issuer HIOS ID:

2021_1j

Output

Calculate

Status/Error Messages:	Expanded Bronze Standard (56% to 65%), Calculation Successful.
Actuarial Value:	64.46%
Metal Tier:	Bronze
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0742 seconds

Final 2021 AV Calculator