

**State:** New York **Filing Company:** Oxford Health Insurance, Inc.  
**TOI/Sub-TOI:** H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only  
**Product Name:** 2015 OHI SG OFFX Plans  
**Project Name/Number:** 2015 OHI SG OFFX Plans/

## Filing at a Glance

Company: Oxford Health Insurance, Inc.  
Product Name: 2015 OHI SG OFFX Plans  
State: New York  
TOI: H15G Group Health - Hospital/Surgical/Medical Expense  
Sub-TOI: H15G.003 Small Group Only  
Filing Type: Prior Approval Off Exchange Form & Rate Filing  
Date Submitted: 06/13/2014  
SERFF Tr Num: UHLC-129581296  
SERFF Status: Assigned  
State Tr Num: 2014060232  
State Status:  
Co Tr Num:  
  
Implementation: 01/01/2015  
Date Requested:  
Author(s):   
Reviewer(s):   
Disposition Date:  
Disposition Status:  
Implementation Date:  
  
State Filing Description:

State: New York Filing Company: Oxford Health Insurance, Inc.  
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### General Information

Project Name: 2015 OHI SG OFFX Plans Status of Filing in Domicile: Not Filed  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small  
 Group Market Type: Employer Overall Rate Impact:  
 Filing Status Changed: 06/16/2014  
 State Status Changed: Deemer Date:  
 Created By: [REDACTED] Submitted By: [REDACTED]  
 Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:  
 2015 OHI SG Off Exchange Plans

### Company and Contact

#### Filing Contact Information

[REDACTED] [REDACTED]  
 [REDACTED] [REDACTED]  
 [REDACTED] [REDACTED]

#### Filing Company Information

Oxford Health Insurance, Inc.	CoCode: 78026	State of Domicile: New York
One Penn Plaza FL 8	Group Code:	Company Type: Insurance
New York, NY 10119	Group Name:	State ID Number: 78026
(203) 459-6000 ext. [Phone]	FEIN Number: 22-2797560	

### Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): Yes - OHI SG OFFX Form Filing, 6/13/14, SERFF Tr Num: UHLC-129590384
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains

**State:** New York **Filing Company:** Oxford Health Insurance, Inc.  
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an application, advertisement, administrative form, or is a group prefilling notification, out-of-state, or a report filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only

5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Yes - Prior Approval Rate Adjustment

6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No

7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No

8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No

9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No

10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary, a draft initial notification letter, and a draft numerical summary associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes - State Tr Num: 2014060100, SERFF Tr Num: UHLC-129574728

SERFF Tracking #:

UHLC-129581296

State Tracking #:

2014060232

Company Tracking #:

State:

New York

Filing Company:

Oxford Health Insurance, Inc.

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2015 OHI SG OFFX Plans

Project Name/Number:

2015 OHI SG OFFX Plans/

## Rate Information

Rate data applies to filing.

Filing Method:

Prior Approval

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

01/01/2014

Filing Method of Last Filing:

Prior Approval

## 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):
Oxford Health Insurance, Inc.	Increase	11.340%	11.340%	\$314,625,193	448,970	\$3,092,347,926	12.410%	4.800%

**SERFF Tracking #:**

UHLC-129581296

**State Tracking #:**

2014060232

**Company Tracking #:****State:**

New York

**Filing Company:**

Oxford Health Insurance, Inc.

**TOI/Sub-TOI:**

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

**Product Name:**

2015 OHI SG OFFX Plans

**Project Name/Number:**

2015 OHI SG OFFX Plans/

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2015 SG OHI Off-Exch Rate Manual		New		2015 SG OHI Off-Exch Rate Manual.pdf,
2		Underwriting Guidelines		New		Oxford New York Small Group (1-50) Underwriting Requirements final.pdf,

Oxford Health Insurance, Inc.

New York Small Group

Off-Exchange

Form # OHINY\_SG\_COC\_2014

Rate Manual

Rates Effective January 1, 2015

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014

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Oxford Health Insurance, Inc.  
 New York Small Group  
 Off-Exchange  
 Form # OHINY\_SG\_COC\_2014

Area Factors

Area Factor is "n/a" for counties outside the service area.

County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor
Albany	1	n/a	Delaware	3	n/a	Broome	6	n/a
Columbia	1	n/a	Dutchess	3	1.000	Cayuga	6	n/a
Fulton	1	n/a	Orange	3	1.000	Chemung	6	n/a
Greene	1	n/a	Putnam	3	1.000	Cortland	6	n/a
Montgomery	1	n/a	Sullivan	3	1.000	Onondaga	6	n/a
Rensselaer	1	n/a	Ulster	3	1.000	Schuyler	6	n/a
Saratoga	1	n/a	Bronx	4	1.000	Steuben	6	n/a
Schenectady	1	n/a	Kings	4	1.000	Tioga	6	n/a
Schoharie	1	n/a	New York	4	1.000	Tompkins	6	n/a
Warren	1	n/a	Queens	4	1.000	Chenango	7	n/a
Washington	1	n/a	Richmond	4	1.000	Clinton	7	n/a
Allegany	2	n/a	Rockland	4	1.000	Essex	7	n/a
Cattaraugus	2	n/a	Westchester	4	1.000	Franklin	7	n/a
Chautauqua	2	n/a	Livingston	5	n/a	Hamilton	7	n/a
Erie	2	n/a	Monroe	5	n/a	Herkimer	7	n/a
Genesee	2	n/a	Ontario	5	n/a	Jefferson	7	n/a
Niagara	2	n/a	Seneca	5	n/a	Lewis	7	n/a
Orleans	2	n/a	Wayne	5	n/a	Madison	7	n/a
Wyoming	2	n/a	Yates	5	n/a	Oneida	7	n/a
						Oswego	7	n/a
						Otsego	7	n/a
						St. Lawrence	7	n/a
						Nassau	8	1.000
						Suffolk	8	1.000

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Base Medical and Prescription Drug Rates - 2015 Q1  
All Counties in the Service Area have identical rates.

Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
Bronze	EPO HSA \$3500 40/75 L Non-Gated OHI	\$ 515.66	\$ 876.62	\$ 1,031.32	\$ 1,469.63
Bronze	EPO HSA \$3750 40/75 G Gated OHI	\$ 448.02	\$ 761.63	\$ 896.04	\$ 1,276.86
Bronze	EPO HSA \$5000 F Non-Gated OHI	\$ 503.44	\$ 855.85	\$ 1,006.88	\$ 1,434.80
Bronze	EPO HSA \$5000 G Gated OHI	\$ 430.94	\$ 732.60	\$ 861.88	\$ 1,228.18
Bronze	EPO HSA \$5000 L Non-Gated OHI	\$ 491.31	\$ 835.23	\$ 982.62	\$ 1,400.23
Bronze	PPO HSA \$3750 L Non-Gated OHI	\$ 566.91	\$ 963.75	\$ 1,133.82	\$ 1,615.69
Bronze	Prim Adv EPO \$4000 G Gated OHI	\$ 468.77	\$ 796.91	\$ 937.54	\$ 1,335.99
Bronze	Standard EPO \$3000 L Gated OHI	\$ 516.90	\$ 878.73	\$ 1,033.80	\$ 1,473.17
Silver	EPO 25/50 G Gated OHI	\$ 576.86	\$ 980.66	\$ 1,153.72	\$ 1,644.05
Silver	EPO 25/50 L Gated OHI	\$ 637.22	\$ 1,083.27	\$ 1,274.44	\$ 1,816.08
Silver	EPO 40/70 F Non-Gated OHI	\$ 671.13	\$ 1,140.92	\$ 1,342.26	\$ 1,912.72
Silver	EPO 40/70 L Non-Gated OHI	\$ 654.92	\$ 1,113.36	\$ 1,309.84	\$ 1,866.52
Silver	EPO HSA \$2000 25/50 F Non-Gated OHI	\$ 627.23	\$ 1,066.29	\$ 1,254.46	\$ 1,787.61
Silver	EPO HSA \$2000 25/50 L Non-Gated OHI	\$ 612.09	\$ 1,040.55	\$ 1,224.18	\$ 1,744.46
Silver	EPO HSA \$2000 35/50 G Gated OHI	\$ 539.14	\$ 916.54	\$ 1,078.28	\$ 1,536.55
Silver	EPO HSA \$2000 F Non-Gated OHI	\$ 616.36	\$ 1,047.81	\$ 1,232.72	\$ 1,756.63
Silver	EPO HSA \$2000 L Non-Gated OHI	\$ 601.48	\$ 1,022.52	\$ 1,202.96	\$ 1,714.22
Silver	PPO 40/70 F Non-Gated OHI	\$ 733.89	\$ 1,247.61	\$ 1,467.78	\$ 2,091.59
Silver	PPO 40/70 L Non-Gated OHI	\$ 717.68	\$ 1,220.06	\$ 1,435.36	\$ 2,045.39
Silver	PPO HSA \$2000 30/60 F Non-Gated OHI	\$ 688.68	\$ 1,170.76	\$ 1,377.36	\$ 1,962.74
Silver	Prim Adv EPO \$1500 G Gated OHI	\$ 553.68	\$ 941.26	\$ 1,107.36	\$ 1,577.99
Silver	Prim Adv EPO \$1500 L Non-Gated OHI	\$ 645.45	\$ 1,097.27	\$ 1,290.90	\$ 1,839.53
Silver	Standard EPO 30/50 L Gated OHI	\$ 623.24	\$ 1,059.51	\$ 1,246.48	\$ 1,776.23
Silver	Standard PPO 30/50 L Gated OHI	\$ 691.92	\$ 1,176.26	\$ 1,383.84	\$ 1,971.97
Gold	EPO \$1000 30/60 G Gated OHI	\$ 664.92	\$ 1,130.36	\$ 1,329.84	\$ 1,895.02
Gold	EPO \$1200 30/60 G Gated OHI	\$ 633.53	\$ 1,077.00	\$ 1,267.06	\$ 1,805.56
Gold	EPO \$50 F Non-Gated OHI	\$ 779.66	\$ 1,325.42	\$ 1,559.32	\$ 2,222.03
Gold	EPO \$50 L Non-Gated OHI	\$ 760.80	\$ 1,293.36	\$ 1,521.60	\$ 2,168.28
Gold	EPO 15/25 F Non-Gated OHI	\$ 793.83	\$ 1,349.51	\$ 1,587.66	\$ 2,262.42
Gold	EPO 15/25 L Non-Gated OHI	\$ 774.64	\$ 1,316.89	\$ 1,549.28	\$ 2,207.72
Gold	EPO 20/40 F Non-Gated OHI	\$ 774.14	\$ 1,316.04	\$ 1,548.28	\$ 2,206.30
Gold	EPO 20/40 L Non-Gated OHI	\$ 755.42	\$ 1,284.21	\$ 1,510.84	\$ 2,152.95
Gold	EPO 30/60 L Gated OHI	\$ 735.11	\$ 1,249.69	\$ 1,470.22	\$ 2,095.06
Gold	EPO HSA \$1500 F Non-Gated OHI	\$ 754.11	\$ 1,281.99	\$ 1,508.22	\$ 2,149.21
Gold	EPO HSA \$1500 L Non-Gated OHI	\$ 735.88	\$ 1,251.00	\$ 1,471.76	\$ 2,097.26
Gold	PPO 25/40 F Non-Gated OHI	\$ 839.64	\$ 1,427.39	\$ 1,679.28	\$ 2,392.97
Gold	PPO HSA \$1500 F Non-Gated OHI	\$ 818.40	\$ 1,391.28	\$ 1,636.80	\$ 2,332.44
Gold	Prim Adv EPO \$500 L Non-Gated OHI	\$ 742.15	\$ 1,261.66	\$ 1,484.30	\$ 2,115.13
Gold	Standard EPO 25/40 L Gated OHI	\$ 736.77	\$ 1,252.51	\$ 1,473.54	\$ 2,099.79
Platinum	EPO 10/20 F Non-Gated OHI	\$ 925.92	\$ 1,574.06	\$ 1,851.84	\$ 2,638.87
Platinum	EPO 10/20 L Non-Gated OHI	\$ 903.51	\$ 1,535.97	\$ 1,807.02	\$ 2,575.00
Platinum	EPO 20/30 F Non-Gated OHI	\$ 908.19	\$ 1,543.92	\$ 1,816.38	\$ 2,588.34
Platinum	PPO 10/20 F Non-Gated OHI	\$ 1,003.58	\$ 1,706.09	\$ 2,007.16	\$ 2,860.20
Platinum	PPO 20/30 F Non-Gated OHI	\$ 980.18	\$ 1,666.31	\$ 1,960.36	\$ 2,793.51
Platinum	Standard EPO 15/35 L Gated OHI	\$ 869.63	\$ 1,478.37	\$ 1,739.26	\$ 2,478.45
Platinum	Standard PPO 15/35 L Gated OHI	\$ 942.43	\$ 1,602.13	\$ 1,884.86	\$ 2,685.93

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Base Medical and Prescription Drug Rates - 2015 Q2  
All Counties in the Service Area have identical rates.

Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
Bronze	EPO HSA \$3500 40/75 L Non-Gated OHI	\$ 529.23	\$ 899.69	\$ 1,058.46	\$ 1,508.31
Bronze	EPO HSA \$3750 40/75 G Gated OHI	\$ 459.81	\$ 781.68	\$ 919.62	\$ 1,310.46
Bronze	EPO HSA \$5000 F Non-Gated OHI	\$ 516.69	\$ 878.37	\$ 1,033.38	\$ 1,472.57
Bronze	EPO HSA \$5000 G Gated OHI	\$ 442.28	\$ 751.88	\$ 884.56	\$ 1,260.50
Bronze	EPO HSA \$5000 L Non-Gated OHI	\$ 504.24	\$ 857.21	\$ 1,008.48	\$ 1,437.08
Bronze	PPO HSA \$3750 L Non-Gated OHI	\$ 581.83	\$ 989.11	\$ 1,163.66	\$ 1,658.22
Bronze	Prim Adv EPO \$4000 G Gated OHI	\$ 481.11	\$ 817.89	\$ 962.22	\$ 1,371.16
Bronze	Standard EPO \$3000 L Gated OHI	\$ 530.50	\$ 901.85	\$ 1,061.00	\$ 1,511.93
Silver	EPO 25/50 G Gated OHI	\$ 592.04	\$ 1,006.47	\$ 1,184.08	\$ 1,687.31
Silver	EPO 25/50 L Gated OHI	\$ 653.99	\$ 1,111.78	\$ 1,307.98	\$ 1,863.87
Silver	EPO 40/70 F Non-Gated OHI	\$ 688.79	\$ 1,170.94	\$ 1,377.58	\$ 1,963.05
Silver	EPO 40/70 L Non-Gated OHI	\$ 672.15	\$ 1,142.66	\$ 1,344.30	\$ 1,915.63
Silver	EPO HSA \$2000 25/50 F Non-Gated OHI	\$ 643.74	\$ 1,094.36	\$ 1,287.48	\$ 1,834.66
Silver	EPO HSA \$2000 25/50 L Non-Gated OHI	\$ 628.20	\$ 1,067.94	\$ 1,256.40	\$ 1,790.37
Silver	EPO HSA \$2000 35/50 G Gated OHI	\$ 553.33	\$ 940.66	\$ 1,106.66	\$ 1,576.99
Silver	EPO HSA \$2000 F Non-Gated OHI	\$ 632.58	\$ 1,075.39	\$ 1,265.16	\$ 1,802.85
Silver	EPO HSA \$2000 L Non-Gated OHI	\$ 617.31	\$ 1,049.43	\$ 1,234.62	\$ 1,759.33
Silver	PPO 40/70 F Non-Gated OHI	\$ 753.20	\$ 1,280.44	\$ 1,506.40	\$ 2,146.62
Silver	PPO 40/70 L Non-Gated OHI	\$ 736.57	\$ 1,252.17	\$ 1,473.14	\$ 2,099.22
Silver	PPO HSA \$2000 30/60 F Non-Gated OHI	\$ 706.80	\$ 1,201.56	\$ 1,413.60	\$ 2,014.38
Silver	Prim Adv EPO \$1500 G Gated OHI	\$ 568.25	\$ 966.03	\$ 1,136.50	\$ 1,619.51
Silver	Prim Adv EPO \$1500 L Non-Gated OHI	\$ 662.44	\$ 1,126.15	\$ 1,324.88	\$ 1,887.95
Silver	Standard EPO 30/50 L Gated OHI	\$ 639.64	\$ 1,087.39	\$ 1,279.28	\$ 1,822.97
Silver	Standard PPO 30/50 L Gated OHI	\$ 710.13	\$ 1,207.22	\$ 1,420.26	\$ 2,023.87
Gold	EPO \$1000 30/60 G Gated OHI	\$ 682.42	\$ 1,160.11	\$ 1,364.84	\$ 1,944.90
Gold	EPO \$1200 30/60 G Gated OHI	\$ 650.20	\$ 1,105.34	\$ 1,300.40	\$ 1,853.07
Gold	EPO \$50 F Non-Gated OHI	\$ 800.18	\$ 1,360.31	\$ 1,600.36	\$ 2,280.51
Gold	EPO \$50 L Non-Gated OHI	\$ 780.82	\$ 1,327.39	\$ 1,561.64	\$ 2,225.34
Gold	EPO 15/25 F Non-Gated OHI	\$ 814.72	\$ 1,385.02	\$ 1,629.44	\$ 2,321.95
Gold	EPO 15/25 L Non-Gated OHI	\$ 795.03	\$ 1,351.55	\$ 1,590.06	\$ 2,265.84
Gold	EPO 20/40 F Non-Gated OHI	\$ 794.51	\$ 1,350.67	\$ 1,589.02	\$ 2,264.35
Gold	EPO 20/40 L Non-Gated OHI	\$ 775.30	\$ 1,318.01	\$ 1,550.60	\$ 2,209.61
Gold	EPO 30/60 L Gated OHI	\$ 754.46	\$ 1,282.58	\$ 1,508.92	\$ 2,150.21
Gold	EPO HSA \$1500 F Non-Gated OHI	\$ 773.96	\$ 1,315.73	\$ 1,547.92	\$ 2,205.79
Gold	EPO HSA \$1500 L Non-Gated OHI	\$ 755.25	\$ 1,283.93	\$ 1,510.50	\$ 2,152.46
Gold	PPO 25/40 F Non-Gated OHI	\$ 861.74	\$ 1,464.96	\$ 1,723.48	\$ 2,455.96
Gold	PPO HSA \$1500 F Non-Gated OHI	\$ 839.94	\$ 1,427.90	\$ 1,679.88	\$ 2,393.83
Gold	Prim Adv EPO \$500 L Non-Gated OHI	\$ 761.68	\$ 1,294.86	\$ 1,523.36	\$ 2,170.79
Gold	Standard EPO 25/40 L Gated OHI	\$ 756.16	\$ 1,285.47	\$ 1,512.32	\$ 2,155.06
Platinum	EPO 10/20 F Non-Gated OHI	\$ 950.29	\$ 1,615.49	\$ 1,900.58	\$ 2,708.33
Platinum	EPO 10/20 L Non-Gated OHI	\$ 927.29	\$ 1,576.39	\$ 1,854.58	\$ 2,642.78
Platinum	EPO 20/30 F Non-Gated OHI	\$ 932.09	\$ 1,584.55	\$ 1,864.18	\$ 2,656.46
Platinum	PPO 10/20 F Non-Gated OHI	\$ 1,029.99	\$ 1,750.98	\$ 2,059.98	\$ 2,935.47
Platinum	PPO 20/30 F Non-Gated OHI	\$ 1,005.97	\$ 1,710.15	\$ 2,011.94	\$ 2,867.01
Platinum	Standard EPO 15/35 L Gated OHI	\$ 892.52	\$ 1,517.28	\$ 1,785.04	\$ 2,543.68
Platinum	Standard PPO 15/35 L Gated OHI	\$ 967.23	\$ 1,644.29	\$ 1,934.46	\$ 2,756.61

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Base Medical and Prescription Drug Rates - 2015 Q3  
All Counties in the Service Area have identical rates.

Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
Bronze	EPO HSA \$3500 40/75 L Non-Gated OHI	\$ 543.16	\$ 923.37	\$ 1,086.32	\$ 1,548.01
Bronze	EPO HSA \$3750 40/75 G Gated OHI	\$ 471.91	\$ 802.25	\$ 943.82	\$ 1,344.94
Bronze	EPO HSA \$5000 F Non-Gated OHI	\$ 530.29	\$ 901.49	\$ 1,060.58	\$ 1,511.33
Bronze	EPO HSA \$5000 G Gated OHI	\$ 453.92	\$ 771.66	\$ 907.84	\$ 1,293.67
Bronze	EPO HSA \$5000 L Non-Gated OHI	\$ 517.51	\$ 879.77	\$ 1,035.02	\$ 1,474.90
Bronze	PPO HSA \$3750 L Non-Gated OHI	\$ 597.14	\$ 1,015.14	\$ 1,194.28	\$ 1,701.85
Bronze	Prim Adv EPO \$4000 G Gated OHI	\$ 493.77	\$ 839.41	\$ 987.54	\$ 1,407.24
Bronze	Standard EPO \$3000 L Gated OHI	\$ 544.46	\$ 925.58	\$ 1,088.92	\$ 1,551.71
Silver	EPO 25/50 G Gated OHI	\$ 607.62	\$ 1,032.95	\$ 1,215.24	\$ 1,731.72
Silver	EPO 25/50 L Gated OHI	\$ 671.20	\$ 1,141.04	\$ 1,342.40	\$ 1,912.92
Silver	EPO 40/70 F Non-Gated OHI	\$ 706.92	\$ 1,201.76	\$ 1,413.84	\$ 2,014.72
Silver	EPO 40/70 L Non-Gated OHI	\$ 689.84	\$ 1,172.73	\$ 1,379.68	\$ 1,966.04
Silver	EPO HSA \$2000 25/50 F Non-Gated OHI	\$ 660.68	\$ 1,123.16	\$ 1,321.36	\$ 1,882.94
Silver	EPO HSA \$2000 25/50 L Non-Gated OHI	\$ 644.73	\$ 1,096.04	\$ 1,289.46	\$ 1,837.48
Silver	EPO HSA \$2000 35/50 G Gated OHI	\$ 567.89	\$ 965.41	\$ 1,135.78	\$ 1,618.49
Silver	EPO HSA \$2000 F Non-Gated OHI	\$ 649.23	\$ 1,103.69	\$ 1,298.46	\$ 1,850.31
Silver	EPO HSA \$2000 L Non-Gated OHI	\$ 633.56	\$ 1,077.05	\$ 1,267.12	\$ 1,805.65
Silver	PPO 40/70 F Non-Gated OHI	\$ 773.02	\$ 1,314.13	\$ 1,546.04	\$ 2,203.11
Silver	PPO 40/70 L Non-Gated OHI	\$ 755.95	\$ 1,285.12	\$ 1,511.90	\$ 2,154.46
Silver	PPO HSA \$2000 30/60 F Non-Gated OHI	\$ 725.40	\$ 1,233.18	\$ 1,450.80	\$ 2,067.39
Silver	Prim Adv EPO \$1500 G Gated OHI	\$ 583.20	\$ 991.44	\$ 1,166.40	\$ 1,662.12
Silver	Prim Adv EPO \$1500 L Non-Gated OHI	\$ 679.87	\$ 1,155.78	\$ 1,359.74	\$ 1,937.63
Silver	Standard EPO 30/50 L Gated OHI	\$ 656.47	\$ 1,116.00	\$ 1,312.94	\$ 1,870.94
Silver	Standard PPO 30/50 L Gated OHI	\$ 728.82	\$ 1,238.99	\$ 1,457.64	\$ 2,077.14
Gold	EPO \$1000 30/60 G Gated OHI	\$ 700.38	\$ 1,190.65	\$ 1,400.76	\$ 1,996.08
Gold	EPO \$1200 30/60 G Gated OHI	\$ 667.31	\$ 1,134.43	\$ 1,334.62	\$ 1,901.83
Gold	EPO \$50 F Non-Gated OHI	\$ 821.24	\$ 1,396.11	\$ 1,642.48	\$ 2,340.53
Gold	EPO \$50 L Non-Gated OHI	\$ 801.37	\$ 1,362.33	\$ 1,602.74	\$ 2,283.90
Gold	EPO 15/25 F Non-Gated OHI	\$ 836.16	\$ 1,421.47	\$ 1,672.32	\$ 2,383.06
Gold	EPO 15/25 L Non-Gated OHI	\$ 815.95	\$ 1,387.12	\$ 1,631.90	\$ 2,325.46
Gold	EPO 20/40 F Non-Gated OHI	\$ 815.42	\$ 1,386.21	\$ 1,630.84	\$ 2,323.95
Gold	EPO 20/40 L Non-Gated OHI	\$ 795.70	\$ 1,352.69	\$ 1,591.40	\$ 2,267.75
Gold	EPO 30/60 L Gated OHI	\$ 774.31	\$ 1,316.33	\$ 1,548.62	\$ 2,206.78
Gold	EPO HSA \$1500 F Non-Gated OHI	\$ 794.33	\$ 1,350.36	\$ 1,588.66	\$ 2,263.84
Gold	EPO HSA \$1500 L Non-Gated OHI	\$ 775.13	\$ 1,317.72	\$ 1,550.26	\$ 2,209.12
Gold	PPO 25/40 F Non-Gated OHI	\$ 884.42	\$ 1,503.51	\$ 1,768.84	\$ 2,520.60
Gold	PPO HSA \$1500 F Non-Gated OHI	\$ 862.04	\$ 1,465.47	\$ 1,724.08	\$ 2,456.81
Gold	Prim Adv EPO \$500 L Non-Gated OHI	\$ 781.72	\$ 1,328.92	\$ 1,563.44	\$ 2,227.90
Gold	Standard EPO 25/40 L Gated OHI	\$ 776.06	\$ 1,319.30	\$ 1,552.12	\$ 2,211.77
Platinum	EPO 10/20 F Non-Gated OHI	\$ 975.30	\$ 1,658.01	\$ 1,950.60	\$ 2,779.61
Platinum	EPO 10/20 L Non-Gated OHI	\$ 951.69	\$ 1,617.87	\$ 1,903.38	\$ 2,712.32
Platinum	EPO 20/30 F Non-Gated OHI	\$ 956.62	\$ 1,626.25	\$ 1,913.24	\$ 2,726.37
Platinum	PPO 10/20 F Non-Gated OHI	\$ 1,057.10	\$ 1,797.07	\$ 2,114.20	\$ 3,012.74
Platinum	PPO 20/30 F Non-Gated OHI	\$ 1,032.44	\$ 1,755.15	\$ 2,064.88	\$ 2,942.45
Platinum	Standard EPO 15/35 L Gated OHI	\$ 916.01	\$ 1,557.22	\$ 1,832.02	\$ 2,610.63
Platinum	Standard PPO 15/35 L Gated OHI	\$ 992.68	\$ 1,687.56	\$ 1,985.36	\$ 2,829.14

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Base Medical and Prescription Drug Rates - 2015 Q4  
All Counties in the Service Area have identical rates.

Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
Bronze	EPO HSA \$3500 40/75 L Non-Gated OHI	\$ 557.45	\$ 947.67	\$ 1,114.90	\$ 1,588.73
Bronze	EPO HSA \$3750 40/75 G Gated OHI	\$ 484.33	\$ 823.36	\$ 968.66	\$ 1,380.34
Bronze	EPO HSA \$5000 F Non-Gated OHI	\$ 544.25	\$ 925.23	\$ 1,088.50	\$ 1,551.11
Bronze	EPO HSA \$5000 G Gated OHI	\$ 465.87	\$ 791.98	\$ 931.74	\$ 1,327.73
Bronze	EPO HSA \$5000 L Non-Gated OHI	\$ 531.13	\$ 902.92	\$ 1,062.26	\$ 1,513.72
Bronze	PPO HSA \$3750 L Non-Gated OHI	\$ 612.85	\$ 1,041.85	\$ 1,225.70	\$ 1,746.62
Bronze	Prim Adv EPO \$4000 G Gated OHI	\$ 506.76	\$ 861.49	\$ 1,013.52	\$ 1,444.27
Bronze	Standard EPO \$3000 L Gated OHI	\$ 558.79	\$ 949.94	\$ 1,117.58	\$ 1,592.55
Silver	EPO 25/50 G Gated OHI	\$ 623.61	\$ 1,060.14	\$ 1,247.22	\$ 1,777.29
Silver	EPO 25/50 L Gated OHI	\$ 688.86	\$ 1,171.06	\$ 1,377.72	\$ 1,963.25
Silver	EPO 40/70 F Non-Gated OHI	\$ 725.52	\$ 1,233.38	\$ 1,451.04	\$ 2,067.73
Silver	EPO 40/70 L Non-Gated OHI	\$ 707.99	\$ 1,203.58	\$ 1,415.98	\$ 2,017.77
Silver	EPO HSA \$2000 25/50 F Non-Gated OHI	\$ 678.07	\$ 1,152.72	\$ 1,356.14	\$ 1,932.50
Silver	EPO HSA \$2000 25/50 L Non-Gated OHI	\$ 661.70	\$ 1,124.89	\$ 1,323.40	\$ 1,885.85
Silver	EPO HSA \$2000 35/50 G Gated OHI	\$ 582.83	\$ 990.81	\$ 1,165.66	\$ 1,661.07
Silver	EPO HSA \$2000 F Non-Gated OHI	\$ 666.32	\$ 1,132.74	\$ 1,332.64	\$ 1,899.01
Silver	EPO HSA \$2000 L Non-Gated OHI	\$ 650.23	\$ 1,105.39	\$ 1,300.46	\$ 1,853.16
Silver	PPO 40/70 F Non-Gated OHI	\$ 793.36	\$ 1,348.71	\$ 1,586.72	\$ 2,261.08
Silver	PPO 40/70 L Non-Gated OHI	\$ 775.84	\$ 1,318.93	\$ 1,551.68	\$ 2,211.14
Silver	PPO HSA \$2000 30/60 F Non-Gated OHI	\$ 744.49	\$ 1,265.63	\$ 1,488.98	\$ 2,121.80
Silver	Prim Adv EPO \$1500 G Gated OHI	\$ 598.55	\$ 1,017.54	\$ 1,197.10	\$ 1,705.87
Silver	Prim Adv EPO \$1500 L Non-Gated OHI	\$ 697.76	\$ 1,186.19	\$ 1,395.52	\$ 1,988.62
Silver	Standard EPO 30/50 L Gated OHI	\$ 673.75	\$ 1,145.38	\$ 1,347.50	\$ 1,920.19
Silver	Standard PPO 30/50 L Gated OHI	\$ 748.00	\$ 1,271.60	\$ 1,496.00	\$ 2,131.80
Gold	EPO \$1000 30/60 G Gated OHI	\$ 718.81	\$ 1,221.98	\$ 1,437.62	\$ 2,048.61
Gold	EPO \$1200 30/60 G Gated OHI	\$ 684.87	\$ 1,164.28	\$ 1,369.74	\$ 1,951.88
Gold	EPO \$50 F Non-Gated OHI	\$ 842.85	\$ 1,432.85	\$ 1,685.70	\$ 2,402.12
Gold	EPO \$50 L Non-Gated OHI	\$ 822.46	\$ 1,398.18	\$ 1,644.92	\$ 2,344.01
Gold	EPO 15/25 F Non-Gated OHI	\$ 858.16	\$ 1,458.87	\$ 1,716.32	\$ 2,445.76
Gold	EPO 15/25 L Non-Gated OHI	\$ 837.42	\$ 1,423.61	\$ 1,674.84	\$ 2,386.65
Gold	EPO 20/40 F Non-Gated OHI	\$ 836.88	\$ 1,422.70	\$ 1,673.76	\$ 2,385.11
Gold	EPO 20/40 L Non-Gated OHI	\$ 816.64	\$ 1,388.29	\$ 1,633.28	\$ 2,327.42
Gold	EPO 30/60 L Gated OHI	\$ 794.69	\$ 1,350.97	\$ 1,589.38	\$ 2,264.87
Gold	EPO HSA \$1500 F Non-Gated OHI	\$ 815.23	\$ 1,385.89	\$ 1,630.46	\$ 2,323.41
Gold	EPO HSA \$1500 L Non-Gated OHI	\$ 795.53	\$ 1,352.40	\$ 1,591.06	\$ 2,267.26
Gold	PPO 25/40 F Non-Gated OHI	\$ 907.69	\$ 1,543.07	\$ 1,815.38	\$ 2,586.92
Gold	PPO HSA \$1500 F Non-Gated OHI	\$ 884.73	\$ 1,504.04	\$ 1,769.46	\$ 2,521.48
Gold	Prim Adv EPO \$500 L Non-Gated OHI	\$ 802.29	\$ 1,363.89	\$ 1,604.58	\$ 2,286.53
Gold	Standard EPO 25/40 L Gated OHI	\$ 796.48	\$ 1,354.02	\$ 1,592.96	\$ 2,269.97
Platinum	EPO 10/20 F Non-Gated OHI	\$ 1,000.97	\$ 1,701.65	\$ 2,001.94	\$ 2,852.76
Platinum	EPO 10/20 L Non-Gated OHI	\$ 976.73	\$ 1,660.44	\$ 1,953.46	\$ 2,783.68
Platinum	EPO 20/30 F Non-Gated OHI	\$ 981.79	\$ 1,669.04	\$ 1,963.58	\$ 2,798.10
Platinum	PPO 10/20 F Non-Gated OHI	\$ 1,084.92	\$ 1,844.36	\$ 2,169.84	\$ 3,092.02
Platinum	PPO 20/30 F Non-Gated OHI	\$ 1,059.61	\$ 1,801.34	\$ 2,119.22	\$ 3,019.89
Platinum	Standard EPO 15/35 L Gated OHI	\$ 940.12	\$ 1,598.20	\$ 1,880.24	\$ 2,679.34
Platinum	Standard PPO 15/35 L Gated OHI	\$ 1,018.80	\$ 1,731.96	\$ 2,037.60	\$ 2,903.58

Oxford Health Insurance, Inc.  
 New York Small Group  
 Off-Exchange  
 Form # OHINY\_SG\_COC\_2014  
 Ancillary Coverage Rider Rates

	Effective Quarter	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
<u>Domestic Partner</u>	2015 Q1	\$ -	\$ -	\$ -	\$ -
	2015 Q2	\$ -	\$ -	\$ -	\$ -
	2015 Q3	\$ -	\$ -	\$ -	\$ -
	2015 Q4	\$ -	\$ -	\$ -	\$ -
<u>Dependent Age Cut-off 29</u>	2015 Q1	\$ 12.55	\$ 21.34	\$ 25.10	\$ 35.77
	2015 Q2	\$ 12.88	\$ 21.90	\$ 25.76	\$ 36.71
	2015 Q3	\$ 13.22	\$ 22.47	\$ 26.44	\$ 37.68
	2015 Q4	\$ 13.57	\$ 23.07	\$ 27.14	\$ 38.67
<u>Women's Contraceptive</u>	2015 Q1	\$ (2.95)	\$ (5.02)	\$ (5.90)	\$ (8.41)
	2015 Q2	\$ (3.03)	\$ (5.15)	\$ (6.06)	\$ (8.64)
	2015 Q3	\$ (3.11)	\$ (5.29)	\$ (6.22)	\$ (8.86)
	2015 Q4	\$ (3.19)	\$ (5.42)	\$ (6.38)	\$ (9.09)

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Medical and Rx Drug Benefits

INN = In-Network, OON = Out-of-network, Ded = Deductible, Coin = Coinsurance, MOOP = Maximum Out-of-pocket inc. Deductible,  
STD = Subject to Deductible, IP = Inpatient, OP = Outpatient, D&C = Subject to Ded and Coin.

The key to the Prescription Drug plans is on a following page.

Plan Name	EPO HSA \$3500 40/75 L Non- Gated OHI	EPO HSA \$3750 40/75 G Gated OHI	EPO HSA \$5000 F Non-Gated OHI	EPO HSA \$5000 G Gated OHI	EPO HSA \$5000 L Non-Gated OHI	PPO HSA \$3750 L Non-Gated OHI	Prim Adv EPO \$4000 G Gated OHI	Standard EPO \$3000 L Gated OHI
<b>Metal</b>	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
<b>Preventive</b>	100%	100%	100%	100%	100%	100%	100%	100%
<b>INN Ded</b>	\$3,500	\$3,750	\$5,000	\$5,000	\$5,000	\$3,750	\$4,000	\$3,000
<b>INN Coin</b>	50%	40%	20%	30%	20%	20%	10%	50%
<b>INN MOOP</b>	\$6,350	\$6,450	\$6,350	\$6,450	\$6,350	\$6,350	\$6,600	\$6,350
<b>OON Ded</b>	n/a	n/a	n/a	n/a	n/a	\$6,000	n/a	n/a
<b>OON Coin</b>	n/a	n/a	n/a	n/a	n/a	40%	n/a	n/a
<b>OON MOOP</b>	n/a	n/a	n/a	n/a	n/a	\$15,000	n/a	n/a
<b>Family Ded</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>Family MOOP</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>PCP Copay</b>	\$40	\$40	D&C	D&C	D&C	D&C	\$40	D&C
<b>PCP STD?</b>	Y	Y	n/a	n/a	n/a	n/a	N	n/a
<b>Spec Copay</b>	\$75	\$75	D&C	D&C	D&C	D&C	\$60	D&C
<b>Spec STD?</b>	Y	Y	n/a	n/a	n/a	n/a	Y	n/a
<b>ER Copay</b>	\$250	\$500	D&C	D&C	D&C	D&C	\$500	D&C
<b>ER STD?</b>	Y	Y	n/a	n/a	n/a	n/a	Y	n/a
<b>INN OP Surg Copay - ASC</b>	\$150	\$400	D&C	D&C	D&C	D&C	\$400	D&C
<b>INN OP Surg - ASC STD?</b>	Y	Y	n/a	n/a	n/a	n/a	Y	n/a
<b>INN OP Surg Copay - Hospital</b>	\$250	\$1,000	D&C	D&C	D&C	D&C	\$1,000	D&C
<b>INN OP Surg - Hospital STD?</b>	Y	Y	n/a	n/a	n/a	n/a	Y	n/a
<b>INN IP Copay</b>	D&C	D&C	D&C	D&C	D&C	D&C	\$500	D&C
<b>INN IP STD?</b>	n/a	n/a	n/a	n/a	n/a	n/a	Y	n/a
<b>INN IP Copay Max</b>	n/a	n/a	n/a	n/a	n/a	n/a	\$2,000	n/a
<b>IP Copay per Admit / Day</b>	n/a	n/a	n/a	n/a	n/a	n/a	Day	n/a
<b>PCP Gated?</b>	N	Y	N	Y	N	N	N	Y
<b>Network</b>	Liberty	New	Freedom	New	Liberty	Liberty	New	Liberty
<b>Prescription Drugs</b>	S	P	S	P	S	S	AR	N

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Medical and Rx Drug Benefits

Plan Name	EPO 25/50 G Gated OHI	EPO 25/50 L Gated OHI	EPO 40/70 F Non-Gated OHI	EPO 40/70 L Non-Gated OHI	EPO HSA \$2000 25/50 F Non-Gated OHI	EPO HSA \$2000 25/50 L Non-Gated OHI	EPO HSA \$2000 35/50 G Gated OHI	EPO HSA \$2000 F Non-Gated OHI
<b>Metal</b>	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
<b>Preventive</b>	100%	100%	100%	100%	100%	100%	100%	100%
<b>INN Ded</b>	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
<b>INN Coin</b>	30%	30%	30%	30%	20%	20%	30%	20%
<b>INN MOOP</b>	\$5,600	\$5,600	\$6,350	\$6,350	\$5,500	\$5,500	\$4,500	\$6,000
<b>OON Ded</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>OON Coin</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>OON MOOP</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Family Ded</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>Family MOOP</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>PCP Copay</b>	\$25	\$25	\$40	\$40	\$25	\$25	\$35	D&C
<b>PCP STD?</b>	N	N	N	N	Y	Y	Y	n/a
<b>Spec Copay</b>	\$50	\$50	\$70	\$70	\$50	\$50	\$50	D&C
<b>Spec STD?</b>	N	N	N	N	Y	Y	Y	n/a
<b>ER Copay</b>	D&C	D&C	D&C	D&C	\$250	\$250	\$500	D&C
<b>ER STD?</b>	n/a	n/a	n/a	n/a	Y	Y	Y	n/a
<b>INN OP Surg Copay - ASC</b>	D&C	D&C	\$150	\$150	\$150	\$150	\$300	D&C
<b>INN OP Surg - ASC STD?</b>	n/a	n/a	Y	Y	Y	Y	Y	n/a
<b>INN OP Surg Copay - Hospital</b>	D&C	D&C	\$250	\$250	\$250	\$250	\$750	D&C
<b>INN OP Surg - Hospital STD?</b>	n/a	n/a	Y	Y	Y	Y	Y	n/a
<b>INN IP Copay</b>	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C
<b>INN IP STD?</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>INN IP Copay Max</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>IP Copay per Admit / Day</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>PCP Gated?</b>	Y	Y	N	N	N	N	Y	N
<b>Network</b>	New	Liberty	Freedom	Liberty	Freedom	Liberty	New	Freedom
<b>Prescription Drugs</b>	G	G	Z	Z	Q	Q	P	Q

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Medical and Rx Drug Benefits

Plan Name	EPO HSA \$2000 L Non-Gated OHI	PPO 40/70 F Non-Gated OHI	PPO 40/70 L Non-Gated OHI	PPO HSA \$2000 30/60 F Non-Gated OHI	Prim Adv EPO \$1500 G Gated OHI	Prim Adv EPO \$1500 L Non-Gated OHI	Standard EPO 30/50 L Gated OHI	Standard PPO 30/50 L Gated OHI
<b>Metal</b>	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
<b>Preventive</b>	100%	100%	100%	100%	100%	100%	100%	100%
<b>INN Ded</b>	\$2,000	\$2,000	\$2,000	\$2,000	\$1,500	\$1,500	\$2,000	\$2,000
<b>INN Coin</b>	20%	30%	30%	10%	0%	0%	30%	30%
<b>INN MOOP</b>	\$6,000	\$6,350	\$6,350	\$5,500	\$6,000	\$5,500	\$5,500	\$5,500
<b>OON Ded</b>	n/a	\$4,000	\$4,000	\$4,000	n/a	n/a	n/a	\$3,000
<b>OON Coin</b>	n/a	50%	50%	50%	n/a	n/a	n/a	50%
<b>OON MOOP</b>	n/a	\$10,000	\$10,000	\$10,000	n/a	n/a	n/a	\$7,500
<b>Family Ded</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>Family MOOP</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>PCP Copay</b>	D&C	\$40	\$40	\$30	\$40	\$25	\$30	\$30
<b>PCP STD?</b>	n/a	N	N	Y	N	N	Y	Y
<b>Spec Copay</b>	D&C	\$70	\$70	\$60	\$60	\$50	\$50	\$50
<b>Spec STD?</b>	n/a	N	N	Y	Y	Y	Y	Y
<b>ER Copay</b>	D&C	D&C	D&C	D&C	\$500	\$250	\$150	\$150
<b>ER STD?</b>	n/a	n/a	n/a	n/a	Y	Y	Y	Y
<b>INN OP Surg Copay - ASC</b>	D&C	\$150	\$150	\$150	\$300	\$150	\$100	\$100
<b>INN OP Surg - ASC STD?</b>	n/a	Y	Y	Y	Y	Y	Y	Y
<b>INN OP Surg Copay - Hospital</b>	D&C	\$250	\$250	\$250	\$750	\$250	\$100	\$100
<b>INN OP Surg - Hospital STD?</b>	n/a	Y	Y	Y	Y	Y	Y	Y
<b>INN IP Copay</b>	D&C	D&C	D&C	D&C	\$400	\$250	\$1,500	\$1,500
<b>INN IP STD?</b>	n/a	n/a	n/a	n/a	Y	Y	Y	Y
<b>INN IP Copay Max</b>	n/a	n/a	n/a	n/a	\$1,600	\$1,250	n/a	n/a
<b>IP Copay per Admit / Day</b>	n/a	n/a	n/a	n/a	Day	Day	Admit	Admit
<b>PCP Gated?</b>	N	N	N	N	N	N	Y	Y
<b>Network</b>	Liberty	Freedom	Liberty	Freedom	New	Liberty	Liberty	Liberty
<b>Prescription Drugs</b>	Q	Z	Z	Q	AQ	AS	E	E

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Medical and Rx Drug Benefits

	EPO \$1000 30/60 G Gated OHI	EPO \$1200 30/60 G Gated OHI	EPO \$50 F Non- Gated OHI	EPO \$50 L Non- Gated OHI	EPO 15/25 F Non- Gated OHI	EPO 15/25 L Non- Gated OHI	EPO 20/40 F Non- Gated OHI	EPO 20/40 L Non- Gated OHI
<b>Plan Name</b>								
<b>Metal</b>	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
<b>Preventive</b>	100%	100%	100%	100%	100%	100%	100%	100%
<b>INN Ded</b>	\$1,000	\$1,200	\$750	\$750	\$800	\$800	\$1,250	\$1,250
<b>INN Coin</b>	0%	30%	0%	0%	10%	10%	10%	10%
<b>INN MOOP</b>	\$4,000	\$4,500	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
<b>OON Ded</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>OON Coin</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>OON MOOP</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Family Ded</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>Family MOOP</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>PCP Copay</b>	\$30	\$30	\$50	\$50	\$15	\$15	\$20	\$20
<b>PCP STD?</b>	N	N	N	N	N	N	N	N
<b>Spec Copay</b>	\$60	\$60	\$50	\$50	\$25	\$25	\$40	\$40
<b>Spec STD?</b>	N	N	N	N	N	N	N	N
<b>ER Copay</b>	\$400	\$400	\$250	\$250	\$200	\$200	\$200	\$200
<b>ER STD?</b>	N	N	N	N	N	N	N	N
<b>INN OP Surg Copay - ASC</b>	\$200	\$200	\$150	\$150	\$150	\$150	\$150	\$150
<b>INN OP Surg - ASC STD?</b>	Y	Y	Y	Y	Y	Y	Y	Y
<b>INN OP Surg Copay - Hospital</b>	\$500	\$500	\$250	\$250	\$250	\$250	\$250	\$250
<b>INN OP Surg - Hospital STD?</b>	Y	Y	Y	Y	Y	Y	Y	Y
<b>INN IP Copay</b>	\$300	D&C	\$250	\$250	D&C	D&C	D&C	D&C
<b>INN IP STD?</b>	Y	n/a	Y	Y	n/a	n/a	n/a	n/a
<b>INN IP Copay Max</b>	\$1,200	n/a	\$2,500	\$2,500	n/a	n/a	n/a	n/a
<b>IP Copay per Admit / Day</b>	Day	n/a	Day	Day	n/a	n/a	n/a	n/a
<b>PCP Gated?</b>	Y	Y	N	N	N	N	N	N
<b>Network</b>	New	New	Freedom	Liberty	Freedom	Liberty	Freedom	Liberty
<b>Prescription Drugs</b>	AH	AH	Z	Z	Z	Z	Z	Z

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Medical and Rx Drug Benefits

Plan Name	EPO 30/60 L Gated OHI	EPO HSA \$1500 F Non-Gated OHI	EPO HSA \$1500 L Non-Gated OHI	PPO 25/40 F Non-Gated OHI	PPO HSA \$1500 F Non-Gated OHI	Prim Adv EPO \$500 L Non-Gated OHI	Standard EPO 25/40 L Gated OHI	EPO 10/20 F Non-Gated OHI
<b>Metal</b>	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Platinum
<b>Preventive</b>	100%	100%	100%	100%	100%	100%	100%	100%
<b>INN Ded</b>	\$1,000	\$1,500	\$1,500	\$1,000	\$1,500	\$500	\$600	\$0
<b>INN Coin</b>	0%	10%	10%	20%	10%	0%	20%	0%
<b>INN MOOP</b>	\$4,000	\$2,000	\$2,000	\$4,000	\$2,000	\$4,000	\$4,000	\$3,000
<b>OON Ded</b>	n/a	n/a	n/a	\$3,000	\$3,000	n/a	n/a	n/a
<b>OON Coin</b>	n/a	n/a	n/a	40%	40%	n/a	n/a	n/a
<b>OON MOOP</b>	n/a	n/a	n/a	\$7,500	\$7,500	n/a	n/a	n/a
<b>Family Ded</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>Family MOOP</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>PCP Copay</b>	\$30	D&C	D&C	\$25	D&C	\$25	\$25	\$10
<b>PCP STD?</b>	N	n/a	n/a	N	n/a	N	Y	N
<b>Spec Copay</b>	\$60	D&C	D&C	\$40	D&C	\$50	\$40	\$20
<b>Spec STD?</b>	N	n/a	n/a	N	n/a	Y	Y	N
<b>ER Copay</b>	\$200	D&C	D&C	\$200	D&C	\$250	\$150	\$100
<b>ER STD?</b>	N	n/a	n/a	N	n/a	Y	Y	N
<b>INN OP Surg Copay - ASC</b>	\$150	D&C	D&C	\$150	D&C	\$150	\$100	\$50
<b>INN OP Surg - ASC STD?</b>	Y	n/a	n/a	Y	n/a	Y	Y	N
<b>INN OP Surg Copay - Hospital</b>	\$250	D&C	D&C	\$250	D&C	\$250	\$100	\$100
<b>INN OP Surg - Hospital STD?</b>	Y	n/a	n/a	Y	n/a	Y	Y	N
<b>INN IP Copay</b>	\$500	D&C	D&C	D&C	D&C	\$250	\$1,000	\$150
<b>INN IP STD?</b>	Y	n/a	n/a	n/a	n/a	Y	Y	N
<b>INN IP Copay Max</b>	\$2,000	n/a	n/a	n/a	n/a	\$1,250	n/a	n/a
<b>IP Copay per Admit / Day</b>	Day	n/a	n/a	n/a	n/a	Day	Admit	Admit
<b>PCP Gated?</b>	Y	N	N	N	N	N	Y	N
<b>Network</b>	Liberty	Freedom	Liberty	Freedom	Freedom	Liberty	Liberty	Freedom
<b>Prescription Drugs</b>	Z	Q	Q	Z	Q	AS	E	V

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Medical and Rx Drug Benefits

Plan Name	EPO 10/20 L Non-Gated OHI	EPO 20/30 F Non-Gated OHI	PPO 10/20 F Non-Gated OHI	PPO 20/30 F Non-Gated OHI	Standard EPO 15/35 L Gated OHI	Standard PPO 15/35 L Gated OHI
<b>Metal</b>	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
<b>Preventive</b>	100%	100%	100%	100%	100%	100%
<b>INN Ded</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>INN Coin</b>	0%	0%	0%	0%	10%	10%
<b>INN MOOP</b>	\$3,000	\$3,000	\$3,000	\$3,000	\$2,000	\$2,000
<b>OON Ded</b>	n/a	n/a	\$2,000	\$3,000	n/a	\$3,000
<b>OON Coin</b>	n/a	n/a	30%	30%	n/a	30%
<b>OON MOOP</b>	n/a	n/a	\$5,000	\$7,500	n/a	\$7,500
<b>Family Ded</b>	2x Single	2x Single				
<b>Family MOOP</b>	2x Single	2x Single				
<b>PCP Copay</b>	\$10	\$20	\$10	\$20	\$15	\$15
<b>PCP STD?</b>	N	N	N	N	N	N
<b>Spec Copay</b>	\$20	\$30	\$20	\$30	\$35	\$35
<b>Spec STD?</b>	N	N	N	N	N	N
<b>ER Copay</b>	\$100	\$150	\$100	\$150	\$100	\$100
<b>ER STD?</b>	N	N	N	N	N	N
<b>INN OP Surg Copay - ASC</b>	\$50	\$100	\$50	\$100	\$100	\$100
<b>INN OP Surg - ASC STD?</b>	N	N	N	N	N	N
<b>INN OP Surg Copay - Hospital</b>	\$100	\$300	\$100	\$300	\$100	\$100
<b>INN OP Surg - Hospital STD?</b>	N	N	N	N	N	N
<b>INN IP Copay</b>	\$150	\$500	\$150	\$500	\$500	\$500
<b>INN IP STD?</b>	N	N	N	N	N	N
<b>INN IP Copay Max</b>	n/a	n/a	n/a	n/a	n/a	n/a
<b>IP Copay per Admit / Day</b>	Admit	Admit	Admit	Admit	Admit	Admit
<b>PCP Gated?</b>	N	N	N	N	Y	Y
<b>Network</b>	Liberty	Freedom	Freedom	Freedom	Liberty	Liberty
<b>Prescription Drugs</b>	V	V	V	V	D	D

Oxford Health Insurance, Inc.  
 New York Small Group  
 Off-Exchange  
 Form # OHINY\_SG\_COC\_2014  
 Prescription Drug Benefit Key

Format is [Generic]/[Brand Formulary]/[Brand Non-Formulary].

Letter Code	Prescription Drug Plan
A	\$10/\$20/\$40
B	\$10/\$20/\$50
C	\$10/\$25/\$50
D	\$10/\$30/\$60
E	\$10/\$35/\$70
F	\$10/\$35/\$75
G	\$10/\$65/50% to \$800
H	\$15/50%/50%
I	\$7/\$20/\$40
J	Ded Med/RX then \$10/\$20/\$50
K	Ded Med/RX then \$10/\$25/\$50
L	Ded Med/RX then \$10/\$30/\$60
M	Ded Med/Rx then \$10/\$35/\$60
N	Ded Med/Rx then \$10/\$35/\$70
O	Ded Med/RX then \$10/\$35/\$75
P	Ded Med/Rx then \$10/30%, max \$150/45%, max \$400
Q	Ded Med/Rx then \$15/\$35/\$75
R	Ded Med/RX then \$15/50%/50%
S	Ded Med/Rx then \$20/\$40/\$80
T	Ded Med/Rx then 0%/0%/0%
U	Non-T1 Ded \$100 then \$10/\$25/\$50
V	Non-T1 Ded \$100 then \$10/\$30/\$60
W	Non-T1 Ded \$100 then \$10/\$35/\$60
X	Non-T1 Ded \$100 then \$10/50%/50%
Y	Non-T1 Ded \$100 then \$15/\$30/\$60
Z	Non-T1 Ded \$100 then \$15/\$35/\$75
AA	Non-T1 Ded \$100 then \$15/50%/50%
AB	Non-T1 Ded \$100 then \$7/\$20/\$40
AC	Non-T1 Ded \$150 then \$10/\$25/\$50
AD	Non-T1 Ded \$150 then \$15/50%/50%
AE	Non-T1 Ded \$250 then \$10/\$25/\$50
AF	Non-T1 Ded \$250 then \$10/\$30/\$60
AG	Non-T1 Ded \$250 then \$15/50%/50%
AH	Non-T1 Ded \$250 then \$5/20%, max \$150/35%, max \$400
AI	Non-T1 Ded \$250 then \$7/\$20/\$40
AJ	Non-T1 Ded \$50 then \$10/\$25/\$50
AK	Non-T1 Ded \$50 then \$15/\$35/\$75
AL	Non-T1 Ded \$50 then \$15/50%/50%
AM	Non-T1 Ded \$50 then \$7/\$20/\$40
AN	Non-T1 Ded \$500 then \$10/\$25/\$50
AO	Non-T1 Ded \$500 then \$10/\$30/\$60
AP	Non-T1 Ded \$500 then \$15/50%/50%
AQ	Non-T1 Ded Med/Rx then \$10/30%, max \$150/45%, max \$400
AR	Non-T1 Ded Med/Rx then \$10/50%, max \$150/50%, max \$400
AS	Non-T1 Ded Med/Rx then \$15/\$35/\$75

Oxford Health Insurance, Inc.  
New York Small Group  
Off-Exchange  
Form # OHINY\_SG\_COC\_2014  
Pediatric Dental and Vision Benefits

Benefit Category	NY SHOP - Oxford	NY Commercial SG - Oxford
EHB - Prev & Diagnostic -Ped Dental (for children)	PCP cost share	* 100% after Med Ded for traditional plans * HMO Plans are subject to Copay
Ped Dental Ded (Applies to - Basic Dental Svcs, Major Dental Svcs, Orthodontia, or any combination)	Basic, Major, Preventive & Diagnostic, Orthodontia	Basic, Major, Preventive & Diagnostic, Orthodontia
INN Ped Dental Single Ded	Copay after Ded	* \$100 if copay * Ded if D&C * No ded for HMO
INN Ped Dental Family Ded	Copay after Ded	* \$200 if copay * Ded if D&C * No ded for HMO
EHB - Basic Dental Svcs (e.g. Fillings/extractions) for Children	Copay after Ded	80% after Med or Den Ded
EHB - Major Dental Svcs (e.g. Crowns) for Children	Copay after Ded	50% after Med or Den Ded
EHB - Orthodontia (e.g. braces) for Children	Copay after Ded	50% after Med or Den Ded
Ped Vision Ded (\$/N/A/Inc in Med)	Incl in Med	* N/A if copay/non-HSA plan * Ded if HSA
Ped Vision Ded (Applies to - Routine Vision Exam, Vision Materials, or both)	Both	* No services fall under ded for non-HSA plans * Vision materials for HSA
EHB - Routine Vision Exam for Children	Lesser of PCP cost share or \$30 after Med Ded	* Lesser of PCP copay or \$30 for non-HSA. Does not apply to ded but does apply to OOPM * 100% for HSA (treated like prev svc) and applies to OOPM
EHB - Prev Lens copay for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 1 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 2 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 3 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 4 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 5 for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA
EHB - Prev Contacts for Children	Coins after Med Ded	* 50% for copay * 50% after Ded for HSA

Additional Notes  
 New York Small Group  
 Off-Exchange  
 Form # OHINY\_SG\_COC\_2014  
 Additional Notes

Estimated Commissions as a percent of premium: 3.0%

Expected Loss Ratio (Claims / Premium): 82.0%

To determine the premium rate for a plan design, first look up the rate for that plan design, demographic tier, area, and effective quarter. Then add the rate for any riders, for the demographic tier, area, and effective quarter. The total is the final rate.

**Sample Calculation**

2015 Q1 EPO HSA \$3500 40/75 L Non-Gated OHI  
 Domestic Partner, Dependent Age Cut-off 29, and Women's Contraceptive riders

Tier:	Medical + Rx Rate	Domestic Partner Rider	Dependent Age Cut-off 29	Women's Contraceptive Rider	Total Rate
Single rate	\$ 515.66	\$ -	\$ 12.55	\$ (2.95)	\$ 525.26
Parent / Child(ren) rate	\$ 876.62	\$ -	\$ 21.34	\$ (5.02)	\$ 892.94
Couple rate	\$ 1,031.32	\$ -	\$ 25.10	\$ (5.90)	\$ 1,050.52
Family rate	\$ 1,469.63	\$ -	\$ 35.77	\$ (8.41)	\$ 1,496.99

ALL GROUPS – OXFORD HEALTH INSURANCE, INC. (OHI) & OXFORD HEALTH PLANS (NY), INC. (OHP)

**I. The following underwriting requirements apply to all applications or renewals of coverage on our OHP HMO and our OHI insurance products.**

**A. Group Size Requirements:** To be eligible for small group coverage, a group must be located in a county where we offer Oxford products (see Section I.C for more information about the Service Area) and has at least one (1) but not more than fifty (50) eligible employees. (See Section I.B for the definition of eligible employees.) The following are not counted toward group size:

- any person who performs services for the company that are reported on an IRS 1099 form (such a person is not an employee and is not eligible for coverage); or
- any former employee who is covered through retiree benefits, the Consolidated Omnibus Budget Reconciliation Act (COBRA) or state continuation.
- an individual business owner and his or her spouse (typically known as “sole proprietors”), when there are no other eligible employees. To qualify as a “group”, at least one other person must be employed and eligible for coverage. The employee does not have to accept the coverage offered, so long as the employee is eligible. (See special exception below for corporations and Section II.B.)
  - i. A business owner and his or her spouse are not considered a group of one (1) and will need to purchase individual coverage. For purposes of determining the existence of a group, spouses are not considered employees even if they are on the payroll.
  - ii. Partnerships - There must be one employee eligible for coverage for a partnership to be considered a group health plan. (A plan with multiple owners and spouses without employees is not considered a group.)
  - iii. Special rule for Corporations (LLCs, S and C Corporations) - An eligible employee is not required if the corporation has at least two owners who are not married.

If the employer does not offer group health coverage to all eligible employees, group size will be calculated based on the number of eligible employees in the Service Area or Expanded Service Area (if applicable). (See Section I.B-C and II.D.)

Groups that no longer meet the small group size requirements will be offered coverage in accordance with their appropriate market segment. If we learn this during an audit, the offering of the appropriate product may occur after we send information about small group replacement options. (See Section I.E-F for information about audits and documentation requirements.)

**B. Eligibility:** Only those eligible employees and eligible former employees who meet the below requirements can be enrolled in Oxford small group products. The enrolled employees and former employees (and their eligible dependents) must live, work or reside in the Service Area or if applicable the Expanded Service Area (See Section I.C for more information).

- Eligible employees who may enroll: Active permanent employees of the employer and of all subsidiaries or affiliates of a corporate employer who work 20 or more hours per week and are eligible for health benefits under the employer’s group health plan. Business owners who work 20 hours per week and work for a business considered a group under Section I.A are eligible to enroll. (See Section I.A, Bullet 3 for more information.) Eligible employees do not include:
  - any person who performs services for the company that are reported on an IRS 1099 form (such a person is not an employee and is not eligible for coverage);
  - any former employee who is covered through retiree benefits, COBRA or state continuation;
  - any employee who does not live, work or reside in the United States;
  - co-employees of a Professional Employer Organization (PEO), Employee Leasing Company (ELC) or other such entity that is a co-employer with a client of client-site employees; or
  - an individual proprietor and his or her spouse (“sole proprietors”) when at least one other person is not employed. (See Section I. A, Bullet 3, above.)

- Eligible Former Employees who may enroll: Former employees eligible for COBRA or state continuation can be enrolled in Oxford small group products for the period allowed by law. If the employer offers retiree benefits, all eligible retired former employees, can be enrolled in Oxford small group products.
- Valid Employer Class(es): An employer may elect to offer coverage to a class of employees based on conditions pertaining to employment: geographic situs of employment, earnings, method of compensation, hours and occupational duties. Employees who work less than 20 hours per week are not eligible employees and may not enroll in any Oxford products.  
Example: Employer may elect to offer coverage only employees who work at least 40 hours per week.

### C. Oxford Service Area:

- Our Oxford Service Area consists of the counties where we are licensed and authorized to sell products and have approved products and rates. Our Service Area consists of Bronx, Dutchess, Kings, New York, Orange, Putnam, Queens, Richmond, Rockland, Nassau, Suffolk, Sullivan, Ulster & Westchester counties. Members covered through our OHP products must live, work or reside in these counties.
- For our OHI products, an Expanded Service Area allows members to live, work or reside in areas outside of the Oxford Service Area. (See Section II.D. for more information about the Expanded Service Area.)

### D. Multiple Plan Design Rules:

- Multiple plan design options can be offered as point of enrollment (POE) (e.g., High Plan vs. Low Plan) or by class distinction (e.g., Salaried vs. Hourly).
- Additional multiple plan design rules apply to OHI (see next section).
- If a renewing group makes a plan change, the OHI multiple plan design rules (below) will apply.

**E. Documentation Requirements:** We require documents from new groups as part of a group's initial enrollment and for groups making changes on renewal. If documents are not provided within the required timeframe, the group will be denied enrollment. Most documentation can be submitted using IDEA, our online enrollment tool. We also may audit a new or renewing group before or after enrollment/renewal. If post enrollment/renewal, an audit shows the group did not meet the requirements at the time of enrollment and was not eligible for coverage, the group will be terminated.

#### Required documents:

- Group Application (new business) or Certification Form (renewing business)
- Eligible waivers (required for all new business, renewing groups on audit and groups renewing into a new market segment)
- The Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return Form (NYS-45) or alternative tax documentation detailed in "Instruction Sheet – Oxford NYSG Tax Form Submissions."

Additional documentation may be required upon audit.

### F. Additional Requirements for Healthy New York small groups (OHP):

- New and renewing groups must apply for and meet the eligibility requirements of the Healthy New York law and regulations, this includes the required employer contribution.
- The group size, required hours for eligible employees and Service Area described above in Sections I.A - I.C apply to all Healthy New small groups.
- Groups may be subject to audit at any time during the year and additional documentation may be required.
- On January 1, 2014, Healthy New York small group coverage will be replaced with a new ACA compliant plan at the Gold level to meet new legal requirements and will have new rates. This will be the only Healthy New York plan design option available.
- Although the plan design will change on January 1, Healthy New York small groups will remain on their current renewal cycle and must meet all requirements as part of the group's recertification, including Healthy New York documentation requirements. A renewing group that does not submit recertification information timely will be terminated and will need to reapply for coverage.

**II. The following additional requirements apply to all applications or renewals of coverage on our OHI insurance products:**

**A. Open Enrollment Period (New Business):**

- From November 15 through December 31, the minimum participation requirements in Sections II.B and II.C will not apply to **new** groups applying for coverage. For example a group with a 1/1/14 **new business** date would be eligible to enroll from November 15 – December 31, 2013.

**B. Minimum Participation – Calculation:**

- A minimum of 60 percent of all eligible employees, after valid waivers, with a minimum of two employees (one of which must be a W-2 non-owner non-spouse) must be enrolled.
  - Valid waivers consist of: Spousal, Medicare, Medicaid and Veteran's Coverage.
  - If the group offers retiree coverage, a minimum of 60 percent of all eligible employees after valid waivers and all eligible former retired employees must be enrolled. (Additional documentation may be required on audit to confirm retirees' eligibility for coverage.)
- To determine total enrollment for the purpose of calculating participation, we will count both eligible employees and eligible former retired employees (if applicable) enrolled in both OHI and OHP products. Former employees enrolled through COBRA or state continuation are not counted.

**C. Minimum Participation – Other Employer Sponsored Coverage:**

- Other employer sponsored health insurance coverage may not be offered alongside OHI products. Because our participation requirement is 60%, this would prevent both carriers from meeting New York state minimum participation requirements.
- Other employer sponsored HMO coverage may be offered alongside OHI products, but is not considered a valid waiver and may impact a group's ability to meet minimum participation requirements for OHI products.

**D. Expanded Service Area - Eligible Employees Located Outside of the Oxford Service Area:** A Rider to our plans provides out-of-area enrollment options for eligible employees (defined in Section I.B) who live, work or reside in a state outside of the Oxford Service Area (defined in Section I.C, Bullet 1). Enrollment on our NY products is allowed only to the extent allowed in the eligible employees' location. (As noted in Section I.C, Bullet 1, the Employer must be located in one of the counties in the Oxford Service Area.)

- OHI Gatekeeper plans– For plans that require referrals from a Primary Care Physician (PCP) to other Participating Providers, an eligible employee may live, work or reside in the state of NY, NJ or CT.
- OHI Non-gatekeeper plans – For plans that do not require referrals from a Primary Care Physician, eligible employees may live, work, or reside in a state in which we are authorized to deliver a Certificate of Coverage. The list of locations may change from time to time due to regulatory requirements. This list presently includes NY, NJ, CT and other states outside of the New York tri-state area.

**E. Classes:** Coverage may be limited to specific class(es) of employees if they are the only employees offered coverage on the New York OHI product.

- Class(es) may be determined only by conditions pertaining to employment: geographic situs of employment, earnings, method of compensation, hours and occupational duties. As noted previously, our products are not available to cover employees who work less than 20 hours per week.
- Example: Employer only offers coverage to employees who work 40 hours per week.
- Example: If employer only offers coverage to a management class, coverage is available for the class. However, if the group offers coverage to both management and non-management employees in the New York service area, both classes must be covered by Oxford; OHI coverage is not available only for the management class.

**F. Multiple plan design rules:**

- Groups may select two OHI plan design options as long as there is enrollment in both plans.
- More than two OHI plan design options will not be allowed.

<sup>i</sup> These guidelines may be updated from time to time and are subject to regulatory approval.

SERFF Tracking #:

UHLC-129581296

State Tracking #:

2014060232

Company Tracking #:

State:

New York

Filing Company:

Oxford Health Insurance, Inc.

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2015 OHI SG OFFX Plans

Project Name/Number:

2015 OHI SG OFFX Plans/

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum/Actuarial Certification
<b>Comments:</b>	Cover Letter Actuarial Memo Actuarial Cert
<b>Attachment(s):</b>	2015 OHI Off Exchange Cover letter.pdf 2015 SG OHI Off-Exch Act Memo.pdf 2015 OHI Off Exchange Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 OHI Off Exchange URRT Part III.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Actuarial Value Calculations
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch AVs.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 13-Narrative Summary and Numerical Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch Ex 13.xlsx 2015 SG OHI Off-Exch Ex 13.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 14B-Sm Grp Requested Percentage Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch Ex 14B.pdf 2015 SG OHI Off-Exch Ex 14B.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

UHLC-129581296

State Tracking #:

2014060232

Company Tracking #:

State:

New York

Filing Company:

Oxford Health Insurance, Inc.

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2015 OHI SG OFFX Plans

Project Name/Number:

2015 OHI SG OFFX Plans/

<b>Satisfied - Item:</b>	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch Ex 15B.pdf 2015 SG OHI Off-Exch Ex 15B.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 16-Summary of Policy Form & Product Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch Ex 16.pdf 2015 SG OHI Off-Exch Ex 16.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch Ex 17.pdf 2015 SG OHI Off-Exch Ex 17-Values.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 18-Index Rate Plan-Design Development
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch Ex 18.pdf 2015 SG OHI Off-Exch Ex 18.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 19-Claim Trend, Admin Expenses & Profit
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch Ex 19.pdf 2015 SG OHI Off-Exch Ex 19-Values.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 20-HIOS ID Mapping
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch Ex 20.pdf 2015 SG OHI Off-Exch Ex 20.xlsx

SERFF Tracking #:

UHLC-129581296

State Tracking #:

2014060232

Company Tracking #:

State: New York

Filing Company:

Oxford Health Insurance, Inc.

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: 2015 OHI SG OFFX Plans

Project Name/Number: 2015 OHI SG OFFX Plans/

<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 23-Requested 2015 Premium Rates
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch Ex 23.pdf 2015 SG OHI Off-Exch Ex 23.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Initial Notice of Proposed Rate Adjustment
<b>Comments:</b>	PDF versions of the Group and Subscriber Initial Notices.
<b>Attachment(s):</b>	Rate Review_Initial Notice OHI SG_Off-Exchange Group.pdf Rate Review_Initial Notice OHI SG_Off-Exchange Subscriber.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Final Notice of Proposed Rate Adjustment
<b>Comments:</b>	
<b>Attachment(s):</b>	DRAFT 2015 NYSG Group Renewal Letter ABRP-IDEA.pdf DRAFT 2015 NYSG Group Renewal Letter MANUAL.pdf DRAFT 2015 Oxford NY SG Final Notification Letter Subscriber.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Redacted Documents for Web Posting
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 OHI Off Exchange Cover letter - redacted.pdf 2015 OHI Off Exchange Certification - redacted.pdf 2015 OHI Off Exchange URRT Part III_redacted.pdf 2015 SG OHI Off-Exch Ex 11 - redacted.pdf 2015 SG OHI Off-Exch Ex 11 - redacted.xlsx 2015 SG OHI Off-Exch Ex 21A- redacted.pdf 2015 SG OHI Off-Exch Ex 21A- redacted.xlsx 2015 SG OHI Off-Exch Ex 21B - redacted.pdf 2015 SG OHI Off-Exch Ex 21B - redacted.xlsx 2015 SG OHI Off-Exch Ex 22_redacted.pdf 2015 SG OHI Off-Exch Ex 22_redacted.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

UHLC-129581296

State Tracking #:

2014060232

Company Tracking #:

State:

New York

Filing Company:

Oxford Health Insurance, Inc.

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

2015 OHI SG OFFX Plans

Project Name/Number:

2015 OHI SG OFFX Plans/

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 SG OHI Off-Exch URRT.pdf 2015 SG OHI Off-Exch URRT.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

**SERFF Tracking #:**

UHLC-129581296

**State Tracking #:**

2014060232

**Company Tracking #:**

**State:**

New York

**Filing Company:**

Oxford Health Insurance, Inc.

**TOI/Sub-TOI:**

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

**Product Name:**

2015 OHI SG OFFX Plans

**Project Name/Number:**

2015 OHI SG OFFX Plans/

***Attachment 2015 SG OHI Off-Exch URRT.xlsm is not a PDF document and cannot be reproduced here.***



June 13, 2014

[REDACTED]  
Deputy Chief Actuary  
New York State Department of Financial Services  
Health Bureau  
25 Beaver Street  
New York, NY 10004

RE: Oxford Health Insurance, Inc.  
New York Small Business Off-Exchange  
Effective January 2015 – December 2015

Dear [REDACTED]

This rate filing addresses the development of the New York Small Group Small Business Off-Exchange rates for plans written by Oxford Health Insurance, Inc. The rates are effective from January 1, 2015 to December 31, 2015.

Should you have any questions or need any additional information, please contact me at [REDACTED]

[REDACTED]



**Oxford Health Insurance, Inc.**  
**New York Small Group Off-Exchange Rates**  
**HIOS ID: 85629**  
**Effective January 2015 – December 2015**

**ACTUARIAL MEMORANDUM**

**I. Introduction**

This rate filing addresses the rate development for the New York Small Group plans written by Oxford Health Insurance, Inc. (“OHI”). Rates are effective from January 1, 2015 through December 31, 2015. This rate filing is being submitted under Section 3231(e)(1) of the New York State Insurance Law.

**II. Determination of the Index Rate**

**A. Experience Period Claims**

Please refer to Exhibit 18 for the development of the index rate. We have used claims incurred between January 1, 2013 and December 31, 2013 paid through February 28, 2014 with an adjustment for claims incurred but not reported (“IBNR”). We excluded experience for sole proprietors consistent with the pricing/filing instructions issued by the New York State Department of Financial Services (“DFS”). The experience includes all other groups active in the period. There are no OHI Small Group grandfathered plans so no exclusion was required. Regulation 146 amounts were removed from the experience period claims. The resulting in-network only experience period claim PMPM excluding Regulation 146 is \$416.63.

**B. Average AV Pricing Value**

We used the UnitedHealthcare proprietary pricing model to determine the pricing actuarial values (“AVs”) for each of the in-force small group plans on the OHI license. We also assigned gatekeeper and network factors to each existing in-force plan using our latest estimated adjustments. The estimated gatekeeper adjustment is -4.0%, and the estimated Liberty network adjustment is -3.0% versus the Freedom network. Both of these adjustments apply to medical in-network rates only. We then calculated the average pricing AVs, gatekeeper, and network factors based upon the membership distribution within the experience period for OHI. These are shown below.

In-Network Pricing Actuarial Value (AV) Excluding Gatekeeper & Network 0.805	
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Average Gatekeeper and Network Benefit Adjustment	0.987
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**C. Average Induced Demand Adjustment**

The induced demand adjustments used in the 2015 rate development are shown below.

Bronze 0.7779  
Silver 0.8012  
Gold 0.8401  
Platinum 0.8946

The resulting factors normalized to the bronze metal level are as follows and fall within the maximum values permitted by DFS.

Bronze 1.00  
Silver 1.03  
Gold 1.08  
Platinum 1.15

We assigned the induced demand factors above to each in-force plan design based upon its HHS calculator metal level and calculated the average induced demand factor of 0.844 for the experience period.

**D. Trend Assumptions**

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

We have trended the experience period claim PMPM using the 10.9% annual trend factor and the 25 months between the midpoint of the experience period (July 1, 2013) and the midpoint of the average first quarter 2015 rating period (August 1, 2015). Please note that the midpoint of the rating period assumes an average effective date of February 1, 2015 for groups new or renewing in the first quarter of 2015.

The trended incurred in-network claim PMPM of \$517.32 was calculated by multiplying the experience period incurred in-network claim PMPM of \$416.63 by the trend factor of 1.242.

**E. Projected Average PMPM Claims**

We calculated the experience period in-network index rate PMPM adjusted for pricing AV, induced demand, and gating and network provisions of \$618.45. The trended AV-adjusted experience period in-network index rate PMPM is \$767.93.

**F. Market-Wide Index Rate Adjustments**

The development of the market wide adjustments is described below.

1. Federal Risk Adjustment:

We have used the risk scores developed by Deloitte and DFS in the 2015 rate development with a 10 % adjustment (moving scores closer to 1.0). This additional adjustment is to account for potential issues with the underlying data since it was not audited. The adjustments are -0.3% for OHP and +0.6% for OHI. The resulting factors used to normalize the experience period claims in the rate development to the statewide average risk level are +2.2% for OHP and -5.1% for OHI.

2. Exchange User Fees: As instructed by DFS, we have not included an adjustment for exchange user fees in the 2015 premium rates. We understand this instruction is due to the fact that the 2014-2015 Executive Budget does not include any Exchange user fees.

3. Essential Health Benefits: While the OHI EPO plan was chosen as the benchmark plan, there are some required modifications to comply with the Essential Health Benefits (“EHB”) provision of PPACA. These changes and the estimated claim impacts are as follows.

Removal of \$1,500 DME Maximum	0.8%
Clinical Trials	0.03%
Habilitative Benefits	0.2%
Federal Mental Health Parity	0.6%
<b>Total</b>	<b>1.6%</b>

The claim cost estimates for these services were developed using national UnitedHealthcare data and the proprietary UnitedHealthcare pricing model.

The EHB line also includes an additional 0.5% adjustment to add pharmacy claims for the groups that did not have pharmacy coverage during the experience period. This adjustment was developed based upon the average pharmacy claim PMPM.

4. Provider Network & Fee Schedule Changes: We do not anticipate any material changes to the existing Freedom or Liberty networks outside of the normal contracting process which is reflected in the unit cost trend projection. This filing also includes a new third network called Gotham.

5. Utilization Management Changes: We do not expect any significant changes to our utilization management procedures.

6. Expected Covered Membership Risk: We are not projecting any material change in the risk profile of the overall small group market enrollment. We believe that the 4% expected statewide morbidity improvement that DFS reflected in its 2014 rate decisions is not materializing, nor do we expect it to occur in 2015. This is mainly because we do not believe that the small group market is contracting as much as it

would have to in order to produce such a significant morbidity improvement. Based upon publicly available filing data, we have estimated that the statewide Small Group enrollment only decreased by 6.9% over the two year period from 2012 to 2014. Please note that this estimate is based upon 1<sup>st</sup> quarter effective membership. If we assume that half of this decrease is attributable to 2014, then the groups leaving the Small Group market would have to be at a morbidity level 114% above the statewide average level in order to produce a 4% overall decrease in morbidity. However, all measures available to us appear to indicate that the morbidity level of the Small Group market is remaining mostly unchanged in 2014, which is the expected result based upon the small decrease in the estimated market size. Furthermore, we do not believe there are any PIPACA changes from 2014 to 2015 that would lead to a different result in 2015. Please also note that the 2015 rate development already assumes a 1% decrease in expected claims through the exclusion of Sole Proprietors.

7. Distribution of Membership by Rating Region: We are not projecting a significant change in the distribution of members by rating region.
8. Credibility Adjustment: There was an average of 432,303 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.
9. SHOP Selection Adjustment: Employees of small groups will be able to select from different carriers and plans when electing coverage in the SHOP exchange. This will result in increased adverse selection and will increase costs. We observe higher costs in the Healthpass business written by Oxford where the employee choice business model is similar. The Healthpass loss ratio was about 9% higher than the New York Oxford's small group average. In order to estimate the impact of this selection in 2015, we have reviewed New York small group loss ratios by the # of plans each group offered. Specifically, we reviewed the loss ratios for groups with 6 to 50 employees since the smaller groups are more likely to only offer 1 plan. The resulting loss ratio for groups with 2+ plans is 17.8% higher than the loss ratio for groups offering only 1 plan. We estimate that 1% of 2015 New York small group membership will purchase coverage in the SHOP. The total selection adjustment is therefore 0.2% (=1% \* 17.8%). We then further adjusted the 0.2% to reflect the percentage of the experience period membership that already offers 2+ plans since the experience for those groups was used to calculate the 2015 small group rates. Approximately 41% of the membership is in groups that offer 2+ plans. So the final SHOP selection adjustment to be applied in the OHI small group claim projection is calculated by multiplying the 0.2% by 59% which results in an overall adjustment of 0.1%.

### **III. Determination of the Premium Rates**

#### **A. Plan Level Adjustments**

1. Pricing Actuarial Values: Consistent with the calculation of the average pricing AV values for the experience period, we also used the UnitedHealthcare proprietary pricing model to determine the AVs for each of the small group plans on the OHI license.

2. Induced Demand and Adjustments: The development of the induced demand factors is described in Section II(C). We used the same values to calculate the new plan rates as were used to calculate the average induced demand adjustment for the experience period. These values are as follows:

Bronze 0.7779  
Silver 0.8012  
Gold 0.8401  
Platinum 0.8946

3. Provider Network Characteristics: Consistent with the values used to calculate the average experience period network value, we have assumed 1.0 for Freedom and 0.976 for Liberty. This filing also includes a new third network. The corresponding factor for plans in this new network used in the rate development is 0.917. These factors apply to total rates.
4. Delivery System Characteristics: Consistent with the values used to calculate the average experience period gatekeeper value, we have assumed 1.0 for non-gatekeeper and 0.96 for gatekeeper. These factors apply to the in-network medical portion of the rates only. Please note that the Gatekeeper adjustment has been applied to the Primary Advantage plans since their plan structure essentially acts as a gatekeeper.
5. Utilization Management Practices: We do not expect any significant changes to our utilization management practices.
6. Benefits in Addition to EHB: We are not adding any benefits in addition to EHB that would require a rate adjustment.
7. Administrative Costs (Excluding Exchange User Fees and Profits): The projected 2015 expense percentage for OHI small group is 13.9% excluding exchange user fees and profits. This includes fixed administration (4.2%), commissions (3.0%), state premium taxes and assessments (3.1%), the PPACA insurer fee (3.2%), and the PPACA reinsurance fee (0.5%).
8. Profit: The requested rates reflect an 85.2% target BCR before the application of the PPACA fees and assessments and 82.0% after the application of the PPACA fees and assessments. This reflects projected profit of 4.0% for OHI small group based upon premium including the PPACA fees and assessments. The projected loss ratio using federally prescribed MLR methodology is 88.0%.
9. Addition of Out-of-Network Benefit Option: We developed the out-of-network adjustment factors by separately projecting the out-of-network portions of the experience period claims using the same assumptions used to project the in-network claims when setting the index rate with two additional adjustments. First, since we will not be offering dual license POS plans in the 2015 portfolio, we included the POS out-of-network claims in this projection. We then used the proprietary UnitedHealthcare pricing model to determine the average out-of-network pricing AV. We determined the new pricing factors by running the out-of-network benefit plan

designs through the pricing model and adjusting the projected out-of-network PMPM by the ratio of the new plan pricing AV to the experience period average AV. We have modified the out-of-network deductibles and out-of-pocket maximums on PPO plans. These changes have been reflected in the development of the out-of-network pricing AVs. The second adjustment is to address the additional adverse selection we expect since OHI is practically the only carrier offering out-of-network benefits in the downstate region. To address this, we have applied a 20% adjustment to the out-of-network rates which increases rates on plans with OON benefits by approximately 1.5%.

10. SMC Rate Credit: On May 14, 2014, DFS instructed UnitedHealthcare Insurance Company of New York, Inc. (“UHIC”) to include a \$3.2M dollar credit in the 2015 Small Group rates due to an SMC Pool overage. Since the business on this license has decreased significantly, this would have resulted in a 64% decrease in 2015 rates. Therefore, as discussed with DFS, we have applied the credit to 2015 Small Group rates for OHP, OHI, and UHIC. The resulting credit is 0.1% based upon projected plan year 2015 premium.

**B. Census Factors**

The requested premium rates reflect the state-mandated tier factors as shown in the table below. We calculated the PMPM-to-single conversion factor of 1.241 using the combined OHP and OHI distribution of members and subscribers for January 2014 as shown in the table below and then adjusted the factor by the ratio of the experience period cost level to the January 2014 cost level. Since there has been a change in contract distribution from 2013 to 2014, we believe this approach most accurately captures this change while still being consistent with the 2013 cost level.

<b>Oxford Small Group Total</b>				
<b>Tier</b>	<b>Members</b>	<b>Subs</b>	<b>Relativity</b>	<b>Conversion Factor</b>
<b>Single</b>	26,019	26,019	1.000	<b>1.262</b>
<b>Parent/Child(ren)</b>	10,005	3,490	1.700	
<b>Couple</b>	10,020	5,010	2.000	
<b>Family</b>	43,040	10,036	2.850	

As described above, we applied a factor of .983 to the 1.262 conversion factor to make the conversion factor consistent with the 2013 cost level. The resulting final conversion factor is 1.241.

**C. Area Factors**

We propose area factors of 1.0 for all regions.

**D. Quarterly Trend Increases**

We are requesting 2.6% quarterly increases for the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters of 2015. We calculated this by taking our projected annual trend to the ¼ power.

## **IV. Supporting Details**

### **A. HHS Actuarial Value Calculator Adjustments**

HHS metal screenshots are included in the filing. For plans using the NY DFS Standard In-Network benefits, we used the screenshots provided by DFS, without modification. For other plans, we calculated federal metal AVs using the HHS AV calculator. We made some modifications to the inputs, which are described below. We only changed the inputs; the final metal AVs came directly from the calculator output. We used only permitted factors in determining the metal AVs. We assumed that the difference between EHBs covered by our plans and those included in the calculator's continuance tables was negligible.

1. We always used 99.999% coinsurance instead of 100% due to unreasonable calculator outputs we observed in testing.
2. We converted copays after deductible (including Rx) to equivalent coinsurance values based on average unit costs from the continuance tables in the calculator.
3. We specially handled the inpatient and outpatient facility copays. Our inpatient copays cover only the facility portion of the service cost, but the HHS AV calculator inpatient copay line corresponds to both facility and professional charges. Our outpatient facility copay does not cover all services included under outpatient facility in the HHS calculator. Therefore we used the 2-tier function of the HHS calculator to more accurately value these copays. On tier 1, the inpatient and / or outpatient copays are applied (converted to coinsurance if appropriate, as discussed above). On tier 2, inpatient and outpatient facility are covered at the plan's general coinsurance level. We used the following weights, which are derived from our company's pricing model, on tier 1:
  - a. 73% if there is an outpatient facility copay but no inpatient facility copay;
  - b. 80% if there is a copay on both; and,
  - c. 100% if there is a copay on neither.
4. Our Rx plans do not have separate copays for Specialty drugs. For the Specialty drug copay calculator input, we calculated the approximate average copay for specialty drugs as the weighted average of the copays in the other 3 tiers, based on the distribution of specialty drugs among those tiers in our data.
5. The AV calculator does not support an Outpatient Facility copay. For such plans, we converted the copay to coinsurance based on the average unit cost from the calculator's continuance tables. For plans with a 2-tier OP surgery copay (Free-standing and Hospital), in the calculator we used the average of the two with 50% weight on each, which was reasonable based on our data.
6. Some plans within this portfolio have different cost-sharing features for family coverage (i.e., when two or more people are covered by the plan) from the cost-sharing features for individual coverage. For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

### **B. Trend**

We develop forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient,

professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

**C. Administrative Costs**

The projected 2015 expense percentage for OHI small group is 13.9% excluding exchange user fees and profits but including PPACA fees and assessments. The projected 2014 expense percentages in the 2014 OHI small group rate filing was 13.2%. The increase in projected expenses is due to the incremental increase in the PPACA Insurer Fee.

**D. Profit Assumptions**

The requested rates reflect an 85.2% target loss ratio before PPACA fees and assessments. The target loss ratio is 82.0% after PPACA fees and assessments consistent with guidance from DFS. The resulting projected profit percentage is 4.0% relative to premium including PPACA fees.

With respect to the DFS request for information on the company’s return on equity (“ROE”), we do not feel that this is an appropriate way to determine future rates due to limitations with the measure as well as the existence of a minimum loss ratio in the law. As shown in the table below, the ROE financial measure is subject to fluctuations from year to year mainly due to the frequency and size of dividend repatriation. ROE is also dependent upon the results of all lines of business and not just small group. In addition, ROE is a fiscal year calculation versus the policy year information provided through this rate filing and, as such, is dependent upon multiple fiscal years and therefore many financial assumptions that may vary from ultimate actual results. We feel a better measure of our profitability trend is based upon net income for which the values have been generally decreasing as shown in the table below.

Year	ROE	Net Income
FY07	21.8% 7.	2%
FY08	19.4% 6.	5%
FY09	12.2% 3.	4%
FY10	41.2% 5.	4%
FY11	37.4% 5.	8%
FY12	28.8% 5.	8%
FY13	19.6% 4.	9%

Please note: ROE calculated as net income divided by prior year capital and surplus.



*Oxford Health Insurance, Inc.*

New York Small Group  
Rates Effective January 1, 2015 – December 31, 2015

**ACTUARIAL CERTIFICATION**

[REDACTED] am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

- (a) The submission is in compliance with all applicable laws and regulations of the State of New York;
- (b) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
  - ASOP No. 5, Incurred Health and Disability Claims
  - ASOP No. 8, Regulatory Filings for Health Plan Entities
  - ASOP No. 12, Risk Clarification
  - ASOP No. 23, Data Quality
  - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/ Casualty Coverages
  - ASOP No. 41, Actuarial Communications
- (c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
- (d) The benefits are reasonable in relation to the premiums charged; and
- (e) The rates are not unfairly discriminatory.

[REDACTED]

[REDACTED]

UnitedHealthcare

June 13, 2014

Federal Rate Filing Justification Part III  
Actuarial Memorandum & Certification  
For Oxford Health Insurance, Inc.

State of New York Rate Review

### **General Information**

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

#### **Company Identifying Information:**

- **Company Legal Name:** Oxford Health Insurance, Inc.
- **State:** New York
- **HIOS Issuer ID:** 85629
- **Market:** Small Group
- **Effective Date:** 1/1/2015 – 12/31/2015

#### **Company Contact Information:**

- **Primary Contact Name:** [REDACTED]
- **Primary Contact Telephone Number:** [REDACTED]

### **Proposed Rate Increase**

Oxford Health Insurance, Inc. ("OHI") is filing rates for benefit plans written under existing policy forms and certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). The average requested annual rate increase for 1<sup>st</sup> quarter renewals is 11.3%. In addition to new rates effective 1/1/2015, we are also filing 2.6% quarterly trend increases for each of the last three quarters in 2015.

### **Reasons for Rate Increase**

The rate filing we have made is seeking an increase mainly related to rising medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. There are many different medical, or health care, cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which will mean a premium increase to cover costs. The 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarter 2015 quarterly increases of 2.6% are based upon projected annual increases in utilization trend (5.5%), unit cost trend (4.1%), and benefit leveraging (1.0%).

### **Experience Period Premiums and Claims**

- **Experience Period:** The experience period is 1/1/2013 to 12/31/2013 paid through 2/28/2014.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are shown in Part I. The earned premiums are the sum of the actual premium amounts in the experience period for all small group OHI policies with the exception of sole proprietors which were removed per instructions received from the New York State Department of Financial Services ("DFS"). OHI

does not anticipate paying any MLR rebates for this company for the months included in the experience period.

- **Allowed and Incurred Claims Incurred During the Experience Period:** The incurred and allowed claims were extracted from internal data warehouses and financial reports and include fee-for-service medical claims, fee-for-service pharmacy claims, graduate medical expense, HCRA hospital surcharge, pharmacy rebates, and capitations. We added estimates of incurred but not reported ("IBNR") claims to the incurred and allowed claims. In order to calculate the IBNR amounts, we used a completion factor method based on actual adjudicated claims as well as taking the current inventory into account. We also use seasonality estimates to help guide our picks where completion factors may not have been credible.

### **Benefit Categories**

Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

### **Projection Factors**

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** We have estimated that the cost increase of adding benefits to comply with the Essential Health Benefits ("EHB") provision is 1.6%. This estimate was developed using the UnitedHealthcare proprietary pricing model. The EHB line also includes an additional 0.5% adjustment to add pharmacy claims for the groups that did not have pharmacy coverage during the experience period. This adjustment was developed based upon the average pharmacy claim PMPM.
- **Changes in Demographics:** No changes in demographics are assumed.
- **Other Adjustments:** The claim projection includes an adjustment factor of +0.1% to reflect the anticipated adverse selection and increased cost that we estimate will occur due to the employee choice model being implemented in the New York SHOP. In addition, the rate development includes a 0.1% credit for SMC Pool coverage as instructed by NY DFS.
- **Trend Factors:** UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data.

Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

### **Credibility**

There was an average of 432,303 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.

### **Paid to Allowed Ratio**

We have developed the average paid to allowed factor for the projection period based upon a combination of the distribution of the Oxford small group members by plan and the pricing actuarial values for those plans.

### **Risk Adjustment and Reinsurance**

- **Projected Risk Adjustments:** DFS and Deloitte performed risk adjustment modeling based upon data received from New York health plans. We analyzed the results of this analysis and made a slight adjustment based upon this review. As a result, we project OHI will be a net receiver and have included a 5.1% reduction to the index rate to account for this.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of \$3.32 PMPM for the reinsurance fee. We have assumed no reinsurance recoveries since it is not applicable to small group.

### **Non-Benefit Expenses and Risk Margin**

The 7.2% administrative expense load includes general administration (4.2%) and broker commissions (3.0%). We have estimated the expenses included in the development of the proposed rates based upon actual historical expenses and financial projections.

### **Projected Profit & Risk Margin**

The projected profit and risk margin is 4.0% before state and federal income taxes and 2.6% after.

### **Taxes and Fees**

The 8.2% includes state premium tax and assessments (3.1%), PPACA Insurer fee (3.2%), and state and federal income taxes (2.0%). This excludes the \$3.32 PMPM reinsurance fee.

### **Projected Loss Ratio**

The projected loss ratio using federally prescribed MLR methodology is 88.0%.

### **Index Rate**

The index rate of the experience period is \$516.61 and reflects the total allowed claims PMPM from the experience period for EHB benefits only. The index rate for the projection period is \$670.40. We applied 6 months of trend, at our 2015 annual trend rate of 10.9%, to the projection period index rate. This accounts for Small Group quarterly trend, under the assumption that members are equally distributed among the quarters.

### **AV Metal Values**

HHS metal screenshots are included in the filing. For plans using the NY DFS Standard In-Network benefits, we used the screenshots provided by DFS, without modification. For other plans, we calculated federal metal AVs using the HHS AV calculator. We made some modifications to the inputs, which are described below. We only changed the inputs; the final metal AVs came directly from the calculator output. We used only permitted factors in determining the metal AVs. We assumed that the difference between EHBs covered by our plans and those included in the calculator's continuance tables was negligible.

1. We always used 99.999% coinsurance instead of 100% due to unreasonable calculator outputs we observed in testing.
2. We converted copays after deductible (including Rx) to equivalent coinsurance values based on average unit costs from the continuance tables in the calculator.
3. We specially handled the inpatient and outpatient facility copays. Our inpatient copays cover only the facility portion of the service cost, but the HHS AV calculator inpatient copay line corresponds to both facility and professional charges. Our outpatient facility copay does not cover all services included under outpatient facility in the HHS calculator. Therefore we used the 2-tier function of the HHS calculator to more accurately value these copays. On tier 1, the inpatient and / or outpatient copays are applied (converted to coinsurance if appropriate, as discussed above). On tier 2, inpatient and outpatient facility are covered at the plan's general coinsurance level. We used the following weights, which are derived from our company's pricing model, on tier 1:
  - a. 73% if there is an outpatient facility copay but no inpatient facility copay;
  - b. 80% if there is a copay on both; and,
  - c. 100% if there is a copay on neither.

4. Our Rx plans do not have separate copays for Specialty drugs. For the Specialty drug copay calculator input, we calculated the approximate average copay for specialty drugs as the weighted average of the copays in the other 3 tiers, based on the distribution of specialty drugs among those tiers in our data.
5. The AV calculator does not support an Outpatient Facility copay. For such plans, we converted the copay to coinsurance based on the average unit cost from the calculator's continuance tables. For plans with a 2-tier OP surgery copay (Free-standing and Hospital), in the calculator we used the average of the two with 50% weight on each, which was reasonable based on our data.
6. Some plans within this portfolio have different cost-sharing features for family coverage (i.e., when two or more people are covered by the plan) from the cost-sharing features for individual coverage. For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

I certify that the values were developed in accordance with generally accepted actuarial principles and methodologies.

#### **AV Pricing Values**

The AV pricing values in Worksheet 2 reflect the product of plan relativities from the proprietary UnitedHealthcare pricing model, utilization adjustments, gatekeeper adjustments, and network adjustments. The relativities from the UnitedHealthcare model reflect the cost sharing differences between plans and do not include any adjustments for health status or utilization. The utilization adjustments were also determined by the proprietary UnitedHealthcare pricing model and only reflect utilization differences due to the levels of cost sharing. For the gatekeeper adjustment, we have assumed factors of 1.0 for non-gatekeeper and 0.96 for gatekeeper. For the network differences, we have assumed factors of 1.0 for Freedom and 0.976 for Liberty. These adjustments do not reflect any differences in anticipated risk status. Please note that the gatekeeper factors apply to in-network medical claims only.

#### **Membership Projections**

We are not projecting any significant changes in membership.

#### **Terminated Products**

No products are being terminated.

#### **Plan Type**

Not applicable.

**Warning Alerts**

Not applicable

**Reliance**

Not applicable.

**Actuarial Certification**

I, [REDACTED] am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

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

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

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

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

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Proprietary & Confidential

Sincerely,

[Redacted signature block]

[Redacted name]

UnitedHealthcare  
48 Monroe Turnpike  
Trumbull, CT 06611

[Redacted contact information]

# EPO \$50 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$750.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$750.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$250.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.794553%

Metal Tier:

Gold

# EPO 10/20 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$10.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$10.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	98%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

90.227626%

Metal Tier:

Platinum

# EPO 15/25 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$800.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$800.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$200.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$15.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$90.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.527877%

Metal Tier:

Gold

# EPO 15/25 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$800.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$800.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$200.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$15.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$25.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$90.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.527877%

Metal Tier:

Gold

# EPO 20/30 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.089947%

Metal Tier:

Platinum

# EPO 20/40 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,250.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,250.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$200.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$90.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.256436%

Metal Tier:

Gold

# EPO 20/40 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,250.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,250.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$200.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$90.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.256436%

Metal Tier:

Gold

# EPO 40/70 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$6,350.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$6,350.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$40.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.922217%

Metal Tier:

Silver

# EPO 40/70 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$6,350.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$6,350.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$40.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.922217%

Metal Tier:

Silver

# EPO HSA \$1500 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.059973%

Gold

# EPO HSA \$2000 25/50 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	80.00%
OOP Maximum (\$)	\$0.00		\$5,500.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	80.00%
OOP Maximum (\$)	\$0.00		\$5,500.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

68.194370%

Metal Tier:

Silver

# EPO HSA \$2000 25/50 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	80.00%
OOP Maximum (\$)	\$0.00		\$5,500.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	80.00%
OOP Maximum (\$)	\$0.00		\$5,500.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

68.194370%

Metal Tier:

Silver

# EPO HSA \$2000 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

68.090625%

Metal Tier:

Silver

# EPO HSA \$2000 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.090625%

Silver

# EPO HSA \$3500 40/75 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$3,500.00
Coinsurance (%; Insurer's Cost Share)	0.00%	0.00%	50.00%
OOP Maximum (\$)	\$0.00		\$6,350.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$3,500.00
Coinsurance (%; Insurer's Cost Share)	0.00%	0.00%	50.00%
OOP Maximum (\$)	\$0.00		\$6,350.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00
All Inpatient Hospital Services (inc. MESA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

61.821757%

Metal Tier:

Bronze

# EPO HSA \$5000 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$5,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	80.00%
OOP Maximum (\$)	\$0.00		\$6,350.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

58.920808%

Metal Tier:

Bronze

# EPO HSA \$5000 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$5,000.00
Coinsurance (%; Insurer's Cost Share)	0.00%	80.00%
OOP Maximum (\$)	\$0.00	\$6,350.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

58.920808%

Metal Tier:

Bronze

# PPO 10/20 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$10.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$10.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	98%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

90.227626%

Metal Tier:

Platinum

# PPO 20/30 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.089947%

Metal Tier:

Platinum

PPO 25/40 F Non-Gated OHI

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$200.00	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$25.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$40.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$40.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	80%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.962509%

Metal Tier:

Gold

# PPO 40/70 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$6,350.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$6,350.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$40.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.922217%

Metal Tier:

Silver

# PPO 40/70 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$6,350.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$6,350.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$40.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$70.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.922217%

Metal Tier:

Silver

# PPO HSA \$1500 F Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.059973%

Metal Tier:

Gold

PPO HSA \$2000 30/60 F Non-Gated OHI

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	90.00%
OOP Maximum (\$)	\$0.00		\$5,500.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	90.00%
OOP Maximum (\$)	\$0.00		\$5,500.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	78%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	78%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	64%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	64%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	51%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	51%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

69.164843%

Metal Tier:

Silver

# PPO HSA \$3750 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$3,750.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	80.00%
OOP Maximum (\$)	\$0.00		\$6,350.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
All Inpatient Hospital Services (inc. MESA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

61.517186%

Metal Tier:

Bronze

# Prim Adv EPO \$1500 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$1,500.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	100.00%
OOP Maximum (\$)	\$0.00		\$5,500.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$25.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.165038%

Metal Tier:

Silver

# Prim Adv EPO \$500 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	0.00%	100.00%
OOP Maximum (\$)	\$0.00	\$4,000.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	0.00%	100.00%
OOP Maximum (\$)	\$0.00	\$4,000.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$25.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.726032%

Metal Tier:

Gold

# Standard EPO 15/35 L Gated OHI

## User Inputs for Plan Parameters

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

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

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.28%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

### Options for Additional Benefit Design Limits:

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

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.12%

Platinum

# Standard PPO 15/35 L Gated OHI

## User Inputs for Plan Parameters

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

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

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.28%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

### Options for Additional Benefit Design Limits:

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

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.12%

Platinum

# Standard EPO 25/40 L Gated OHI

## User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	96.12%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93.22%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

### Options for Additional Benefit Design Limits:

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

### Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 79.05%  
 Metal Tier: Gold

# Standard EPO 30/50 L Gated OHI

## User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

### Options for Additional Benefit Design Limits:

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

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

# Standard PPO 30/50 L Gated OHI

## User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

### Options for Additional Benefit Design Limits:

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

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

# Standard EPO \$3000 L Gated OHI

## User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$) \$3,000.00
		Coinsurance (%, Insurer's Cost Share) 50.00%
		OOP Maximum (\$) \$6,350.00
		OOP Maximum if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

### Options for Additional Benefit Design Limits:

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

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.99%

Bronze

# EPO 10/20 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$10.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$10.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$20.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	98%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

90.227626%

Metal Tier:

Platinum

# EPO HSA \$1500 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.059973%

Metal Tier:

Gold

# EPO \$50 L Non-Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$750.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$750.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$250.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$50.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$90.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.794553%

Metal Tier:

Gold

EPO 30/60 L Gated OHI

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$200.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$100.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$36.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$36.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.220935%

Metal Tier:

Gold

# Prim Adv EPO \$4000 G Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$4,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	90.00%
OOP Maximum (\$)	\$0.00		\$6,600.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$4,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	90.00%
OOP Maximum (\$)	\$0.00		\$6,600.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	90%	\$40.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	64%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	64%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	51%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	51%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	58%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	58%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

60.474569%

Metal Tier:

Bronze

# EPO HSA \$5000 G Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$5,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	70.00%
OOP Maximum (\$)	\$0.00		\$6,450.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
All Inpatient Hospital Services (inc. MESA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

58.756599%

Metal Tier:

Bronze

# EPO HSA \$3750 40/75 G Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$3,750.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	60.00%
OOP Maximum (\$)	\$0.00		\$6,450.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$3,750.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	60.00%
OOP Maximum (\$)	\$0.00		\$6,450.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	\$0.00
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

60.840702%

Metal Tier:

Bronze

# EPO \$1200 30/60 G Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,200.00	\$250.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,500.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,200.00	\$250.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,500.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$400.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$400.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$150.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$150.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$60.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$60.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$35.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$35.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	68%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.465947%

Metal Tier:

Gold

# EPO \$1000 30/60 G Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	0.00%
OOP Maximum (\$)	\$4,000.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$400.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$400.00
All Inpatient Hospital Services (inc. MESA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	98%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$150.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$60.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$35.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$35.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	98%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	98%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	68%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.850975%

Metal Tier:

Gold

# EPO 25/50 G Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$5,600.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$5,600.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
All Inpatient Hospital Services (inc. MESA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$25.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	54%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	58%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	58%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.970949%

Metal Tier:

Silver

# EPO HSA \$2000 35/50 G Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	73%
		2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	70.00%
OOP Maximum (\$)	\$0.00		\$4,500.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	70.00%
OOP Maximum (\$)	\$0.00		\$4,500.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	\$0.00
All Inpatient Hospital Services (inc. MESA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%	\$0.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	83%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

69.131616%

Metal Tier:

Silver

# Prim Adv EPO \$1500 G Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$1,500.00
Coinsurance (%; Insurer's Cost Share)	0.00%	0.00%	100.00%
OOP Maximum (\$)	\$0.00		\$6,000.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$1,500.00
Coinsurance (%; Insurer's Cost Share)	0.00%	0.00%	100.00%
OOP Maximum (\$)	\$0.00		\$6,000.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	\$0.00
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	98%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$40.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	64%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	64%	\$0.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	51%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	51%	\$0.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$0.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%	\$0.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	98%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	98%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	83%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

69.215187%

Metal Tier:

Silver

# EPO 25/50 L Gated OHI

## User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$5,600.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	70.00%	100.00%	0.00%
OOP Maximum (\$)	\$5,600.00		\$0.00
OOP Maximum if Separate (\$)	\$0.00	\$0.00	

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$25.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$50.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	\$0.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	54%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	58%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	58%	

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$0
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.970949%

Metal Tier:

Silver

## EXHIBIT 13: NUMERICAL SUMMARY

**Company Name:** Oxford Health Insurance, Inc.  
**NAIC Code:** 78026  
**SERFF Tracking #:** UHLC-129581296  
**Market Segment:** Small Groups Off Exchange

### **A. Average 2014 and 2015 Premium Rates:**

Premium Rates are based on the following criteria:

- 1) The average monthly premium rates for 1st quarter rates for Employee Only.
- 2) The average arithmetic premium rates for all plans combined and for all regions combined.
- 3) Rates include Through Age 29, Domestic Partner and Family Planning Coverages.

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	\$850.82	\$711.08	\$602.06	\$486.04	N/A
2015 Premium Rates	\$945.90	\$765.82	\$644.18	\$515.91	N/A

### **B. Weighted Average Annual Percentage Requested Adjustments\*:**

	2014 to 2015
Requested Rate Adjustment	11.5%

### **C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [If Applicable]\*:**

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	16.7%	17.8%	N/A

### **D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]\*:**

	2011	2012	2013
MLR	80.3%	80.4%	84.2%

### **E. Claim Trend Rates and Average Ratios to Earned Premiums [If Applicable]\*:**

	2013	2014	2015
Annual Claim Trend Rates	12.5%	10.5%	10.9%
Expense Ratios	11.6%	13.2%	13.9%
Pre Tax Profit Ratios	5.5%	5.5%	4.0%

\* If product was not offered in a particular year, indicate "N/A" in the applicable box.

**EXHIBIT 14 - PART B: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES**

-- for Small Group Medical Plans

**Company Name:** Oxford Health Insurance, Inc.  
**NAIC Code:** 78026  
**SERFF Tracking #:** UHLC-129581383  
**Market Segment:** Small Groups Off Exchange

**Small Group Medical Products**

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Platinum	99 - All Regions	EPO	EPO	11.33%	12.41%	11.33%
Small Group	1/1/2015	Gold	99 - All Regions	EPO	EPO	6.47%	12.35%	11.28%
Small Group	1/1/2015	Silver	99 - All Regions	EPO	EPO	4.80%	12.35%	11.27%
Small Group	1/1/2015	Bronze	99 - All Regions	EPO	EPO	9.22%	9.27%	9.27%
Small Group	1/1/2015	Platinum	99 - All Regions	PPO	PPO	11.40%	12.60%	11.43%
Small Group	1/1/2015	Gold	99 - All Regions	PPO	PPO	11.50%	12.15%	11.64%
Small Group	1/1/2015	Silver	99 - All Regions	PPO	PPO	12.20%	13.01%	12.20%
Small Group	1/1/2015	Bronze	99 - All Regions	PPO	PPO	9.36%	9.36%	9.36%
Small Group	4/1/2015	Platinum	99 - All Regions	EPO	EPO	11.45%	12.52%	11.45%
Small Group	4/1/2015	Gold	99 - All Regions	EPO	EPO	6.58%	12.46%	11.39%
Small Group	4/1/2015	Silver	99 - All Regions	EPO	EPO	4.91%	12.47%	11.39%
Small Group	4/1/2015	Bronze	99 - All Regions	EPO	EPO	9.33%	9.39%	9.39%
Small Group	4/1/2015	Platinum	99 - All Regions	PPO	PPO	11.51%	12.71%	11.55%
Small Group	4/1/2015	Gold	99 - All Regions	PPO	PPO	11.61%	12.27%	11.75%
Small Group	4/1/2015	Silver	99 - All Regions	PPO	PPO	12.32%	13.13%	12.32%
Small Group	4/1/2015	Bronze	99 - All Regions	PPO	PPO	9.47%	9.47%	9.47%
Small Group	7/1/2015	Platinum	99 - All Regions	EPO	EPO	11.56%	12.63%	11.56%
Small Group	7/1/2015	Gold	99 - All Regions	EPO	EPO	6.68%	12.58%	11.50%
Small Group	7/1/2015	Silver	99 - All Regions	EPO	EPO	5.02%	12.58%	11.50%
Small Group	7/1/2015	Bronze	99 - All Regions	EPO	EPO	9.45%	9.50%	9.50%
Small Group	7/1/2015	Platinum	99 - All Regions	PPO	PPO	11.63%	12.83%	11.66%
Small Group	7/1/2015	Gold	99 - All Regions	PPO	PPO	11.73%	12.38%	11.86%
Small Group	7/1/2015	Silver	99 - All Regions	PPO	PPO	12.43%	13.24%	12.43%
Small Group	7/1/2015	Bronze	99 - All Regions	PPO	PPO	9.58%	9.58%	9.58%
Small Group	10/1/2015	Platinum	99 - All Regions	EPO	EPO	11.67%	12.75%	11.67%
Small Group	10/1/2015	Gold	99 - All Regions	EPO	EPO	6.79%	12.69%	11.61%
Small Group	10/1/2015	Silver	99 - All Regions	EPO	EPO	5.12%	12.70%	11.61%
Small Group	10/1/2015	Bronze	99 - All Regions	EPO	EPO	9.56%	9.61%	9.61%
Small Group	10/1/2015	Platinum	99 - All Regions	PPO	PPO	11.74%	12.94%	11.77%
Small Group	10/1/2015	Gold	99 - All Regions	PPO	PPO	11.84%	12.49%	11.98%
Small Group	10/1/2015	Silver	99 - All Regions	PPO	PPO	12.54%	13.36%	12.55%
Small Group	10/1/2015	Bronze	99 - All Regions	PPO	PPO	9.70%	9.70%	9.70%

**EXHIBIT 15 - PART B: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR SMALL GROUP PRODUCTS**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Tracking #: UHLC-129581383  
 Market Segment: Small Groups Off Exchange

**Distribution by Requested Rate Adjustment**

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of Members with Requested Percentage Rate Change at Renewal										
								3/31/2014	Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%
Small Group	1/1/2015	Platinum	99 - All Regions	11.4%	\$ 410,598,717	49,211	n/a	0	0	0	0	49,211	0	0	0	0	0	0
Small Group	1/1/2015	Gold	99 - All Regions	11.4%	\$ 337,492,735	49,157	n/a	0	0	0	0	49,157	0	0	0	0	0	0
Small Group	1/1/2015	Silver	99 - All Regions	11.4%	\$ 210,396,175	36,957	n/a	0	0	134	0	36,823	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	99 - All Regions	9.3%	\$ 39,815,351	8,950	n/a	0	0	0	8,950	0	0	0	0	0	0	0
<b>Market Segment Total:</b>				11.3%	\$ 998,302,978	144,275	n/a	0	0	134	8,950	135,191	0	0	0	0	0	0



EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLIC-129581296  
 Market Segment: Small Groups Off Exchange

- 1) Complete a separate ROW for each base medical policy form included in the rate adjustment filing.
  - Information requested applies to New York State business only and for all rating regions combined.
  - Include riders that may be available with that policy form in each policy form response. Discontinued policy forms and products are to be included in the Exhibit.
  - Insert additional rows as needed to include all base medical policy forms included in a particular market segment for Small Groups, Small Group Sole Proprietors and Small Group HNY Business.
  - Add a row with the aggregate values for that entire market segment (including any Small Group Healthy NY and enter an appropriate identifier in column 1b (such as TOTAL).
- 2) In Column 4, market segment refers to Small Group, Small Group Sole Proprietors and Small Group Healthy NY Business.
- 3) Product type is HMO, HMO based POS, POS-00N, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, and Consumer Health Plans. Indicate appropriate designation for policy form, etc.
- 4) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with DFS.
- 5) Paid claims in Columns 14.6, 15.6 and 16.6 are all claims paid during experience period regardless of incurred dates.
- 6) Note that many cells include a drop down list. Use the drop down list for entries.
- 7) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 8) This exhibit must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form										Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)												
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identification	3. Effective date of rate change (mm/dd/yy)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	14.1 Beginning Date of the experience period (mm/dd/yy)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from payments to the Regulation 146 pool or federal risk sharing pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from payments to the Regulation 146 pool or federal risk sharing pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools as a negative value (\$)	14.9 Adjustment to the incurred claims for the period due to payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts from the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)		
OHINY EPO	EPO	EPO	EPO	01/01/2015	SG-All Others	EPO	Yes	Closed	53,732	332,511	XX	01/01/13	12/31/13	3,745,489	1,772,935,789	1,909,671,531	1,476,531,409	1,481,412,423	0	10,820,431	193,080,468	XX
OHINY SB	Direct	Direct	PPO	01/01/2015	SG-All Others	PPO	Yes	Closed	12,858	74,218	XX	01/01/13	12/31/13	885,655	472,563,248	502,910,647	409,395,949	405,411,667	0	2,558,590	51,464,206	XX
OHINY SB	Metro	Metro	PPO	01/01/2015	SG-All Others	PPO	Yes	Closed	7,755	42,241	XX	01/01/13	12/31/13	556,496	398,079,317	434,171,814	331,700,882	317,252,383	0	1,607,674	43,352,580	XX
OHINY EPO	EPO	EPO	EPO	01/01/2015	SG-Sole P	EPO	Yes	Closed	6,462	11,149	XX	01/01/13	12/31/13	133,631	70,842,034	76,289,020	61,203,122	63,568,001	0	386,050	7,715,008	XX
OHINY SB	Direct	Direct	PPO	01/01/2015	SG-Sole P	PPO	Yes	Closed	3,521	6,536	XX	01/01/13	12/31/13	79,612	46,288,538	49,393,528	35,967,188	39,043,048	0	229,993	5,041,024	XX
OHINY SB	Metro	Metro	PPO	01/01/2015	SG-Sole P	PPO	Yes	Closed	22	759	XX	01/01/13	12/31/13	9,966	7,336,191	8,021,064	6,195,614	9,137,171	0	28,791	798,943	XX
<b>Total</b>									<b>84,350</b>	<b>467,414</b>	<b>XX</b>	<b>01/01/13</b>	<b>12/31/13</b>	<b>5,410,849</b>	<b>2,768,045,117</b>	<b>2,980,457,604</b>	<b>2,320,994,165</b>	<b>2,315,824,693</b>	<b>0</b>	<b>15,631,529</b>	<b>301,452,230</b>	<b>XX</b>
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)												
15.1 Beginning date of the experience period (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts from the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts from the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)			
XX	01/01/12	12/31/12	3,054,665	1,392,990,493	1,601,732,065	1,064,092,114	1,116,789,405	0	3,738,375	156,792,263	XX	01/01/11	12/31/11	2,154,929	982,390,359	1,204,307,744	762,841,003	777,784,450	0	4,252,051	126,844,931	XX
XX	01/01/12	12/31/12	901,125	454,414,656	513,905,980	357,314,451	360,052,189	0	1,102,819	49,301,000	XX	01/01/11	12/31/11	954,933	455,540,704	561,057,381	372,830,601	365,116,540	0	1,884,249	57,915,180	XX
XX	01/01/12	12/31/12	648,075	424,843,742	502,072,033	339,287,659	342,046,948	0	793,130	43,287,162	XX	01/01/11	12/31/11	728,326,000	447,887,270	566,132,319	367,607,084	361,602,895	0	1,437,114	53,171,827	XX
XX	01/01/12	12/31/12	126,407	62,312,171	71,709,739	47,004,322	49,401,284	0	154,700	7,013,735	XX	01/01/11	12/31/11	112,458,000	53,128,806	64,484,202	41,123,383	43,975,253	0	221,899	6,859,921	XX
XX	01/01/12	12/31/12	81,746	44,398,585	50,234,903	32,593,261	34,699,651	0	100,043	4,816,954	XX	01/01/11	12/31/11	75,360,000	36,406,499	44,628,418	25,968,607	27,959,902	0	148,698	4,628,541	XX
XX	01/01/12	12/31/12	12,096	8,174,736	9,752,676	6,087,944	9,321,115	0	14,803	832,921	XX	01/01/11	12/31/11	18,601,000	11,828,531	14,906,110	8,612,498	11,230,008	0	36,703	1,404,248	XX
XX	01/01/12	12/31/12	4,824,114	2,387,134,383	2,749,407,397	1,846,379,750	1,912,310,592	0	5,903,870	262,044,036	XX	01/01/11	12/31/11	4,044,607	1,987,182,170	2,455,516,174	1,578,983,176	1,587,669,048	0	7,980,715	250,824,647	XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
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XX											XX											XX

**Exhibit 18 - Index Rate/Plan-Design Level Adjustment Worksheet**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581383  
 Market Segment : Small Groups Off Exchange

Separate column for each plan design (on or off Exchange)

Line #	General	Separate column for each plan design (on or off Exchange)					
1	Product*	EPO	PPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY001	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Gold
4	AV Metal Value (HHS Calculator)*	62.0%	61.5%	61.8%	58.9%	58.9%	79.0%
5	AV Pricing Value (total, risk pool experience based)*	62.0%	60.1%	59.8%	57.0%	57.0%	82.0%
6	Plan Type*	EPO	PPO	EPO	EPO	EPO	EPO
7	Plan Name*	Standard EPO \$3000 L Gated OHI	PPO HSA \$3750 L Non-Gated OHI	EPO HSA \$3500 40/75 L Non-Gated OHI	EPO HSA \$5000 F Non-Gated OHI	EPO HSA \$5000 L Non-Gated OHI	Standard EPO 25/40 L Gated OHI
8	HIOS Plan ID*	85629NY0010028	85629NY0050172	85629NY0010164	85629NY0010316	85629NY0010156	85629NY0010018
9	Exchange Plan?*	No	No	No	No	No	No

\* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	\$ 2,161,348,155					
10B	Member-Months for Latest Experience Period	5,187,640					
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	416.63					
11	Average Pricing Actuarial Value reflected in experience period	0.674					
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>

7	Plan Name*	Standard EPO \$3000 L Gated OHI	PPO HSA \$3750 L Non-Gated OHI	EPO HSA \$3500 40/75 L Non-Gated OHI	EPO HSA \$5000 F Non-Gated OHI	EPO HSA \$5000 L Non-Gated OHI	Standard EPO 25/40 L Gated OHI
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**Market Wide Adjustments to the AV  
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level	1.021					
14	Market wide adjustment for changes in provider network **	1.000					
15	Market wide adjustment for fee schedule changes **	1.000					
16	Market wide adjustment for utilization management changes **	1.000					
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **	1.000					
18	<b>Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **</b>	1.000					
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>	<b>1.000</b>					
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000					
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	0.949					
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.000					
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000					
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.242					
25	Other 1 (specify)	1.000					
26	Other 2 (specify)	1.000					
27	Other 3 (specify)	1.000					
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>

\*\* Not Included in Claim Trend Adjustment

7	Plan Name*	Standard EPO \$3000 L Gated OHI	PPO HSA \$3750 L Non-Gated OHI	EPO HSA \$3500 40/75 L Non-Gated OHI	EPO HSA \$5000 F Non-Gated OHI	EPO HSA \$5000 L Non-Gated OHI	Standard EPO 25/40 L Gated OHI
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**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.620	0.601	0.598	0.570	0.570	0.820
30	Pricing actuarial value (only the induced demand factor) #	0.778	0.778	0.778	0.778	0.778	0.840
31	Impact of provider network characteristics ##	0.976	0.976	0.976	1.000	0.976	0.976
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	0.968	1.000	1.000	1.000	1.000	0.968
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.042	1.042	1.042	1.042	1.042	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.095	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
41	SHOP Selection, Reg 146 Payback	1.000	1.000	1.000	1.000	1.000	1.000
42	Pediatric Dental and Vision	1.009	1.009	1.009	1.010	1.010	1.007
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.560</b>	<b>0.614</b>	<b>0.559</b>	<b>0.545</b>	<b>0.532</b>	<b>0.798</b>

# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>416.54</b>	<b>456.84</b>	<b>415.54</b>	<b>405.70</b>	<b>395.92</b>	<b>593.72</b>
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**Exhibit 18 - Index Rate/Plan-Design Level Ad**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581383  
 Market Segment : Small Groups Off Exchange

Line #	General						
1	Product*	PPO	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	80.0%	79.8%	81.5%	81.5%	78.3%	78.3%
5	AV Pricing Value (total, risk pool experience based)*	80.9%	82.0%	83.5%	83.5%	81.4%	81.4%
6	Plan Type*	PPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	PPO 25/40 F Non-Gated OHI	EPO \$50 F Non-Gated OHI	EPO 15/25 F Non-Gated OHI	EPO 15/25 L Non-Gated OHI	EPO 20/40 F Non-Gated OHI	EPO 20/40 L Non-Gated OHI
8	HIOS Plan ID*	85629NY0050044	85629NY0010084	85629NY0010240	85629NY0010052	85629NY0010248	85629NY0010060
9	Exchange Plan?*	No	No	No	No	No	No

\* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period						
10B	Member-Months for Latest Experience Period						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)						
11	Average Pricing Actuarial Value reflected in experience period						
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>

7	Plan Name*	PPO 25/40 F Non-Gated OHI	EPO \$50 F Non-Gated OHI	EPO 15/25 F Non-Gated OHI	EPO 15/25 L Non-Gated OHI	EPO 20/40 F Non-Gated OHI	EPO 20/40 L Non-Gated OHI
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**Market Wide Adjustments to the AV  
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level						
14	Market wide adjustment for changes in provider network **						
15	Market wide adjustment for fee schedule changes **						
16	Market wide adjustment for utilization management changes **						
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **						
18	<b>Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **</b>						
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>						
20	Adjustment for changes in distribution of risk pool membership by rating regions **						
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
23	Impact of adjustments due to experience period claim data not being sufficiently credible						
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
25	Other 1 (specify)						
26	Other 2 (specify)						
27	Other 3 (specify)						
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	1.203	1.203	1.203	1.203	1.203	1.203

\*\* Not Included in Claim Trend Adjustment

7	Plan Name*	PPO 25/40 F Non-Gated OHI	EPO \$50 F Non-Gated OHI	EPO 15/25 F Non-Gated OHI	EPO 15/25 L Non-Gated OHI	EPO 20/40 F Non-Gated OHI	EPO 20/40 L Non-Gated OHI
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**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.809	0.820	0.835	0.835	0.814	0.814
30	Pricing actuarial value (only the induced demand factor) #	0.840	0.840	0.840	0.840	0.840	0.840
31	Impact of provider network characteristics ##	1.000	1.000	1.000	0.976	1.000	0.976
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.042	1.042	1.042	1.042	1.042	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.091	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
41	SHOP Selection, Reg 146 Payback	1.000	1.000	1.000	1.000	1.000	1.000
42	Pediatric Dental and Vision	1.006	1.006	1.006	1.006	1.006	1.006
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.909</b>	<b>0.844</b>	<b>0.860</b>	<b>0.839</b>	<b>0.838</b>	<b>0.818</b>

# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>676.62</b>	<b>628.28</b>	<b>639.71</b>	<b>624.24</b>	<b>623.84</b>	<b>608.75</b>
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**Exhibit 18 - Index Rate/Plan-Design Level Ad**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581383  
 Market Segment : Small Groups Off Exchange

Line #	General						
1	Product*	PPO	EPO	EPO	EPO	PPO	EPO
2	Product ID*	85629NY005	85629NY001	85629NY001	85629NY001	85629NY002	85629NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	79.1%	79.1%	78.7%	88.1%	88.1%	90.2%
5	AV Pricing Value (total, risk pool experience based)*	79.3%	79.3%	82.6%	91.0%	91.0%	91.5%
6	Plan Type*	PPO	EPO	EPO	EPO	PPO	EPO
7	Plan Name*	PPO HSA \$1500 F Non-Gated OHI	EPO HSA \$1500 F Non-Gated OHI	Prim Adv EPO \$500 L Non-Gated OHI	Standard EPO 15/35 L Gated OHI	Standard PPO 15/35 L Gated OHI	EPO 10/20 F Non-Gated OHI
8	HIOS Plan ID*	85629NY0050068	85629NY0010076	85629NY0010092	85629NY0010013	85629NY0020007	85629NY0010336
9	Exchange Plan?*	No	No	No	No	No	No

\* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period						
10B	Member-Months for Latest Experience Period						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)						
11	Average Pricing Actuarial Value reflected in experience period						
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>

7	Plan Name*	PPO HSA \$1500 F Non-Gated OHI	EPO HSA \$1500 F Non-Gated OHI	Prim Adv EPO \$500 L Non-Gated OHI	Standard EPO 15/35 L Gated OHI	Standard PPO 15/35 L Gated OHI	EPO 10/20 F Non- Gated OHI
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**Market Wide Adjustments to the AV  
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level						
14	Market wide adjustment for changes in provider network **						
15	Market wide adjustment for fee schedule changes **						
16	Market wide adjustment for utilization management changes **						
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **						
18	<b>Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **</b>						
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>						
20	Adjustment for changes in distribution of risk pool membership by rating regions **						
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
23	Impact of adjustments due to experience period claim data not being sufficiently credible						
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
25	Other 1 (specify)						
26	Other 2 (specify)						
27	Other 3 (specify)						
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>

\*\* Not Included in Claim Trend Adjustment

7	Plan Name*	PPO HSA \$1500 F Non-Gated OHI	EPO HSA \$1500 F Non-Gated OHI	Prim Adv EPO \$500 L Non-Gated OHI	Standard EPO 15/35 L Gated OHI	Standard PPO 15/35 L Gated OHI	EPO 10/20 F Non- Gated OHI
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**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.793	0.793	0.826	0.910	0.910	0.915
30	Pricing actuarial value (only the induced demand factor) #	0.840	0.840	0.840	0.895	0.895	0.895
31	Impact of provider network characteristics ##	1.000	1.000	0.976	0.976	0.976	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	1.000	1.000	0.968	0.968	0.968	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.042	1.042	1.042	1.042	1.042	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.086	1.000	1.000	1.000	1.084	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
41	SHOP Selection, Reg 146 Payback	1.000	1.000	1.000	1.000	1.000	1.000
42	Pediatric Dental and Vision	1.006	1.006	1.007	1.006	1.005	1.005
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.886</b>	<b>0.817</b>	<b>0.804</b>	<b>0.942</b>	<b>1.021</b>	<b>1.003</b>

# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>659.50</b>	<b>607.70</b>	<b>598.06</b>	<b>700.79</b>	<b>759.45</b>	<b>746.15</b>
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**Exhibit 18 - Index Rate/Plan-Design Level Ad**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581383  
 Market Segment : Small Groups Off Exchange

Line #	General						
1	Product*	PPO	EPO	PPO	EPO	PPO	PPO
2	Product ID*	85629NY005	85629NY001	85629NY005	85629NY001	85629NY002	85629NY005
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	90.2%	88.1%	88.1%	70.7%	70.7%	71.9%
5	AV Pricing Value (total, risk pool experience based)*	91.5%	89.8%	89.8%	72.7%	72.7%	73.9%
6	Plan Type*	PPO	EPO	PPO	EPO	PPO	PPO
7	Plan Name*	PPO 10/20 F Non-Gated OHI	EPO 20/30 F Non-Gated OHI	PPO 20/30 F Non-Gated OHI	Standard EPO 30/50 L Gated OHI	Standard PPO 30/50 L Gated OHI	PPO 40/70 F Non-Gated OHI
8	HIOS Plan ID*	85629NY0050012	85629NY0010036	85629NY0050028	85629NY0010023	85629NY0020012	85629NY0050132
9	Exchange Plan?*	No	No	No	No	No	No

\* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period						
10B	Member-Months for Latest Experience Period						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)						
11	Average Pricing Actuarial Value reflected in experience period						
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>

7	Plan Name*	PPO 10/20 F Non-Gated OHI	EPO 20/30 F Non-Gated OHI	PPO 20/30 F Non-Gated OHI	Standard EPO 30/50 L Gated OHI	Standard PPO 30/50 L Gated OHI	PPO 40/70 F Non-Gated OHI
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**Market Wide Adjustments to the AV  
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level						
14	Market wide adjustment for changes in provider network **						
15	Market wide adjustment for fee schedule changes **						
16	Market wide adjustment for utilization management changes **						
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **						
18	<b>Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **</b>						
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>						
20	Adjustment for changes in distribution of risk pool membership by rating regions **						
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
23	Impact of adjustments due to experience period claim data not being sufficiently credible						
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
25	Other 1 (specify)						
26	Other 2 (specify)						
27	Other 3 (specify)						
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	1.203	1.203	1.203	1.203	1.203	1.203

\*\* Not Included in Claim Trend Adjustment

7	Plan Name*	PPO 10/20 F Non-Gated OHI	EPO 20/30 F Non-Gated OHI	PPO 20/30 F Non-Gated OHI	Standard EPO 30/50 L Gated OHI	Standard PPO 30/50 L Gated OHI	PPO 40/70 F Non-Gated OHI
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**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.915	0.898	0.898	0.727	0.727	0.739
30	Pricing actuarial value (only the induced demand factor) #	0.895	0.895	0.895	0.801	0.801	0.801
31	Impact of provider network characteristics ##	1.000	1.000	1.000	0.976	0.976	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	1.000	1.000	1.000	0.968	0.968	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.042	1.042	1.042	1.042	1.042	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.084	1.000	1.080	1.000	1.111	1.094
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
41	SHOP Selection, Reg 146 Payback	1.000	1.000	1.000	1.000	1.000	1.000
42	Pediatric Dental and Vision	1.005	1.005	1.005	1.008	1.007	1.007
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>1.087</b>	<b>0.984</b>	<b>1.062</b>	<b>0.675</b>	<b>0.749</b>	<b>0.795</b>

# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>808.73</b>	<b>731.86</b>	<b>789.87</b>	<b>502.23</b>	<b>557.58</b>	<b>591.40</b>
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**Exhibit 18 - Index Rate/Plan-Design Level Ad**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581383  
 Market Segment : Small Groups Off Exchange

Line #	General						
1	Product*	PPO	EPO	EPO	PPO	EPO	EPO
2	Product ID*	85629NY005	85629NY001	85629NY001	85629NY005	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	71.9%	71.9%	71.9%	69.2%	68.2%	68.2%
5	AV Pricing Value (total, risk pool experience based)*	73.9%	73.9%	73.9%	69.6%	69.0%	69.0%
6	Plan Type*	PPO	EPO	EPO	PPO	EPO	EPO
7	Plan Name*	PPO 40/70 L Non-Gated OHI	EPO 40/70 F Non-Gated OHI	EPO 40/70 L Non-Gated OHI	PPO HSA \$2000 30/60 F Non-Gated OHI	EPO HSA \$2000 25/50 F Non-Gated OHI	EPO HSA \$2000 25/50 L Non-Gated OHI
8	HIOS Plan ID*	85629NY0050212	85629NY0010300	85629NY0010437	85629NY0050108	85629NY0010288	85629NY0010140
9	Exchange Plan?*	No	No	No	No	No	No

\* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period						
10B	Member-Months for Latest Experience Period						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)						
11	Average Pricing Actuarial Value reflected in experience period						
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>

7	Plan Name*	PPO 40/70 L Non-Gated OHI	EPO 40/70 F Non-Gated OHI	EPO 40/70 L Non-Gated OHI	PPO HSA \$2000 30/60 F Non-Gated OHI	EPO HSA \$2000 25/50 F Non-Gated OHI	EPO HSA \$2000 25/50 L Non-Gated OHI
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**Market Wide Adjustments to the AV  
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level						
14	Market wide adjustment for changes in provider network **						
15	Market wide adjustment for fee schedule changes **						
16	Market wide adjustment for utilization management changes **						
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **						
18	<b>Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **</b>						
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>						
20	Adjustment for changes in distribution of risk pool membership by rating regions **						
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
23	Impact of adjustments due to experience period claim data not being sufficiently credible						
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
25	Other 1 (specify)						
26	Other 2 (specify)						
27	Other 3 (specify)						
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>

\*\* Not Included in Claim Trend Adjustment

7	Plan Name*	PPO 40/70 L Non-Gated OHI	EPO 40/70 F Non-Gated OHI	EPO 40/70 L Non-Gated OHI	PPO HSA \$2000 30/60 F Non-Gated OHI	EPO HSA \$2000 25/50 F Non-Gated OHI	EPO HSA \$2000 25/50 L Non-Gated OHI
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**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.739	0.739	0.739	0.696	0.690	0.690
30	Pricing actuarial value (only the induced demand factor) #	0.801	0.801	0.801	0.801	0.801	0.801
31	Impact of provider network characteristics ##	0.976	1.000	0.976	1.000	1.000	0.976
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.042	1.042	1.042	1.042	1.042	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.097	1.000	1.000	1.090	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
41	SHOP Selection, Reg 146 Payback	1.000	1.000	1.000	1.000	1.000	1.000
42	Pediatric Dental and Vision	1.007	1.007	1.007	1.007	1.008	1.008
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.777</b>	<b>0.727</b>	<b>0.709</b>	<b>0.746</b>	<b>0.679</b>	<b>0.663</b>

# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>578.34</b>	<b>540.83</b>	<b>527.76</b>	<b>554.97</b>	<b>505.45</b>	<b>493.25</b>
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**Exhibit 18 - Index Rate/Plan-Design Level Ad**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581383  
 Market Segment : Small Groups Off Exchange

Line #	General						
1	Product*	EPO	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	68.1%	68.1%	71.2%	60.6%	58.8%	60.8%
5	AV Pricing Value (total, risk pool experience based)*	67.8%	67.8%	75.3%	61.0%	56.0%	58.2%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	EPO HSA \$2000 F Non-Gated OHI	EPO HSA \$2000 L Non-Gated OHI	Prim Adv EPO \$1500 L Non-Gated OHI	Prim Adv EPO \$4000 G Gated OHI	EPO HSA \$5000 G Gated OHI	EPO HSA \$3750 40/75 G Gated OHI
8	HIOS Plan ID*	85629NY0010272	85629NY0010124	85629NY0010116	85629NY0010397	85629NY0010381	85629NY0010389
9	Exchange Plan?*	No	No	No	No	No	No

\* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period						
10B	Member-Months for Latest Experience Period						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)						
11	Average Pricing Actuarial Value reflected in experience period						
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>

7	Plan Name*	EPO HSA \$2000 F Non-Gated OHI	EPO HSA \$2000 L Non-Gated OHI	Prim Adv EPO \$1500 L Non-Gated OHI	Prim Adv EPO \$4000 G Gated OHI	EPO HSA \$5000 G Gated OHI	EPO HSA \$3750 40/75 G Gated OHI
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**Market Wide Adjustments to the AV  
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level						
14	Market wide adjustment for changes in provider network **						
15	Market wide adjustment for fee schedule changes **						
16	Market wide adjustment for utilization management changes **						
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **						
18	<b>Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **</b>						
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>						
20	Adjustment for changes in distribution of risk pool membership by rating regions **						
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
23	Impact of adjustments due to experience period claim data not being sufficiently credible						
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
25	Other 1 (specify)						
26	Other 2 (specify)						
27	Other 3 (specify)						
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>

\*\* Not Included in Claim Trend Adjustment

7	Plan Name*	EPO HSA \$2000 F Non-Gated OHI	EPO HSA \$2000 L Non-Gated OHI	Prim Adv EPO \$1500 L Non-Gated OHI	Prim Adv EPO \$4000 G Gated OHI	EPO HSA \$5000 G Gated OHI	EPO HSA \$3750 40/75 G Gated OHI
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**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.678	0.678	0.753	0.610	0.560	0.582
30	Pricing actuarial value (only the induced demand factor) #	0.801	0.801	0.801	0.778	0.778	0.778
31	Impact of provider network characteristics ##	1.000	0.976	0.976	0.899	0.899	0.899
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	1.000	1.000	0.968	0.968	0.968	0.968
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.042	1.042	1.042	1.042	1.042	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
41	SHOP Selection, Reg 146 Payback	1.000	1.000	1.000	1.000	1.000	1.000
42	Pediatric Dental and Vision	1.008	1.008	1.008	1.010	1.011	1.011
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.668</b>	<b>0.651</b>	<b>0.699</b>	<b>0.508</b>	<b>0.467</b>	<b>0.485</b>

# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>496.69</b>	<b>484.70</b>	<b>520.13</b>	<b>377.76</b>	<b>347.27</b>	<b>361.04</b>
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**Exhibit 18 - Index Rate/Plan-Design Level Ad**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581383  
 Market Segment : Small Groups Off Exchange

Line #	General						
1	Product*	EPO	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Silver	Silver	Silver	Platinum
4	AV Metal Value (HHS Calculator)*	78.5%	81.9%	72.0%	69.1%	69.2%	90.2%
5	AV Pricing Value (total, risk pool experience based)*	76.5%	80.3%	73.0%	68.2%	70.0%	91.5%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	EPO \$1200 30/60 G Gated OHI	EPO \$1000 30/60 G Gated OHI	EPO 25/50 G Gated OHI	EPO HSA \$2000 35/50 G Gated OHI	Prim Adv EPO \$1500 G Gated OHI	EPO 10/20 L Non- Gated OHI
8	HIOS Plan ID*	85629NY0010284	85629NY0010349	85629NY0010373	85629NY0010365	85629NY0010357	85629NY0010405
9	Exchange Plan?*	No	No	No	No	No	No

\* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period						
10B	Member-Months for Latest Experience Period						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)						
11	Average Pricing Actuarial Value reflected in experience period						
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>

7	Plan Name*	EPO \$1200 30/60 G Gated OHI	EPO \$1000 30/60 G Gated OHI	EPO 25/50 G Gated OHI	EPO HSA \$2000 35/50 G Gated OHI	Prim Adv EPO \$1500 G Gated OHI	EPO 10/20 L Non- Gated OHI
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**Market Wide Adjustments to the AV  
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level						
14	Market wide adjustment for changes in provider network **						
15	Market wide adjustment for fee schedule changes **						
16	Market wide adjustment for utilization management changes **						
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **						
18	<b>Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **</b>						
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>						
20	Adjustment for changes in distribution of risk pool membership by rating regions **						
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
23	Impact of adjustments due to experience period claim data not being sufficiently credible						
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
25	Other 1 (specify)						
26	Other 2 (specify)						
27	Other 3 (specify)						
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>

\*\* Not Included in Claim Trend Adjustment

7	Plan Name*	EPO \$1200 30/60 G Gated OHI	EPO \$1000 30/60 G Gated OHI	EPO 25/50 G Gated OHI	EPO HSA \$2000 35/50 G Gated OHI	Prim Adv EPO \$1500 G Gated OHI	EPO 10/20 L Non- Gated OHI
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**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.765	0.803	0.730	0.682	0.700	0.915
30	Pricing actuarial value (only the induced demand factor) #	0.840	0.840	0.801	0.801	0.801	0.895
31	Impact of provider network characteristics ##	0.899	0.899	0.899	0.899	0.899	0.976
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	0.968	0.968	0.968	0.968	0.968	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.042	1.042	1.042	1.042	1.042	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
41	SHOP Selection, Reg 146 Payback	1.000	1.000	1.000	1.000	1.000	1.000
42	Pediatric Dental and Vision	1.008	1.007	1.008	1.009	1.009	1.005
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.686</b>	<b>0.720</b>	<b>0.625</b>	<b>0.584</b>	<b>0.600</b>	<b>0.979</b>

# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>510.53</b>	<b>535.82</b>	<b>464.86</b>	<b>434.46</b>	<b>446.18</b>	<b>728.09</b>
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**Exhibit 18 - Index Rate/Plan-Design Level Ad**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581383  
 Market Segment : Small Groups Off Exchange

<u>Line #</u>	<u>General</u>				
1	Product*	EPO	EPO	EPO	EPO
2	Product ID*	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Silver
4	AV Metal Value (HHS Calculator)*	79.1%	79.8%	81.2%	72.0%
5	AV Pricing Value (total, risk pool experience based)*	79.3%	82.0%	81.8%	74.3%
6	Plan Type*	EPO	EPO	EPO	EPO
7	Plan Name*	EPO HSA \$1500 L Non-Gated OHI	EPO \$50 L Non-Gated OHI	EPO 30/60 L Gated OHI	EPO 25/50 L Gated OHI
8	HIOS Plan ID*	85629NY0010413	85629NY0010421	85629NY0010429	85629NY0010445
9	Exchange Plan?*	No	No	No	No

\* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

**Experience Period Index Rate**

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period				
10B	Member-Months for Latest Experience Period				
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)				
11	Average Pricing Actuarial Value reflected in experience period				
12	<b>AV Adjusted Experience Period Index Rate PMPM (L10C / L11)</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>	<b>618.46</b>

7	Plan Name*	EPO HSA \$1500 L Non-Gated OHI	EPO \$50 L Non- Gated OHI	EPO 30/60 L Gated OHI	EPO 25/50 L Gated OHI
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**Market Wide Adjustments to the AV  
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level				
14	Market wide adjustment for changes in provider network **				
15	Market wide adjustment for fee schedule changes **				
16	Market wide adjustment for utilization management changes **				
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **				
18	<b>Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **</b>				
19	<b>Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]</b>				
20	Adjustment for changes in distribution of risk pool membership by rating regions **				
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)				
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)				
23	Impact of adjustments due to experience period claim data not being sufficiently credible				
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)				
25	Other 1 (specify)				
26	Other 2 (specify)				
27	Other 3 (specify)				
28	<b>Impact of Market Wide Adjustments (product L13 through L27)</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>	<b>1.203</b>

\*\* Not Included in Claim Trend Adjustment

7	Plan Name*	EPO HSA \$1500 L Non-Gated OHI	EPO \$50 L Non- Gated OHI	EPO 30/60 L Gated OHI	EPO 25/50 L Gated OHI
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**Plan Level Adjustments**

29	Pricing actuarial value (without induced demand factor) #	0.793	0.820	0.818	0.743
30	Pricing actuarial value (only the induced demand factor) #	0.840	0.840	0.840	0.801
31	Impact of provider network characteristics ##	0.976	0.976	0.976	0.976
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	1.000	1.000	0.968	0.968
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.042	1.042	1.042	1.042
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000
41	SHOP Selection, Reg 146 Payback	1.000	1.000	1.000	1.000
42	Pediatric Dental and Vision	1.007	1.006	1.007	1.008
43	<b>Impact of Plan Level Adjustments (product L29 through L42)</b>	<b>0.797</b>	<b>0.824</b>	<b>0.796</b>	<b>0.690</b>

# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

## Beyond what is reflected in Market Wide adjustments

44	<b>TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)</b>	<b>593.01</b>	<b>613.09</b>	<b>592.39</b>	<b>513.50</b>
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EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLG-129581296  
 Market Segment: Small Groups Off Exchange

- Complete a separate ROW for Metal Level/Product
  - Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
  - Enter in column 1 the Metal Tier level. Use the drop down menu.
  - Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
  - Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyyy; enter the date in column heading.
  - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.
- Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense components in the requested rates submitted for the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, enter the data from the initial rate and form filing.
- ACA Fees are to be entered in columns 6.5 and 16.5.
- This exhibit must be submitted as an Excel file and as a PDF file.

	For the rate period included in this rate adjustment filing										For the rate period included in this rate adjustment filing									
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/31/2014	4.1 Period assumed beginning date (mm/dd/yy)	4.2 Period assumed ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribu- tion to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	
Platinum	Off Non Std	69,182	XX 01/01/15	12/31/15	10.95%	0.88%	0.00%	3.00%	1.95%	3.93%	4.17%	13.93%	2.62%	0.00%	0.00%	1.41%	35.00%	0.00%	17.96%	XX
Gold	Off Non Std	62,377	XX 01/01/15	12/31/15	10.95%	0.88%	0.00%	3.00%	1.95%	3.93%	4.17%	13.93%	2.62%	0.00%	0.00%	1.41%	35.00%	0.00%	17.96%	XX
Silver	Off Non Std	49,370	XX 01/01/15	12/31/15	10.95%	0.88%	0.00%	3.00%	1.95%	3.93%	4.17%	13.93%	2.62%	0.00%	0.00%	1.41%	35.00%	0.00%	17.96%	XX
Bronze	Off Non Std	11,398	XX 01/01/15	12/31/15	10.95%	0.88%	0.00%	3.00%	1.95%	3.93%	4.17%	13.93%	2.62%	0.00%	0.00%	1.41%	35.00%	0.00%	17.96%	XX
Platinum	Off Std	0	XX 01/01/15	12/31/15	10.95%	0.88%	0.00%	3.00%	1.95%	3.93%	4.17%	13.93%	2.62%	0.00%	0.00%	1.41%	35.00%	0.00%	17.96%	XX
Gold	Off Std	0	XX 01/01/15	12/31/15	10.95%	0.88%	0.00%	3.00%	1.95%	3.93%	4.17%	13.93%	2.62%	0.00%	0.00%	1.41%	35.00%	0.00%	17.96%	XX
Silver	Off Std	0	XX 01/01/15	12/31/15	10.95%	0.88%	0.00%	3.00%	1.95%	3.93%	4.17%	13.93%	2.62%	0.00%	0.00%	1.41%	35.00%	0.00%	17.96%	XX
Bronze	Off Std	0	XX 01/01/15	12/31/15	10.95%	0.88%	0.00%	3.00%	1.95%	3.93%	4.17%	13.93%	2.62%	0.00%	0.00%	1.41%	35.00%	0.00%	17.96%	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

		For the rate period included in the prior rate and form filing																For the rate period included in the prior rate and form filing															
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 05/31/2014	14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20														
Platinum	Off Non Std	69,182	XX 01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%														
Gold	Off Non Std	62,377	XX 01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%														
Silver	Off Non Std	49,370	XX 01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%														
Bronze	Off Non Std	11,398	XX 01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%														
Platinum	Off Std	0	XX 01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%														
Gold	Off Std	0	XX 01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%														
Silver	Off Std	0	XX 01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%														
Bronze	Off Std	0	XX 01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%														

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581296  
 Market Segment: Small Groups Off Exchange

- 1) This exhibit is to help DFS reconcile the 14 digit HIOS IDs used to the different plan designs and to reconcile the rate manual to the binder rate template.
- 2) The HIOS IDs should be without the variants after the hyphen.
- 3) Column 3: Enter Metal Level. Use drop down menu.
- 4) Column 4: Enter On/Off Plan Designation. Use drop down menu.
- 5) Column 5: Enter Standard/Non Standard Plan Designation. Use drop down menu.
- 6) Column 6: Enter coverage of children to 26th birthday (26) or to 30th birthday. Use drop down menu.
- 7) Column 7: Enter Yes/No for coverage of Domestic Partner. Use drop down menu.
- 8) Column 8: Enter Yes/No for coverage of Family Planning. Use drop down menu.
- 9) Column 9: Enter Yes/No for coverage of Embedded Pediatric Dental. Use drop down menu.
- 10) Column 10: Enter Yes/No for coverage of Out of Network Benefits (PPO or POS). Use drop down menu.
- 11) Column 11: Indicate if the plan design includes benefits in addition to the EHB benefits (yes) or (no). Use drop down menu.
- 12) This exhibit must be submitted as an Excel and as PDF file.

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
85629NY0050108	PPO HSA \$2000 30/60 F Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	YES	NO
85629NY0050008	PPO HSA \$2000 30/60 F Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	YES	NO
85629NY0050106	PPO HSA \$2000 30/60 F Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	YES	NO
85629NY0050018	PPO HSA \$2000 30/60 F Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	YES	NO
85629NY0050107	PPO HSA \$2000 30/60 F Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	YES	NO
85629NY0050105	PPO HSA \$2000 30/60 F Non-Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	YES	NO
85629NY0050019	PPO HSA \$2000 30/60 F Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	YES	NO
85629NY0050020	PPO HSA \$2000 30/60 F Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	YES	NO
85629NY0010013	Standard EPO 15/35 L Gated OHI	Platinum	BOTH	YES	26	NO	INCLUDED	YES	NO	NO
85629NY0010003	Standard EPO 15/35 L Gated OHI	Platinum	BOTH	YES	26	NO	EXCLUDED	YES	NO	NO
85629NY0010001	Standard EPO 15/35 L Gated OHI	Platinum	BOTH	YES	26	YES	INCLUDED	YES	NO	NO
85629NY0010015	Standard EPO 15/35 L Gated OHI	Platinum	BOTH	YES	26	YES	EXCLUDED	YES	NO	NO
85629NY0010002	Standard EPO 15/35 L Gated OHI	Platinum	BOTH	YES	29	NO	INCLUDED	YES	NO	NO
85629NY0010014	Standard EPO 15/35 L Gated OHI	Platinum	BOTH	YES	29	YES	INCLUDED	YES	NO	NO
85629NY0010016	Standard EPO 15/35 L Gated OHI	Platinum	BOTH	YES	29	NO	EXCLUDED	YES	NO	NO
85629NY0010017	Standard EPO 15/35 L Gated OHI	Platinum	BOTH	YES	29	YES	EXCLUDED	YES	NO	NO
85629NY0020007	Standard PPO 15/35 L Gated OHI	Platinum	BOTH	YES	26	NO	INCLUDED	YES	YES	NO
85629NY0020003	Standard PPO 15/35 L Gated OHI	Platinum	BOTH	YES	26	NO	EXCLUDED	YES	YES	NO
85629NY0020001	Standard PPO 15/35 L Gated OHI	Platinum	BOTH	YES	26	YES	INCLUDED	YES	YES	NO
85629NY0020009	Standard PPO 15/35 L Gated OHI	Platinum	BOTH	YES	26	YES	EXCLUDED	YES	YES	NO
85629NY0020002	Standard PPO 15/35 L Gated OHI	Platinum	BOTH	YES	29	NO	INCLUDED	YES	YES	NO
85629NY0020008	Standard PPO 15/35 L Gated OHI	Platinum	BOTH	YES	29	YES	INCLUDED	YES	YES	NO
85629NY0020010	Standard PPO 15/35 L Gated OHI	Platinum	BOTH	YES	29	NO	EXCLUDED	YES	YES	NO
85629NY0020011	Standard PPO 15/35 L Gated OHI	Platinum	BOTH	YES	29	YES	EXCLUDED	YES	YES	NO
85629NY0050012	PPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	26	NO	INCLUDED	YES	YES	NO
85629NY0050177	PPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	26	NO	EXCLUDED	YES	YES	NO
85629NY0050010	PPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	26	YES	INCLUDED	YES	YES	NO
85629NY0050178	PPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	26	YES	EXCLUDED	YES	YES	NO
85629NY0050011	PPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	29	NO	INCLUDED	YES	YES	NO
85629NY0050009	PPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	29	YES	INCLUDED	YES	YES	NO
85629NY0050179	PPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	29	NO	EXCLUDED	YES	YES	NO
85629NY0050180	PPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	29	YES	EXCLUDED	YES	YES	NO
85629NY0010336	EPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	26	NO	INCLUDED	YES	NO	NO
85629NY0010213	EPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
85629NY0010341	EPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	26	YES	INCLUDED	YES	NO	NO
85629NY0010214	EPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
85629NY0010342	EPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	29	NO	INCLUDED	YES	NO	NO
85629NY0010340	EPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	29	YES	INCLUDED	YES	NO	NO
85629NY0010215	EPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
85629NY0010216	EPO 10/20 F Non-Gated OHI	Platinum	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
85629NY0010405	EPO 10/20 L Non-Gated OHI	Platinum	OFF	NO	26	NO	INCLUDED	YES	NO	NO
85629NY0010406	EPO 10/20 L Non-Gated OHI	Platinum	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
85629NY0010407	EPO 10/20 L Non-Gated OHI	Platinum	OFF	NO	26	YES	INCLUDED	YES	NO	NO
85629NY0010408	EPO 10/20 L Non-Gated OHI	Platinum	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
85629NY0010409	EPO 10/20 L Non-Gated OHI	Platinum	OFF	NO	29	NO	INCLUDED	YES	NO	NO
85629NY0010410	EPO 10/20 L Non-Gated OHI	Platinum	OFF	NO	29	YES	INCLUDED	YES	NO	NO
85629NY0010411	EPO 10/20 L Non-Gated OHI	Platinum	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
85629NY0010412	EPO 10/20 L Non-Gated OHI	Platinum	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
85629NY0050028	PPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	26	NO	INCLUDED	YES	YES	NO
85629NY0050185	PPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	26	NO	EXCLUDED	YES	YES	NO
85629NY0050026	PPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	26	YES	INCLUDED	YES	YES	NO
85629NY0050186	PPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	26	YES	EXCLUDED	YES	YES	NO
85629NY0050027	PPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	29	NO	INCLUDED	YES	YES	NO
85629NY0050025	PPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	29	YES	INCLUDED	YES	YES	NO

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
95629NY0050187	PPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	29	NO	EXCLUDED	YES	YES	NO
95629NY0050188	PPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	29	YES	EXCLUDED	YES	YES	NO
95629NY0010036	EPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010236	EPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010034	EPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010227	EPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010035	EPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010033	EPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010228	EPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010229	EPO 20/30 F Non-Gated OHI	Platinum	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010018	Standard EPO 25/40 L Gated OHI	Gold	BOTH	YES	26	NO	INCLUDED	YES	NO	NO
95629NY0010006	Standard EPO 25/40 L Gated OHI	Gold	BOTH	YES	26	NO	EXCLUDED	YES	NO	NO
95629NY0010004	Standard EPO 25/40 L Gated OHI	Gold	BOTH	YES	26	YES	INCLUDED	YES	NO	NO
95629NY0010020	Standard EPO 25/40 L Gated OHI	Gold	BOTH	YES	26	YES	EXCLUDED	YES	NO	NO
95629NY0010005	Standard EPO 25/40 L Gated OHI	Gold	BOTH	YES	29	NO	INCLUDED	YES	NO	NO
95629NY0010019	Standard EPO 25/40 L Gated OHI	Gold	BOTH	YES	29	YES	INCLUDED	YES	NO	NO
95629NY0010021	Standard EPO 25/40 L Gated OHI	Gold	BOTH	YES	29	NO	EXCLUDED	YES	NO	NO
95629NY0010022	Standard EPO 25/40 L Gated OHI	Gold	BOTH	YES	29	YES	EXCLUDED	YES	NO	NO
95629NY0050044	PPO 25/40 F Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	YES	NO
95629NY0050193	PPO 25/40 F Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	YES	NO
95629NY0050042	PPO 25/40 F Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	YES	NO
95629NY0050194	PPO 25/40 F Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	YES	NO
95629NY0050043	PPO 25/40 F Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	YES	NO
95629NY0050041	PPO 25/40 F Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	YES	NO
95629NY0050195	PPO 25/40 F Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	YES	NO
95629NY0050196	PPO 25/40 F Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	YES	NO
95629NY0010240	EPO 15/25 F Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010253	EPO 15/25 F Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010238	EPO 15/25 F Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010238	EPO 15/25 F Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010254	EPO 15/25 F Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010239	EPO 15/25 F Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010237	EPO 15/25 F Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010255	EPO 15/25 F Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010256	EPO 15/25 F Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010041	EPO 15/25 L Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010050	EPO 15/25 L Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010052	EPO 15/25 L Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010051	EPO 15/25 L Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010049	EPO 15/25 L Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010043	EPO 15/25 L Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010044	EPO 15/25 L Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010248	EPO 20/40 F Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010281	EPO 20/40 F Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010246	EPO 20/40 F Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010282	EPO 20/40 F Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010247	EPO 20/40 F Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010245	EPO 20/40 F Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010245	EPO 20/40 F Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010283	EPO 20/40 F Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010284	EPO 20/40 F Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010060	EPO 20/40 L Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010064	EPO 20/40 L Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010058	EPO 20/40 L Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010065	EPO 20/40 L Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010059	EPO 20/40 L Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010057	EPO 20/40 L Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010066	EPO 20/40 L Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010067	EPO 20/40 L Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0050068	PPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	YES	NO
95629NY0050001	PPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	YES	NO
95629NY0050066	PPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	YES	NO
95629NY0050002	PPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	YES	NO
95629NY0050067	PPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	YES	NO
95629NY0050065	PPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	YES	NO
95629NY0050003	PPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	YES	NO
95629NY0050004	PPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	YES	NO
95629NY0010076	EPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010072	EPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010235	EPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010073	EPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010236	EPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010234	EPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010074	EPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010075	EPO HSA \$1500 F Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010413	EPO HSA \$1500 L Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010414	EPO HSA \$1500 L Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010415	EPO HSA \$1500 L Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010416	EPO HSA \$1500 L Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010417	EPO HSA \$1500 L Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
95629NY0010418	EPO HSA \$1500 L Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010419	EPO HSA \$1500 L Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010420	EPO HSA \$1500 L Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010084	EPO \$50 F Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010101	EPO \$50 F Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010082	EPO \$50 F Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010102	EPO \$50 F Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010083	EPO \$50 F Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010081	EPO \$50 F Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010103	EPO \$50 F Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010104	EPO \$50 F Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010421	EPO \$50 L Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010422	EPO \$50 L Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010423	EPO \$50 L Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010424	EPO \$50 L Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010425	EPO \$50 L Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010426	EPO \$50 L Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010427	EPO \$50 L Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010428	EPO \$50 L Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010092	Prim Adv EPO \$500 L Non-Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010109	Prim Adv EPO \$500 L Non-Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010090	Prim Adv EPO \$500 L Non-Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010110	Prim Adv EPO \$500 L Non-Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010091	Prim Adv EPO \$500 L Non-Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010089	Prim Adv EPO \$500 L Non-Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010111	Prim Adv EPO \$500 L Non-Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010112	Prim Adv EPO \$500 L Non-Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010429	EPO 30/60 L Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010430	EPO 30/60 L Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010431	EPO 30/60 L Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010432	EPO 30/60 L Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010433	EPO 30/60 L Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010434	EPO 30/60 L Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010435	EPO 30/60 L Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010436	EPO 30/60 L Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010023	Standard EPO 30/50 L Gated OHI	Silver	BOTH	YES	26	NO	INCLUDED	YES	NO	NO
95629NY0010009	Standard EPO 30/50 L Gated OHI	Silver	BOTH	YES	26	NO	EXCLUDED	YES	NO	NO
95629NY0010007	Standard EPO 30/50 L Gated OHI	Silver	BOTH	YES	26	YES	INCLUDED	YES	NO	NO
95629NY0010025	Standard EPO 30/50 L Gated OHI	Silver	BOTH	YES	26	NO	EXCLUDED	YES	NO	NO
95629NY0010008	Standard EPO 30/50 L Gated OHI	Silver	BOTH	YES	29	NO	INCLUDED	YES	NO	NO
95629NY0010024	Standard EPO 30/50 L Gated OHI	Silver	BOTH	YES	29	NO	EXCLUDED	YES	NO	NO
95629NY0010026	Standard EPO 30/50 L Gated OHI	Silver	BOTH	YES	29	YES	EXCLUDED	YES	NO	NO
95629NY0010027	Standard EPO 30/50 L Gated OHI	Silver	BOTH	YES	29	NO	EXCLUDED	YES	NO	NO
95629NY0020012	Standard PPO 30/50 L Gated OHI	Silver	BOTH	YES	26	NO	INCLUDED	YES	YES	NO
95629NY0020006	Standard PPO 30/50 L Gated OHI	Silver	BOTH	YES	26	NO	EXCLUDED	YES	YES	NO
95629NY0020004	Standard PPO 30/50 L Gated OHI	Silver	BOTH	YES	26	YES	INCLUDED	YES	YES	NO
95629NY0020014	Standard PPO 30/50 L Gated OHI	Silver	BOTH	YES	26	NO	EXCLUDED	YES	YES	NO
95629NY0020005	Standard PPO 30/50 L Gated OHI	Silver	BOTH	YES	29	NO	INCLUDED	YES	YES	NO
95629NY0020013	Standard PPO 30/50 L Gated OHI	Silver	BOTH	YES	29	YES	EXCLUDED	YES	YES	NO
95629NY0020015	Standard PPO 30/50 L Gated OHI	Silver	BOTH	YES	29	NO	EXCLUDED	YES	YES	NO
95629NY0020016	Standard PPO 30/50 L Gated OHI	Silver	BOTH	YES	29	YES	EXCLUDED	YES	YES	NO
95629NY0010116	Prim Adv EPO \$1500 L Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010133	Prim Adv EPO \$1500 L Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010114	Prim Adv EPO \$1500 L Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010134	Prim Adv EPO \$1500 L Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010115	Prim Adv EPO \$1500 L Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010113	Prim Adv EPO \$1500 L Non-Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010135	Prim Adv EPO \$1500 L Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010136	Prim Adv EPO \$1500 L Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010272	EPO HSA \$2000 F Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010277	EPO HSA \$2000 F Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010270	EPO HSA \$2000 F Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010278	EPO HSA \$2000 F Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010271	EPO HSA \$2000 F Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010269	EPO HSA \$2000 F Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010279	EPO HSA \$2000 F Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010280	EPO HSA \$2000 F Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010124	EPO HSA \$2000 L Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010173	EPO HSA \$2000 L Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010122	EPO HSA \$2000 L Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010174	EPO HSA \$2000 L Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010123	EPO HSA \$2000 L Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010121	EPO HSA \$2000 L Non-Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010175	EPO HSA \$2000 L Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010176	EPO HSA \$2000 L Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0050132	PPO 40/70 F Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	YES	NO
95629NY0050033	PPO 40/70 F Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	YES	NO
95629NY0050130	PPO 40/70 F Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	YES	NO
95629NY0050034	PPO 40/70 F Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	YES	NO

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
95629NY0050131	PPO 40/70 F Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	YES	NO
95629NY0050129	PPO 40/70 F Non-Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	YES	NO
95629NY0050035	PPO 40/70 F Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	YES	NO
95629NY0050036	PPO 40/70 F Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	YES	NO
95629NY0050212	PPO 40/70 L Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	YES	NO
95629NY0050201	PPO 40/70 L Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	YES	NO
95629NY0050210	PPO 40/70 L Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	YES	NO
95629NY0050202	PPO 40/70 L Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	YES	NO
95629NY0050211	PPO 40/70 L Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	YES	NO
95629NY0050209	PPO 40/70 L Non-Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	YES	NO
95629NY0050203	PPO 40/70 L Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	YES	NO
95629NY0050204	PPO 40/70 L Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	YES	NO
95629NY0010288	EPO HSA \$2000 25/50 F Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010296	EPO HSA \$2000 25/50 F Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010186	EPO HSA \$2000 25/50 F Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010297	EPO HSA \$2000 25/50 F Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010287	EPO HSA \$2000 25/50 F Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010334	EPO HSA \$2000 25/50 F Non-Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010298	EPO HSA \$2000 25/50 F Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010299	EPO HSA \$2000 25/50 F Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010140	EPO HSA \$2000 25/50 L Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010181	EPO HSA \$2000 25/50 L Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010138	EPO HSA \$2000 25/50 L Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010182	EPO HSA \$2000 25/50 L Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010136	EPO HSA \$2000 25/50 L Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010137	EPO HSA \$2000 25/50 L Non-Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010183	EPO HSA \$2000 25/50 L Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010184	EPO HSA \$2000 25/50 L Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010300	EPO 40/70 F Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010312	EPO 40/70 F Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010294	EPO 40/70 F Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010313	EPO 40/70 F Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010295	EPO 40/70 F Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010293	EPO 40/70 F Non-Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010314	EPO 40/70 F Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010315	EPO 40/70 F Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010437	EPO 40/70 L Non-Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010438	EPO 40/70 L Non-Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010439	EPO 40/70 L Non-Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010440	EPO 40/70 L Non-Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010441	EPO 40/70 L Non-Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010442	EPO 40/70 L Non-Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010443	EPO 40/70 L Non-Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010444	EPO 40/70 L Non-Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010445	EPO 25/50 L Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010446	EPO 25/50 L Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010447	EPO 25/50 L Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010448	EPO 25/50 L Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010449	EPO 25/50 L Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010450	EPO 25/50 L Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010451	EPO 25/50 L Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010452	EPO 25/50 L Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010028	Standard EPO \$3000 L Gated OHI	Bronze	BOTH	YES	26	NO	INCLUDED	YES	NO	NO
95629NY0010012	Standard EPO \$3000 L Gated OHI	Bronze	BOTH	YES	26	NO	EXCLUDED	YES	NO	NO
95629NY0010010	Standard EPO \$3000 L Gated OHI	Bronze	BOTH	YES	26	YES	INCLUDED	YES	NO	NO
95629NY0010030	Standard EPO \$3000 L Gated OHI	Bronze	BOTH	YES	26	YES	EXCLUDED	YES	NO	NO
95629NY0010011	Standard EPO \$3000 L Gated OHI	Bronze	BOTH	YES	29	NO	INCLUDED	YES	NO	NO
95629NY0010029	Standard EPO \$3000 L Gated OHI	Bronze	BOTH	YES	29	YES	INCLUDED	YES	NO	NO
95629NY0010031	Standard EPO \$3000 L Gated OHI	Bronze	BOTH	YES	29	NO	EXCLUDED	YES	NO	NO
95629NY0010032	Standard EPO \$3000 L Gated OHI	Bronze	BOTH	YES	29	YES	EXCLUDED	YES	NO	NO
95629NY0010316	EPO HSA \$5000 F Non-Gated OHI	Bronze	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010325	EPO HSA \$5000 F Non-Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010320	EPO HSA \$5000 F Non-Gated OHI	Bronze	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010326	EPO HSA \$5000 F Non-Gated OHI	Bronze	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010311	EPO HSA \$5000 F Non-Gated OHI	Bronze	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010309	EPO HSA \$5000 F Non-Gated OHI	Bronze	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010327	EPO HSA \$5000 F Non-Gated OHI	Bronze	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010328	EPO HSA \$5000 F Non-Gated OHI	Bronze	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010128	EPO HSA \$5000 L Non-Gated OHI	Bronze	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010156	EPO HSA \$5000 L Non-Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010197	EPO HSA \$5000 L Non-Gated OHI	Bronze	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010154	EPO HSA \$5000 L Non-Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010198	EPO HSA \$5000 L Non-Gated OHI	Bronze	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010155	EPO HSA \$5000 L Non-Gated OHI	Bronze	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010153	EPO HSA \$5000 L Non-Gated OHI	Bronze	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010199	EPO HSA \$5000 L Non-Gated OHI	Bronze	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010200	EPO HSA \$5000 L Non-Gated OHI	Bronze	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010164	EPO HSA \$3500 40/75 L Non-Gated OHI	Bronze	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010205	EPO HSA \$3500 40/75 L Non-Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010162	EPO HSA \$3500 40/75 L Non-Gated OHI	Bronze	OFF	NO	26	YES	INCLUDED	YES	NO	NO

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHP? (yes, no)
95629NY0010206	EPO HSA \$3500 40/75 L Non-Gated OHI	Bronze	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010163	EPO HSA \$3500 40/75 L Non-Gated OHI	Bronze	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010161	EPO HSA \$3500 40/75 L Non-Gated OHI	Bronze	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010207	EPO HSA \$3500 40/75 L Non-Gated OHI	Bronze	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010208	EPO HSA \$3500 40/75 L Non-Gated OHI	Bronze	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0050172	PPO HSA \$3750 L Non-Gated OHI	Bronze	OFF	NO	26	NO	INCLUDED	YES	YES	NO
95629NY0050038	PPO HSA \$3750 L Non-Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	YES	NO
95629NY0050170	PPO HSA \$3750 L Non-Gated OHI	Bronze	OFF	NO	26	YES	INCLUDED	YES	YES	NO
95629NY0050039	PPO HSA \$3750 L Non-Gated OHI	Bronze	OFF	NO	26	YES	EXCLUDED	YES	YES	NO
95629NY0050171	PPO HSA \$3750 L Non-Gated OHI	Bronze	OFF	NO	29	NO	INCLUDED	YES	YES	NO
95629NY0050169	PPO HSA \$3750 L Non-Gated OHI	Bronze	OFF	NO	29	YES	INCLUDED	YES	YES	NO
95629NY0050040	PPO HSA \$3750 L Non-Gated OHI	Bronze	OFF	NO	29	NO	EXCLUDED	YES	YES	NO
95629NY0050049	PPO HSA \$3750 L Non-Gated OHI	Bronze	OFF	NO	29	YES	EXCLUDED	YES	YES	NO
95629NY0050094	EPO \$1200 30/80 G Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010285	EPO \$1200 30/80 G Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010296	EPO \$1200 30/80 G Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010344	EPO \$1200 30/80 G Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010345	EPO \$1200 30/80 G Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010346	EPO \$1200 30/80 G Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010347	EPO \$1200 30/80 G Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010348	EPO \$1200 30/80 G Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010349	EPO \$1000 30/80 G Gated OHI	Gold	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010350	EPO \$1000 30/80 G Gated OHI	Gold	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010351	EPO \$1000 30/80 G Gated OHI	Gold	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010352	EPO \$1000 30/80 G Gated OHI	Gold	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010353	EPO \$1000 30/80 G Gated OHI	Gold	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010354	EPO \$1000 30/80 G Gated OHI	Gold	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010355	EPO \$1000 30/80 G Gated OHI	Gold	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010356	EPO \$1000 30/80 G Gated OHI	Gold	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010357	Prim Adv EPO \$1500 G Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010358	Prim Adv EPO \$1500 G Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010359	Prim Adv EPO \$1500 G Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010360	Prim Adv EPO \$1500 G Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010361	Prim Adv EPO \$1500 G Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010362	Prim Adv EPO \$1500 G Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010363	Prim Adv EPO \$1500 G Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010364	Prim Adv EPO \$1500 G Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010365	EPO HSA \$2000 35/50 G Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010366	EPO HSA \$2000 35/50 G Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010367	EPO HSA \$2000 35/50 G Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010368	EPO HSA \$2000 35/50 G Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010369	EPO HSA \$2000 35/50 G Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010370	EPO HSA \$2000 35/50 G Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010371	EPO HSA \$2000 35/50 G Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010372	EPO HSA \$2000 35/50 G Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010373	EPO 25/50 G Gated OHI	Silver	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010374	EPO 25/50 G Gated OHI	Silver	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010375	EPO 25/50 G Gated OHI	Silver	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010376	EPO 25/50 G Gated OHI	Silver	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010377	EPO 25/50 G Gated OHI	Silver	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010378	EPO 25/50 G Gated OHI	Silver	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010379	EPO 25/50 G Gated OHI	Silver	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010380	EPO 25/50 G Gated OHI	Silver	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010381	EPO HSA \$5000 G Gated OHI	Bronze	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010382	EPO HSA \$5000 G Gated OHI	Bronze	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010383	EPO HSA \$5000 G Gated OHI	Bronze	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010384	EPO HSA \$5000 G Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010385	EPO HSA \$5000 G Gated OHI	Bronze	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010386	EPO HSA \$5000 G Gated OHI	Bronze	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010389	EPO HSA \$5000 G Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010397	EPO HSA \$5000 G Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010388	EPO HSA \$5000 G Gated OHI	Bronze	OFF	NO	29	YES	EXCLUDED	YES	NO	NO
95629NY0010389	EPO HSA \$3750 40/75 G Gated OHI	Bronze	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010390	EPO HSA \$3750 40/75 G Gated OHI	Bronze	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010391	EPO HSA \$3750 40/75 G Gated OHI	Bronze	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010392	EPO HSA \$3750 40/75 G Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010393	EPO HSA \$3750 40/75 G Gated OHI	Bronze	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010394	EPO HSA \$3750 40/75 G Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010395	EPO HSA \$3750 40/75 G Gated OHI	Bronze	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010396	EPO HSA \$3750 40/75 G Gated OHI	Bronze	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010397	Prim Adv EPO \$4000 G Gated OHI	Bronze	OFF	NO	26	NO	INCLUDED	YES	NO	NO
95629NY0010398	Prim Adv EPO \$4000 G Gated OHI	Bronze	OFF	NO	29	NO	INCLUDED	YES	NO	NO
95629NY0010399	Prim Adv EPO \$4000 G Gated OHI	Bronze	OFF	NO	29	YES	INCLUDED	YES	NO	NO
95629NY0010400	Prim Adv EPO \$4000 G Gated OHI	Bronze	OFF	NO	29	NO	EXCLUDED	YES	NO	NO
95629NY0010401	Prim Adv EPO \$4000 G Gated OHI	Bronze	OFF	NO	26	YES	INCLUDED	YES	NO	NO
95629NY0010402	Prim Adv EPO \$4000 G Gated OHI	Bronze	OFF	NO	26	NO	EXCLUDED	YES	NO	NO
95629NY0010403	Prim Adv EPO \$4000 G Gated OHI	Bronze	OFF	NO	26	YES	EXCLUDED	YES	NO	NO
95629NY0010404	Prim Adv EPO \$4000 G Gated OHI	Bronze	OFF	NO	29	YES	EXCLUDED	YES	NO	NO

**EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581296  
 Market Segment: Groups Off Exchange

- 1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
- 2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First Quarter 2015 premium rates for Employee Only on Small Group Plans.
- 3) Premium rates are only for plans with the following benefit provisions:
  - (a) Through Age 29; **and**
  - (b) With Domestic Partner; **and**
  - (c) With Family Planning.
- 4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RATES														
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	
						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island	
85629NY0010029	Bronze	SG	Off	Standard	Yes	n/a	n/a	529	529	n/a	n/a	n/a	529	
85629NY0010309	Bronze	SG	Off	Non-Standard	Yes	n/a	n/a	516	516	n/a	n/a	n/a	516	
85629NY0010153	Bronze	SG	Off	Non-Standard	Yes	n/a	n/a	504	504	n/a	n/a	n/a	504	
85629NY0010161	Bronze	SG	Off	Non-Standard	Yes	n/a	n/a	528	528	n/a	n/a	n/a	528	
85629NY0050169	Bronze	SG	Off	Non-Standard	Yes	n/a	n/a	579	579	n/a	n/a	n/a	579	
85629NY0010383	Bronze	SG	Off	Non-Standard	Yes	n/a	n/a	443	443	n/a	n/a	n/a	443	
85629NY0010391	Bronze	SG	Off	Non-Standard	Yes	n/a	n/a	461	461	n/a	n/a	n/a	461	
85629NY0010399	Bronze	SG	Off	Non-Standard	Yes	n/a	n/a	481	481	n/a	n/a	n/a	481	
85629NY0050105	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	701	701	n/a	n/a	n/a	701	
85629NY0010024	Silver	SG	Off	Standard	Yes	n/a	n/a	636	636	n/a	n/a	n/a	636	
85629NY0020013	Silver	SG	Off	Standard	Yes	n/a	n/a	704	704	n/a	n/a	n/a	704	
85629NY0010113	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	658	658	n/a	n/a	n/a	658	
85629NY0010269	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	629	629	n/a	n/a	n/a	629	
85629NY0010121	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	614	614	n/a	n/a	n/a	614	
85629NY0050129	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	746	746	n/a	n/a	n/a	746	
85629NY0050209	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	730	730	n/a	n/a	n/a	730	
85629NY0010334	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	640	640	n/a	n/a	n/a	640	
85629NY0010137	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	625	625	n/a	n/a	n/a	625	
85629NY0010293	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	684	684	n/a	n/a	n/a	684	
85629NY0010442	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	667	667	n/a	n/a	n/a	667	
85629NY0010450	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	650	650	n/a	n/a	n/a	650	
85629NY0010359	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	566	566	n/a	n/a	n/a	566	
85629NY0010367	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	552	552	n/a	n/a	n/a	552	
85629NY0010375	Silver	SG	Off	Non-Standard	Yes	n/a	n/a	589	589	n/a	n/a	n/a	589	
85629NY0010019	Gold	SG	Off	Standard	Yes	n/a	n/a	749	749	n/a	n/a	n/a	749	
85629NY0050041	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	852	852	n/a	n/a	n/a	852	
85629NY0010237	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	806	806	n/a	n/a	n/a	806	
85629NY0010049	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	787	787	n/a	n/a	n/a	787	
85629NY0010245	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	787	787	n/a	n/a	n/a	787	
85629NY0010057	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	768	768	n/a	n/a	n/a	768	
85629NY0050065	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	831	831	n/a	n/a	n/a	831	

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						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
85629NY0010234	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	767	767	n/a	n/a	n/a	767
85629NY0010418	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	748	748	n/a	n/a	n/a	748
85629NY0010081	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	792	792	n/a	n/a	n/a	792
85629NY0010426	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	773	773	n/a	n/a	n/a	773
85629NY0010089	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	755	755	n/a	n/a	n/a	755
85629NY0010434	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	748	748	n/a	n/a	n/a	748
85629NY0010286	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	646	646	n/a	n/a	n/a	646
85629NY0010351	Gold	SG	Off	Non-Standard	Yes	n/a	n/a	677	677	n/a	n/a	n/a	677
85629NY0010014	Platinum	SG	Off	Standard	Yes	n/a	n/a	882	882	n/a	n/a	n/a	882
85629NY0020008	Platinum	SG	Off	Standard	Yes	n/a	n/a	955	955	n/a	n/a	n/a	955
85629NY0050009	Platinum	SG	Off	Non-Standard	Yes	n/a	n/a	1,016	1,016	n/a	n/a	n/a	1,016
85629NY0010340	Platinum	SG	Off	Non-Standard	Yes	n/a	n/a	938	938	n/a	n/a	n/a	938
85629NY0010410	Platinum	SG	Off	Non-Standard	Yes	n/a	n/a	916	916	n/a	n/a	n/a	916
85629NY0050025	Platinum	SG	Off	Non-Standard	Yes	n/a	n/a	993	993	n/a	n/a	n/a	993
85629NY0010033	Platinum	SG	Off	Non-Standard	Yes	n/a	n/a	921	921	n/a	n/a	n/a	921



<Date>

<BA First Name> <BA Last Name>

<Group Name>, <Group #>

<Group Address 1>

<Group Address 2>

<City>, <State> <Zip>

Re: Notice of Proposed Premium Rate Change  
<Plan Name>

Dear <BA First Name> <BA Last Name>:

Oxford Health Insurance, Inc. (OHI) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

### **Proposed Premium Rate Changes**

The requested percentage change to your group's premium is shown in the attached exhibit. Please use the plan name listed above to reference the rate increase for your plan.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

### **Why We Are Requesting a Rate Change**

Rising medical expenses are the main reason for the requested increase. A number of factors contribute to these rising costs, including increases in the cost of medical services and increases in the amount of services used. We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted both on our website and DFS's website for at least 30 days from the date of our rate filing. Our rate application will be posted on DFS's website and additional information will be available on [companyprofiles.healthcare.gov](http://companyprofiles.healthcare.gov).

### **30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact OHI for additional information at:

Oxford  
NY Prior Approval  
P.O. Box 862  
Monroe, CT 06468  
888-201-4216  
[www.oxfordhealth.com](http://www.oxfordhealth.com)

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
1 State Street  
New York, NY, 10004  
Email: [premiumrateincreases@dfs.ny.gov](mailto:premiumrateincreases@dfs.ny.gov)  
DFS Website: [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your Plan Name, which is <Plan Name>

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

### **Plain English Summary of Rate Change**

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Oxford website: [www.oxfordhealth.com](http://www.oxfordhealth.com) Go to the *Employer Messages* section.

DFS website: [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

### **Notice of Approved Premium Rate**

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,



Howard C. Margolies  
Vice President  
Small Business, New York



**Oxford Health Insurance, Inc. - Small Group Off Exchange**

Plan Name	Annual Requested Increase by Quarter			
	Dep Age 26		Dep Age 29	
	Q1	Q2	Q1	Q2
<b>Platinum</b>				
P Standard EPO 15/35 L Gated OHI	12.4%	12.5%	12.4%	12.5%
P Standard PPO 15/35 L Gated OHI	12.6%	12.7%	12.6%	12.7%
P EPO 10/20 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
P PPO 10/20 F Non-Gated OHI	11.4%	11.5%	11.4%	11.5%
P EPO 20/30 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
P PPO 20/30 F Non-Gated OHI	11.6%	11.7%	11.6%	11.7%
<b>Gold</b>				
G Standard EPO 25/40 L Gated OHI	12.3%	12.5%	12.3%	12.4%
G PPO HSA \$1500 F Non-Gated OHI	12.1%	12.3%	12.1%	12.2%
G PPO 25/40 F Non-Gated OHI	11.5%	11.6%	11.5%	11.6%
G EPO \$50 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO HSA \$1500 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G Prim Adv EPO \$500 L Non-Gated OHI	6.5%	6.6%	6.5%	6.6%
G EPO 15/25 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO 15/25 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO 20/40 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO 20/40 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
<b>Silver</b>				
S Standard EPO 30/50 L Gated OHI	12.4%	12.5%	12.3%	12.4%
S Standard PPO 30/50 L Gated OHI	13.0%	13.1%	13.0%	13.1%
S PPO HSA \$2000 30/60 F Non-Gated OHI	12.2%	12.3%	12.2%	12.3%
S PPO 40/70 F Non-Gated OHI	12.2%	12.3%	12.2%	12.3%
S PPO 40/70 L Non-Gated OHI	12.2%	12.3%	12.2%	12.3%
S EPO HSA \$2000 25/50 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO HSA \$2000 25/50 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO HSA \$2000 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO HSA \$2000 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S Prim Adv EPO \$1500 L Non-Gated OHI	4.8%	4.9%	4.9%	5.0%
S EPO 40/70 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO 40/70 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
<b>Bronze</b>				
B Standard EPO 50% L Gated OHI	9.2%	9.3%	9.3%	9.4%
B PPO HSA \$3750 L Non-Gated OHI	9.4%	9.5%	9.4%	9.5%
B EPO HSA \$3500 40/75 L Non-Gated OHI	9.3%	9.4%	9.3%	9.4%
B EPO HSA \$5000 F Non-Gated OHI	9.3%	9.4%	9.3%	9.4%
B EPO HSA \$5000 L Non-Gated OHI	9.3%	9.4%	9.3%	9.4%

Key:

P = Platinum

G = Gold

S = Silver

B = Bronze

F = Freedom Network

L = Liberty Network

When copay shows #/#, first # is PCP copayment & second # is Specialist copayment.



<Date>

<Subscriber First Name> <Subscriber Last Name>

<Group Name>, <Group #>

<Address 1>

<Address 2>

<City>, <State> <Zip>

Re: Notice of Proposed Premium Rate Change  
<Plan Name>

Dear <Subscriber First Name> <Subscriber Last Name>:

Oxford Health Insurance, Inc. (OHI) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

### **Proposed Premium Rate Changes**

The requested percentage change to your premium is shown in the attached exhibit. Please use the plan name listed above to reference the rate increase for your plan.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

### **Why We Are Requesting a Rate Change**

Rising medical expenses are the main reason for the requested increase. A number of factors contribute to these rising costs, including increases in the cost of medical services and increases in the amount of services used. We have prepared a narrative summary that provides a more detailed explanation of the reasons why we are seeking a premium rate adjustment. This summary will be posted both on our website and DFS's website for at least 30 days from the date of our rate filing. Our rate application will be posted on DFS's website and additional information will be available on [companyprofiles.healthcare.gov](http://companyprofiles.healthcare.gov).

### **30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact OHI for additional information at:

Oxford  
NY Prior Approval  
P.O. Box 862  
Monroe, CT 06468  
800-444-6222  
[www.oxfordhealth.com](http://www.oxfordhealth.com)

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
1 State Street  
New York, NY, 10004  
Email: [premiumrateincreases@dfs.ny.gov](mailto:premiumrateincreases@dfs.ny.gov)  
DFS Website: [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your Plan Name, which is <Plan Name>

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

### **Plain English Summary of Rate Change**

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Oxford website: [www.oxfordhealth.com](http://www.oxfordhealth.com) Go to the *Member Messages* section.

DFS website: [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

### **Notice of Approved Premium Rate**

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,



Howard C. Margolies  
Vice President  
Small Business, New York



**Oxford Health Insurance, Inc. - Small Group Off Exchange**

Plan Name	Annual Requested Increase by Quarter			
	Dep Age 26		Dep Age 29	
	Q1	Q2	Q1	Q2
<b>Platinum</b>				
P Standard EPO 15/35 L Gated OHI	12.4%	12.5%	12.4%	12.5%
P Standard PPO 15/35 L Gated OHI	12.6%	12.7%	12.6%	12.7%
P EPO 10/20 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
P PPO 10/20 F Non-Gated OHI	11.4%	11.5%	11.4%	11.5%
P EPO 20/30 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
P PPO 20/30 F Non-Gated OHI	11.6%	11.7%	11.6%	11.7%
<b>Gold</b>				
G Standard EPO 25/40 L Gated OHI	12.3%	12.5%	12.3%	12.4%
G PPO HSA \$1500 F Non-Gated OHI	12.1%	12.3%	12.1%	12.2%
G PPO 25/40 F Non-Gated OHI	11.5%	11.6%	11.5%	11.6%
G EPO \$50 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO HSA \$1500 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G Prim Adv EPO \$500 L Non-Gated OHI	6.5%	6.6%	6.5%	6.6%
G EPO 15/25 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO 15/25 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO 20/40 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
G EPO 20/40 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
<b>Silver</b>				
S Standard EPO 30/50 L Gated OHI	12.4%	12.5%	12.3%	12.4%
S Standard PPO 30/50 L Gated OHI	13.0%	13.1%	13.0%	13.1%
S PPO HSA \$2000 30/60 F Non-Gated OHI	12.2%	12.3%	12.2%	12.3%
S PPO 40/70 F Non-Gated OHI	12.2%	12.3%	12.2%	12.3%
S PPO 40/70 L Non-Gated OHI	12.2%	12.3%	12.2%	12.3%
S EPO HSA \$2000 25/50 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO HSA \$2000 25/50 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO HSA \$2000 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO HSA \$2000 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S Prim Adv EPO \$1500 L Non-Gated OHI	4.8%	4.9%	4.9%	5.0%
S EPO 40/70 F Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
S EPO 40/70 L Non-Gated OHI	11.3%	11.4%	11.3%	11.4%
<b>Bronze</b>				
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B EPO HSA \$3500 40/75 L Non-Gated OHI	9.3%	9.4%	9.3%	9.4%
B EPO HSA \$5000 F Non-Gated OHI	9.3%	9.4%	9.3%	9.4%
B EPO HSA \$5000 L Non-Gated OHI	9.3%	9.4%	9.3%	9.4%

Key:

P = Platinum

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When copay shows #/#, first # is PCP copayment & second # is Specialist copayment.



<Date>

<BA Name>  
<Group Name>  
<Address>  
<City>, <State> <ZIP>

**RE: Renewal Information for: <Group Name>, Group #: <Group # >; <CSP Code>**

Dear <BA Name>,

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with an Oxford<sup>1</sup> plan. Your company's policy is scheduled to renew on <effective date>. Please review this renewal package to understand your options and learn about the tools available to help you determine which plan(s) best meet your business needs.

In addition, please review your **Summary of Benefits and Coverage (SBC)**,<sup>2</sup> which you can now access using our Oxford small group online enrollment tool, Idea Management System<sup>SM</sup> (IDEA) so that you fully understand your benefits and member cost shares.

You can choose the proposed Affordable Care Act (ACA) compliant plan(s) or, if you prefer, you may also choose any of the other Oxford plans we offer in the New York small group market. **Please note that if no action is taken prior to your effective date, you will be renewed automatically into the plan described in this packet and billed accordingly.**

Our Oxford portfolio includes a variety of products with a wide range of affordable and flexible health plan solutions. We also offer dedicated service for members and employers, comprehensive online resources and health coach programs, plus a variety of disease management programs and services.

We know how important it is to find the right physician. That's why we offer a choice of robust local provider networks as well as access to our national provider network when traveling outside of the Oxford service area:

- Our **Freedom Network** offers your employees access to more than [104,000] physicians and other health care professionals at more than [173,000] locations in the tri-state region of New York, New Jersey and Connecticut – of which nearly [60,000] of those physicians have their practice in New York.<sup>3</sup>
- The **Liberty Network**, a subset of our Freedom Network, tends to be a more affordable option for many employers and provides access to over [70,000] physicians and other health care professionals at more than [121,000] office locations.<sup>3</sup>
- **[Oxford Metro Network]**
- The **UnitedHealthcare Choice Plus national network** is available with most plans and provides your employees seamless access to more than [739,000] physicians, [5,600] hospitals and [65,000] pharmacies across the United States.<sup>4</sup>

(over)

We also understand how important it is for employers to have the ability to offer their employees a comprehensive benefit package. If you are interested in purchasing specialty benefits, look no further. We offer a full suite of dental, vision, life and disability products in addition to our medical products.

- **Pre-packaged specialty benefits** are available to New York small group employers with more than two employees through Oxford Benefit Management (OBM). This bundled solution combines dental and vision products with several health and wellness programs, including an Employee Assistance Program (EAP) with WorkLife services, health discounts and an optional life benefit. More details can be found at [www.oxfordbenefitmanagement.com](http://www.oxfordbenefitmanagement.com).<sup>5</sup>
- **Stand-alone specialty benefits** are also available to New York small group employers with more than two employees, which include basic life insurance, supplemental life insurance, dental insurance, vision insurance and long-term disability insurance. More details can be found at [www.uhcspecialtybenefits.com](http://www.uhcspecialtybenefits.com).<sup>5</sup>

Plus, you don't have to wait to add specialty products to your benefit package. You can add these benefits at any time. If you have any questions regarding your replacement coverage, prefer to speak to someone directly, or if you would like more information on a specialty benefits quote, please contact your broker or General Agent, or contact Client Services at **1-888-201-4216** or by email at [groupservices@oxfordhealth.com](mailto:groupservices@oxfordhealth.com).

We are also here to help you with our online systems and can provide copies of any materials you may not be able to access. We look forward to a continued and long-lasting relationship, serving you and your employees.

Sincerely,

Client Services  
Enclosures  
CC: <Broker>

<sup>1</sup> Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

<sup>2</sup> **Please Note:** As of Sept. 23, 2012, the Affordable Care Act (ACA) requires all health plan issuers (i.e., UnitedHealthcare and Oxford) and group health plans to provide new and renewing groups and members a Summary of Benefits and Coverage (SBC) for their health benefit plan. This notification provides information regarding when and how SBCs will be made available to you and when you need to provide it to your members. All assumed renewal plan SBCs are made available through IDEA and the employer portal of [oxfordhealth.com](http://oxfordhealth.com) within 60 days of your renewal date. If, for any reason, the assumed renewal SBC is not successfully loaded to IDEA or the Employer portal, a hard copy will be mailed within 30 days of your renewal date. The information related to when you must provide the SBCs to your members is found directly on IDEA and the Employer portal. A paper copy is available upon request by calling Client Services. At this time we are relying upon the employer group to deliver the SBCs to its employees and their dependents.

<sup>3</sup> [As of Dec. 31, 2012]; represents all participating providers except ancillary providers. Dental and complementary and alternative medicine providers are included (~6 percent of the total without chiropractors who are considered specialists). Providers who are multiple boarded are counted multiple times. Tri-state area includes Connecticut, New Jersey and certain New York counties (Ulster, Sullivan, Dutchess, Orange, Putnam, Rockland, Westchester, Bronx, New York, Queens, Kings, Richmond, Nassau and Suffolk).

<sup>4</sup> As of [Q3 2013]. UnitedHealth Networks national network statistics. Not available with Liberty HMO.

<sup>5</sup> Oxford Benefit Management (OBM) packages are not available in all states and state-specific requirements may cause limitations or variations to the plans. Packaged Savings is not available for this product. OBM Benefit options may vary by group size. Components are subject to change. UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company of New York. In New York, the Life Insurance product is provided on Form LASD-POL-LIFE NY (05/03) and the Disability product on Form LASD-POL-ADD/DIS NY (05/03). Unimerica Life Insurance Company of New York is located in New York. UnitedHealthcare Dental plans are provided by or through UnitedHealthcare Insurance Company of New York, NY. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by Dental Benefit Providers, Inc. UnitedHealthcare Vision<sup>®</sup> plans are provided by UnitedHealthcare Insurance Company of New York, NY. UnitedHealthcare Vision<sup>®</sup> benefits and administrative services are provided by or through Spectera, Inc. UnitedHealthcare Insurance Company of New York is located in New York, NY.

## Renewal Rates and Plan Information<sup>1</sup>

Below is a high level description of your plan changes as well as your new rates. Small group plan designs are now identified by four “metallic” benefit coverage levels: Bronze, Silver, Gold and Platinum. These designations indicate the relative value of the covered benefits, from Bronze (lowest) to Platinum (highest). Please review your SBC (available online) for more information about the benefits and member cost shares for this plan. You may also call Client Services to request a paper copy of your SBC.

### PLAN INFORMATION

PLAN DESIGN	EXISTING	REPLACEMENT
Metallic Level	N/A	<Data>
Network	<Data>	<Data>
Office Visit Copayment	<Data>	<Data>
Package Description	<Data>	<Data>
Prescription	<Data>	<Data>
Out-of-Network Coinsurance	<Data>	<Data>
Out-of-Network Deductible	<Data>	<Data>
Out-of Network Reimbursement <sup>2</sup> Amount (where available)	<Data>	<Data>
Other Benefit Information (formerly Riders)	<Data>	<Data>

### MONTHLY PREMIUMS

TIERS	EXISTING RATES		REPLACEMENT RATES	
	Employee #	Rate	Employee #	Rate
Single	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Couple	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Parent/Children	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Family	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
<b>Premium Total</b>	<b>&lt;Total # of EEs&gt;</b>	<b>&lt;Total \$0.00&gt;</b>	<b>&lt;Total # of EEs&gt;</b>	<b>&lt;Total \$0.00&gt;</b>

### COMPLETING YOUR RENEWAL

Details about your plan can be reviewed and submitted through IDEA. Simply log onto the Employer portal of [oxfordhealth.com](http://oxfordhealth.com), click on the “My Account” tab and you will see the IDEA link. Once in IDEA, you will be able to review your proposed plan as well as explore other ACA compliant plan options. You will also be able to view the SBC for your ACA compliant replacement plan to help you better understand your group coverage. If you complete the plan selection through IDEA, information can be submitted up to the last day of the month prior to your effective date. Our IDEA tool is in the process of being updated and may not be available to New York groups with one employee.<sup>3</sup> Please contact Individual Product Sales at 1-800-969-7480 for assistance.

### Renewing into your ACA compliant plan

- We will **automatically renew your group into the above plan.** Unless your group is selected for an audit, you do not need to take any further action.

### Renewing into an alternative ACA compliant plan

You also may choose any other ACA compliant small group plan we offer. To do so, you **must submit** the following documents. Using IDEA will speed up the process by creating the required forms from the information you provide and will generate an electronic record for your files. You may also send by mail to the Oxford Enrollment Department at 14 Central Park Drive, Hooksett, NH 03106.

- A completed *New York Small Group Annual Certification Form*, which is needed to ensure that your group is covered within the correct ACA definition. This form is included in this package and available through [oxfordhealth.com](http://oxfordhealth.com).

(over)

- Tax documentation: Examples of acceptable documents include a *Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return Form (NYS-45)*, *Form 11-20S* and *K1 Schedule C*. If you filed a consolidated tax return as an affiliated group, please provide your most recent *IRS form 851*. See enclosed *Instruction Sheet* for details.
- If you are not submitting information online through IDEA, a letter of request on company letterhead signed by an authorized contact detailing requested changes along with a signed rate sheet must be submitted. If you are moving into a different product underwritten by another licensed company (e.g., HMO to EPO), you may also be asked to submit the appropriate application.

## **OTHER CHANGES THAT MAY IMPACT YOUR RENEWAL**

[Below are some additional modifications that we wanted to bring to your attention:]

### **ADDITIONAL INFORMATION**

- **Audits**: We may conduct an audit of your group to confirm that the group meets eligibility and/or participation requirements. At that time, additional documentation may be required. Please visit [oxfordhealth.com](http://oxfordhealth.com) to review the *New York Small Group (1-50) Underwriting Requirements*, which gives more detail about our participation (does not apply to HMO products) and eligibility requirements for small group coverage. Our lock box administrator automatically cashes all premium checks upon receipt. If your group does not meet eligibility and participation requirements, your cashed check does not obligate us to replace your coverage. Further, if you submit payment that exceeds any outstanding balance, and your group is not moved into a replacement plan, we will refund the additional amount.
- **Age 29 Rider**: The law extends the availability of health insurance coverage to young adults through the age of 29. This expansion assists young adults who do not have access to employer-sponsored health insurance. This Rider is still an option for groups wishing to purchase this coverage. If the group does not purchase this Rider, the young adult option is available, which permits eligible young adults to continue their coverage through a parent's health insurance coverage once they reach age 26 without contribution from the employer. Young adults may also have this coverage if they meet other eligibility criteria.
- **Actuarial Value and Health Savings Accounts (HSAs)**: If you are currently offering or considering offering an HSA plan to your employees, you will need to understand how the contributions you make to your employees' HSAs can affect the actuarial value of your health plan. If you would like more information on HSA Contribution Requirements under the ACA, please visit the "Tools & Resources" section of the Employer portal of [oxfordhealth.com](http://oxfordhealth.com).

<sup>1</sup> Premium rates and/or product forms included herein have been filed and are subject to approval by regulators. We reserve the right to modify this quote if needed, once final approval is received. The rates quoted above or your total premium may change if benefits are required to be added to your plan during the plan year or if your census changes.

<sup>2</sup> All small group plans that have out-of-network benefits use a Medicare-based reimbursement methodology for out-of-network claims. Please see your Certificate of Coverage for more information. Please note that when we use a relative value scale based on difficulty, time, work, risk and resources of the service; the scale for certain services may be provided by our affiliate OptumInsight. Our HMO and EPO products do not have out-of-network benefits; however, if we are required to reimburse for services from a nonparticipating provider, reimbursement is based upon seventieth (70<sup>th</sup>) percentile FairHealth data. In certain instances, members may not be billed for the amounts above their cost share.

<sup>3</sup> New York has changed the small group size to "1-50" employees from "2-50" employees. A small group with one employee requires that the business employ an individual who is not the owner. When a business is owned only by an individual or an individual and his or her spouse, these individuals are not considered "employees" and the benefit plan is not considered a one employee group health plan.



<Date>

<BA Name>  
<Group Name>  
<Address>  
<City>, <State> <ZIP>

**RE: Renewal Information for: <Group Name>, Group #: <Group # >; <CSP Code>**

Dear <BA Name>,

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs with an Oxford<sup>1</sup> plan. Your company's policy is scheduled to renew on **<effective date>**. Please review this renewal package to understand your options and learn about the tools available to help you determine which plan(s) best meet your business needs.

In addition, please review your **Summary of Benefits and Coverage (SBC)**,<sup>2</sup> which you can now access from the Employer portal of **oxfordhealth.com**, so that you fully understand your benefits and member cost shares.

You can choose to renew into your proposed Affordable Care Act (ACA) compliant plan or, if you prefer, you may also choose any of the other Oxford plans we offer in the New York small group market. **Please note that if no action is taken prior to renewal, you will be renewed automatically into the plan described in this renewal packet and billed accordingly.**

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We know how important it is to find the right physician. That's why we offer a choice of robust local provider networks as well as access to our national provider network when traveling outside of the Oxford service area:

- Our **Freedom Network** offers your employees access to more than [104,000] physicians and other health care professionals at more than [173,000] locations in the tri-state region of New York, New Jersey and Connecticut – of which nearly [60,000] of those physicians have their practice in New York.<sup>3</sup>
- The **Liberty Network**, a subset of our Freedom Network, tends to be a more affordable option for many employers and provides access to over [70,000] physicians and other health care professionals at more than [121,000] office locations.<sup>3</sup>
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- The **UnitedHealthcare Choice Plus national network** is available with most plans and provides your employees seamless access to more than [739,000] physicians, 5,600 hospitals and 65,000 pharmacies across the United States.<sup>4</sup>

(over)

We also understand how important it is for employers to have the ability to offer their employees a comprehensive benefit package. If you are interested in purchasing specialty benefits, look no further. UnitedHealthcare offers a full suite of dental, vision, life and disability products in addition to our medical products.

- **Pre-packaged specialty benefits** are available to New York small group employers with more than two employees through Oxford Benefit Management (OBM). This bundled solution combines dental and vision products with several health and wellness programs, including an Employee Assistance Program (EAP) with WorkLife services, health discounts and an optional life benefit. More details can be found at [www.oxfordbenefitmanagement.com](http://www.oxfordbenefitmanagement.com).<sup>5</sup>
- **Stand-alone specialty benefits** are also available to New York small group employers with more than two employees, which include basic life insurance, supplemental life insurance, dental insurance, vision insurance and long-term disability insurance. More details can be found at [www.uhcspecialtybenefits.com](http://www.uhcspecialtybenefits.com).<sup>5</sup>

Plus, you don't have to wait for your renewal period to add specialty products to your benefit package. You can add these benefits at any time. If you have any questions regarding your renewal, prefer to speak to someone directly, or if you would like more information on a specialty benefits quote, please contact your broker or General Agent, or contact Client Services at **1-888-201-4216** or by email at [groupservices@oxfordhealth.com](mailto:groupservices@oxfordhealth.com).

We are also here to help you with our online systems and can provide copies of any materials you may not be able to access. We look forward to a continued and long-lasting relationship, serving you and your employees.

Sincerely,

Client Services

Enclosures

cc: <Broker>

<sup>1</sup> Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

<sup>2</sup> **Please Note:** As of Sept. 23, 2012, the Affordable Care Act (ACA) requires all health plan issuers (i.e., UnitedHealthcare and Oxford) and group health plans to provide new and renewing groups and members a Summary of Benefits and Coverage (SBC) for their health benefit plan. This notification provides information regarding when and how SBCs will be made available to you and when you need to provide it to your members. All assumed renewal plan SBCs are made available through Idea Management System<sup>SM</sup> (IDEA) and the Employer portal of [oxfordhealth.com](http://oxfordhealth.com) within 60 days of your renewal date. If, for any reason, the assumed renewal SBC is not successfully loaded to IDEA or the employer portal, a hard copy will be mailed within 30 days of your renewal date. The information related to when you must provide the SBCs to your members is found directly on IDEA and the employer portal. A paper copy is available upon request by calling Client Services.

<sup>3</sup> [As of Dec. 31, 2012]; represents all participating providers except ancillary providers. Dental and complementary and alternative medicine providers are included (~6 percent of the total without chiropractors who are considered specialists). Providers who are multiple boarded are counted multiple times. Tri-state area includes Connecticut, New Jersey and certain New York counties (Ulster, Sullivan, Dutchess, Orange, Putnam, Rockland, Westchester, Bronx, New York, Queens, Kings, Richmond, Nassau and Suffolk).

<sup>4</sup> As of [Q3 2013.] UnitedHealth Networks national network statistics. Not available with Liberty HMO.

<sup>5</sup> Oxford Benefit Management (OBM) packages are not available in all states and state-specific requirements may cause limitations or variations to the plans. Packaged Savings is not available for this product. OBM Benefit options may vary by group size. Components are subject to change. UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company of New York. In New York, the Life Insurance product is provided on Form LASD-POL-LIFE NY (05/03) and the Disability product on Form LASD-POL-ADD/DIS NY (05/03). Unimerica Life Insurance Company of New York is located in New York. UnitedHealthcare Dental plans are provided by or through UnitedHealthcare Insurance Company of New York, NY. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by Dental Benefit Providers, Inc. UnitedHealthcare Vision<sup>®</sup> plans are provided by UnitedHealthcare Insurance Company of New York, NY. UnitedHealthcare Vision<sup>®</sup> benefits and administrative services are provided by or through Spectera, Inc. UnitedHealthcare Insurance Company of New York is located in New York, NY.

## Renewal Rates and Plan Information<sup>6</sup>

Below is a high level description of your plan changes as well as your renewal rates. Small group plan designs are now identified by four “metallic” benefit coverage levels: Bronze, Silver, Gold and Platinum. These designations indicate the relative value of the covered benefits, from Bronze (lowest) to Platinum (highest). Please review your SBC (available online) for more information about the benefits and member cost shares for this plan. You may also call Client Services to request a paper copy of your SBC.

### PLAN INFORMATION

PLAN DESIGN	EXISTING	RENEWAL
Metallic Level	N/A	<Data>
Network	<Data>	<Data>
Office Visit Copayment	<Data>	<Data>
Package Description	<Data>	<Data>
Prescription	<Data>	<Data>
Out-of-Network Coinsurance	<Data>	<Data>
Out-of-Network Deductible	<Data>	<Data>
Out-of Network Reimbursement <sup>7</sup> Amount (where available)	<Data>	<Data>
Other Benefit Information (formerly Riders)	<Data>	<Data>

### MONTHLY PREMIUMS

TIERS	EXISTING RATES		RENEWAL RATES	
	Employee #	Rate	Employee #	Rate
Single	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Couple	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Parent/Children	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
Family	<# of EEs>	<\$0.00>	<# of EEs>	<\$0.00>
<b>Premium Total</b>	<b>&lt;Total # of EEs&gt;</b>	<b>&lt;Total \$0.00&gt;</b>	<b>&lt;Total # of EEs&gt;</b>	<b>&lt;Total \$0.00&gt;</b>

### COMPLETING YOUR RENEWAL

The SBC for your ACA compliant plan is now available to help you better understand your group coverage. You can access your SBC by logging on to the Employer portal of oxfordhealth.com. Then select “Request” from the top navigation bar on the home page. From there, select “Summary of Benefits and Coverage.” You will have the option to search for the appropriate SBC based on your Contract Specific Package (CSP). The SBC shows you the plan details for your proposed ACA compliant plan. You may also explore other available ACA compliant plan options. If your group has one employee, please work with your broker, general agent or contact Individual Product Sales at 1-800-969-7480 to help you in this process.<sup>8</sup>

### Renewing into your ACA compliant plan

- We will **automatically renew your group into the above plan**. Unless your group is selected for an audit, you do not need to take any further action.

### Renewing into an alternative ACA compliant plan

You also may choose any other ACA compliant small group plan we offer. To do so, you **must submit** the following documents to the Oxford Enrollment Department at 14 Central Park Drive, Hooksett, NH 03106.

- A completed *New York Small Group Annual Certification Form*, which is needed to ensure that your group is covered within the correct ACA definition. This form is included in this renewal package and available through oxfordhealth.com.

(over)

- Tax documentation: Examples of acceptable documents include a *Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return Form (NYS-45)*, *Form 11-20S* and *K1 Schedule C*. If you filed a consolidated tax return as an affiliated group, please provide your most recent *IRS form 851*. See enclosed *Instruction Sheet* for details.
- A letter of request on company letterhead signed by an authorized contact detailing requested changes along with a signed rate sheet must be submitted. If you are moving into a different product underwritten by another licensed company (e.g., HMO to EPO), you may also be asked to submit the appropriate application.

## **OTHER CHANGES THAT MAY IMPACT YOUR RENEWAL**

[Below are some additional modifications that we wanted to bring to your attention:]

### **ADDITIONAL INFORMATION**

- **Audits**: We may conduct an audit of your group to confirm that the group meets eligibility and/or participation requirements. At that time, additional documentation may be required. Please visit [oxfordhealth.com](http://oxfordhealth.com) to review the *New York Small Group (1-50) Underwriting Requirements*, which gives more detail about our participation (does not apply to HMO products) and eligibility requirements for small group coverage. Our lock box administrator automatically cashes all premium checks upon receipt. If your group does not meet eligibility and participation requirements, your cashed check does not obligate us to renew your coverage. Further, if you submit payment that exceeds any outstanding balance, and your group is not renewed, we will refund the additional amount.
- **Age 29 Rider**: The law extends the availability of health insurance coverage to young adults through the age of 29. This expansion assists young adults who do not have access to employer-sponsored health insurance. This Rider is still an option for groups wishing to purchase this coverage. If the group does not purchase this Rider, the young adult option is available, which permits eligible young adults to continue their coverage through a parent's health insurance coverage once they reach age 26 without contribution from the employer. Young adults may also have this coverage if they meet other eligibility criteria.
- **Actuarial Value and Health Savings Accounts (HSAs)**: If you are currently offering or considering offering an HSA plan to your employees, you will need to understand how the contributions you make to your employees' HSAs can affect the actuarial value of your health plan. If you would like more information on HSA Contribution Requirements under the ACA, please visit the "Tools & Resources" section of the Employer portal of [oxfordhealth.com](http://oxfordhealth.com).

<sup>6</sup> Premium rates and/or product forms included herein have been filed and are subject to approval by regulators. We reserve the right to modify this quote if needed, once final approval is received. The rates quoted above or your total premium may change if benefits are required to be added to your plan during the plan year or if your census changes.

<sup>7</sup> All small group plans that have out-of-network benefits use a Medicare-based reimbursement methodology for out-of-network claims. Please see your Certificate of Coverage for more information. Please note that when we will use a relative value scale based on difficulty, time, work, risk and resources of the service; the scale for certain services may be provided by our Affiliate OptumInsight. Our HMO and EPO products do not have out-of-network benefits, however, if we are required to reimburse for services from a non-participating provider reimbursement is based upon seventieth (70<sup>th</sup>) percentile FairHealth data. In certain instances, members may not be billed for the amounts above their cost-share.

<sup>8</sup> New York has changed the small group size to "1-50" employees from "2-50" employees. A small group with one employee requires that the business employ an individual who is not the owner. When a business is owned only by an individual or an individual and his or her spouse, these individuals are not considered "employees" and the benefit plan is not considered a one employee group health plan.



<Date>

<Subscriber First Name> <Subscriber Last Name>  
<Address 1>  
<Address 2>  
<City>, <State> <Zip>

**Notice of Premium Rate Adjustment Decision**  
**<Group Name>, <Group # >; <CSP Code>**  
**THIS IS NOT A BILL**

Dear <Subscriber First Name> <Subscriber Last Name>,

In <Month YYYY>, we wrote to you to tell groups and their employees about a rate application we were filing with the New York State Department of Financial Services (DFS). Your group’s Oxford<sup>1</sup> plan is scheduled to renew on <Effective Date>. The information below shows your group’s current rates and approved renewal rates. These renewal rates reflect the total premiums your group must pay. Your individual contribution will be established by your employer.

Renewal rates are effective for twelve months beginning on <Effective Date>. The rates listed below could change if (1) your group makes benefit changes, (2) benefits are required to be added during the plan year and/or (3) your group becomes a large group before renewal (has 50 or more eligible employees).

**MONTHLY PREMIUMS FOR <PLAN DESIGN NAME>**

TIERS	CURRENT RATES	RENEWAL RATES
	Rate	Rate
Single	<Curr Single Rate>	<Renew Single Rate>
Couple	<Curr Couple Rate>	<Renew Couple Rate>
Parent/Children	<Curr P/CH Rate>	<Renew P/CH Rate>
Family	<Curr Fam Rate>	<Renew Fam Rate>

Please contact your employer for information about your contribution or for more information about the upcoming renewal.

Sincerely,

Howard C. Margolies  
Vice President  
Small Business, New York

<sup>1</sup> Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.



June 13, 2014

[REDACTED]  
New York State Department of Financial Services  
Health Bureau  
25 Beaver Street  
New York, NY 10004

RE: Oxford Health Insurance, Inc.  
New York Small Business Off-Exchange  
Effective January 2015 – December 2015

Dear [REDACTED]

This rate filing addresses the development of the New York Small Group Small Business Off-Exchange rates for plans written by Oxford Health Insurance, Inc. The rates are effective from January 1, 2015 to December 31, 2015.

Should you have any questions or need any additional information, please contact me at [REDACTED]  
[REDACTED]

Sincerely,

[REDACTED]



*Oxford Health Insurance, Inc.*

New York Small Group  
Rates Effective January 1, 2015 – December 31, 2015

**ACTUARIAL CERTIFICATION**

I, [REDACTED], am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

- (a) The submission is in compliance with all applicable laws and regulations of the State of New York;
- (b) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
  - ASOP No. 5, Incurred Health and Disability Claims
  - ASOP No. 8, Regulatory Filings for Health Plan Entities
  - ASOP No. 12, Risk Clarification
  - ASOP No. 23, Data Quality
  - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/ Casualty Coverages
  - ASOP No. 41, Actuarial Communications
- (c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
- (d) The benefits are reasonable in relation to the premiums charged; and
- (e) The rates are not unfairly discriminatory.

[REDACTED]

June 13, 2014

UnitedHealthcare

Federal Rate Filing Justification Part III  
Actuarial Memorandum & Certification  
For Oxford Health Insurance, Inc.

State of New York Rate Review

### **General Information**

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

#### **Company Identifying Information:**

- **Company Legal Name:** Oxford Health Insurance, Inc.
- **State:** New York
- **HIOS Issuer ID:** 85629
- **Market:** Small Group
- **Effective Date:** 1/1/2015 – 12/31/2015

#### **Company Contact Information:**

- **Primary Contact Name:** [REDACTED]
- **Primary Contact Telephone Number:** [REDACTED]
- **Primary Contact Email Address:** [REDACTED]

### **Proposed Rate Increase**

Oxford Health Insurance, Inc. ("OHI") is filing rates for benefit plans written under existing policy forms and certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). The average requested annual rate increase for 1<sup>st</sup> quarter renewals is 11.3%. In addition to new rates effective 1/1/2015, we are also filing 2.6% quarterly trend increases for each of the last three quarters in 2015.

### **Reasons for Rate Increase**

The rate filing we have made is seeking an increase mainly related to rising medical costs. Medical costs are the single largest component of the premium dollar and a component that has been rising significantly year over year. There are many different medical, or health care, cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which will mean a premium increase to cover costs. The 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarter 2015 quarterly increases of 2.6% are based upon projected annual increases in utilization trend (5.5%), unit cost trend (4.1%), and benefit leveraging (1.0%).

### **Experience Period Premiums and Claims**

- **Experience Period:** The experience period is 1/1/2013 to 12/31/2013 paid through 2/28/2014.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are shown in Part I. The earned premiums are the sum of the actual premium amounts in the experience period for all small group OHI policies with the exception of sole proprietors which were removed per instructions received from the New York State Department of Financial Services ("DFS"). OHI

does not anticipate paying any MLR rebates for this company for the months included in the experience period.

- **Allowed and Incurred Claims Incurred During the Experience Period:** The incurred and allowed claims were extracted from internal data warehouses and financial reports and include fee-for-service medical claims, fee-for-service pharmacy claims, graduate medical expense, HCRA hospital surcharge, pharmacy rebates, and capitations. We added estimates of incurred but not reported ("IBNR") claims to the incurred and allowed claims. In order to calculate the IBNR amounts, we used a completion factor method based on actual adjudicated claims as well as taking the current inventory into account. We also use seasonality estimates to help guide our picks where completion factors may not have been credible.

### **Benefit Categories**

Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

### **Projection Factors**

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** We have estimated that the cost increase of adding benefits to comply with the Essential Health Benefits ("EHB") provision is 1.6%. This estimate was developed using the UnitedHealthcare proprietary pricing model. The EHB line also includes an additional 0.5% adjustment to add pharmacy claims for the groups that did not have pharmacy coverage during the experience period. This adjustment was developed based upon the average pharmacy claim PMPM.
- **Changes in Demographics:** No changes in demographics are assumed.
- **Other Adjustments:** The claim projection includes an adjustment factor of +0.1% to reflect the anticipated adverse selection and increased cost that we estimate will occur due to the employee choice model being implemented in the New York SHOP. In addition, the rate development includes a 0.1% credit for SMC Pool coverage as instructed by NY DFS.
- **Trend Factors:** UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data.

Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

The projected annual trend factor is 10.9%. This breaks down into the following components: 4.1% unit cost, 5.5% utilization, and 1.0% trend leveraging. Please note that this trend factor excludes any risk margin.

### **Credibility**

There was an average of 432,303 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.

### **Paid to Allowed Ratio**

We have developed the average paid to allowed factor for the projection period based upon a combination of the distribution of the Oxford small group members by plan and the pricing actuarial values for those plans.

### **Risk Adjustment and Reinsurance**

- **Projected Risk Adjustments:** DFS and Deloitte performed risk adjustment modeling based upon data received from New York health plans. We analyzed the results of this analysis and made a slight adjustment based upon this review. As a result, we project OHI will be a net receiver and have included a 5.1% reduction to the index rate to account for this.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of \$3.32 PMPM for the reinsurance fee. We have assumed no reinsurance recoveries since it is not applicable to small group.

### **Non-Benefit Expenses and Risk Margin**

The 7.2% administrative expense load includes general administration (4.2%) and broker commissions (3.0%). We have estimated the expenses included in the development of the proposed rates based upon actual historical expenses and financial projections.

### **Projected Profit & Risk Margin**

The projected profit and risk margin is 4.0% before state and federal income taxes and 2.6% after.

### **Taxes and Fees**

The 8.2% includes state premium tax and assessments (3.1%), PPACA Insurer fee (3.2%), and state and federal income taxes (2.0%). This excludes the \$3.32 PMPM reinsurance fee.

### **Projected Loss Ratio**

The projected loss ratio using federally prescribed MLR methodology is 88.0%.

### **Index Rate**

The index rate of the experience period is \$516.61 and reflects the total allowed claims PMPM from the experience period for EHB benefits only. The index rate for the projection period is \$670.40. We applied 6 months of trend, at our 2015 annual trend rate of 10.9%, to the projection period index rate. This accounts for Small Group quarterly trend, under the assumption that members are equally distributed among the quarters.

### **AV Metal Values**

HHS metal screenshots are included in the filing. For plans using the NY DFS Standard In-Network benefits, we used the screenshots provided by DFS, without modification. For other plans, we calculated federal metal AVs using the HHS AV calculator. We made some modifications to the inputs, which are described below. We only changed the inputs; the final metal AVs came directly from the calculator output. We used only permitted factors in determining the metal AVs. We assumed that the difference between EHBs covered by our plans and those included in the calculator's continuance tables was negligible.

1. We always used 99.999% coinsurance instead of 100% due to unreasonable calculator outputs we observed in testing.
2. We converted copays after deductible (including Rx) to equivalent coinsurance values based on average unit costs from the continuance tables in the calculator.
3. We specially handled the inpatient and outpatient facility copays. Our inpatient copays cover only the facility portion of the service cost, but the HHS AV calculator inpatient copay line corresponds to both facility and professional charges. Our outpatient facility copay does not cover all services included under outpatient facility in the HHS calculator. Therefore we used the 2-tier function of the HHS calculator to more accurately value these copays. On tier 1, the inpatient and / or outpatient copays are applied (converted to coinsurance if appropriate, as discussed above). On tier 2, inpatient and outpatient facility are covered at the plan's general coinsurance level. We used the following weights, which are derived from our company's pricing model, on tier 1:
  - a. 73% if there is an outpatient facility copay but no inpatient facility copay;
  - b. 80% if there is a copay on both; and,
  - c. 100% if there is a copay on neither.

4. Our Rx plans do not have separate copays for Specialty drugs. For the Specialty drug copay calculator input, we calculated the approximate average copay for specialty drugs as the weighted average of the copays in the other 3 tiers, based on the distribution of specialty drugs among those tiers in our data.
5. The AV calculator does not support an Outpatient Facility copay. For such plans, we converted the copay to coinsurance based on the average unit cost from the calculator's continuance tables. For plans with a 2-tier OP surgery copay (Free-standing and Hospital), in the calculator we used the average of the two with 50% weight on each, which was reasonable based on our data.
6. Some plans within this portfolio have different cost-sharing features for family coverage (i.e., when two or more people are covered by the plan) from the cost-sharing features for individual coverage. For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

I certify that the values were developed in accordance with generally accepted actuarial principles and methodologies.

#### **AV Pricing Values**

The AV pricing values in Worksheet 2 reflect the product of plan relativities from the proprietary UnitedHealthcare pricing model, utilization adjustments, gatekeeper adjustments, and network adjustments. The relativities from the UnitedHealthcare model reflect the cost sharing differences between plans and do not include any adjustments for health status or utilization. The utilization adjustments were also determined by the proprietary UnitedHealthcare pricing model and only reflect utilization differences due to the levels of cost sharing. For the gatekeeper adjustment, we have assumed factors of 1.0 for non-gatekeeper and 0.96 for gatekeeper. For the network differences, we have assumed factors of 1.0 for Freedom and 0.976 for Liberty. These adjustments do not reflect any differences in anticipated risk status. Please note that the gatekeeper factors apply to in-network medical claims only.

#### **Membership Projections**

We are not projecting any significant changes in membership.

#### **Terminated Products**

No products are being terminated.

#### **Plan Type**

Not applicable.

**Warning Alerts**

Not applicable

**Reliance**

Not applicable.

**Actuarial Certification**

I, [REDACTED], am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

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

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

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

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

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Proprietary & Confidential

Sincerely,

[Redacted signature block]



**EXHIBIT 21A**

**EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581296  
 Market Segment: Small Groups Off Exchange

- 1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services**.
- 2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
- 3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
- 4) Enter the Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital inpatient services.
- 5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
- 6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period ( 2014 over 2013).
- 7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
- 8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
- 9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
- 10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
- 11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
107845	133957095	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
1859162	111562701	NORTH SHORE-LIJ HEALTH SYSTEM				
695425	131624096	MT SINAI HEALTH SYSTEM				
138790	133971298	NYU HEALTH SYSTEM				
2404659	131624082	MEMORIAL SLOAN KETTERING CANCER CTR				
393029	131624135	HOSPITAL FOR SPECIAL SURGERY				
582188	131624070	NORTH SHORE-LIJ HEALTH SYSTEM				
258249	133964321	WESTCHESTER MEDICAL CENTER				
278661	112241326	NORTH SHORE-LIJ HEALTH SYSTEM				
403442	112050523	LONG ISLAND HEALTH NETWORK				
520815	111633486	LONG ISLAND HEALTH NETWORK				
244193	113243405	STONY BROOK UNIVERSITY HOSPITAL				
212175	135564934	MT SINAI HEALTH SYSTEM				
683437	131740114	MONTEFIORE MEDICAL CENTER				
1140889	132997301	MT SINAI HEALTH SYSTEM				
70337	111635081	MAIMONIDES MEDICAL CENTER				
460334	131740130	WHITE PLAINS HOSPITAL CENTER				
152458	111630914	NORTH SHORE-LIJ HEALTH SYSTEM				
11085	112868878	NORTH SHORE-LIJ HEALTH SYSTEM				
445166	131740118	NORTHERN WESTCHESTER HOSP CTR				
727841	111667761	NORTH SHORE-LIJ HEALTH SYSTEM				
561679	111631796	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
718631	111888924	LONG ISLAND HEALTH NETWORK				
540098	111352310	LONG ISLAND HEALTH NETWORK				
450454	111839362	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
282392	111639818	LONG ISLAND HEALTH NETWORK				
135916	131740110	LAWRENCE HOSPITAL				
314422	132655001	NEW YORK CITY HEALTH AND HOSPITALS CORPOR				
461400	113241243	NORTH SHORE-LIJ HEALTH SYSTEM				
1952964	061562701	LONG ISLAND HEALTH NETWORK				
		TOTAL				

**EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES**

**Company Name:** Oxford Health Insurance, Inc.  
**NAIC Code:** 78026  
**SERFF Number:** UHLC-129581296  
**Market Segment:** Small Groups Off Exchange

- 1) This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services**.
- 2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
- 3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
- 4) Enter in Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital outpatient services.
- 5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
- 6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013).
- 7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
- 8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
- 9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
- 10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
- 11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
138790	133971298	NYU HEALTH SYSTEM				
2404859	131624082	MEMORIAL SLOAN KETTERING CANCER CTR				
107845	133957095	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
1859162	111562701	NORTH SHORE-LIJ HEALTH SYSTEM				
393029	131624135	HOSPITAL FOR SPECIAL SURGERY				
695425	131624096	MT SINAI HEALTH SYSTEM				
278661	112241326	NORTH SHORE-LIJ HEALTH SYSTEM				
520815	111633486	LONG ISLAND HEALTH NETWORK				
683437	131740114	MONTEFIORE MEDICAL CENTER				
582188	131624070	NORTH SHORE-LIJ HEALTH SYSTEM				
403442	112050523	LONG ISLAND HEALTH NETWORK				
460334	131740130	WHITE PLAINS HOSPITAL CENTER				
445166	131740118	NORTHERN WESTCHESTER HOSP CTR				
212175	135564934	MT SINAI HEALTH SYSTEM				
244193	113243405	STONY BROOK UNIVERSITY HOSPITAL				
540098	111352310	LONG ISLAND HEALTH NETWORK				
88434	111667765	SOUTHAMPTON HOSPITAL				
406997	131725076	PHELPS MEMORIAL HOSPITAL CTR				
718631	111888924	LONG ISLAND HEALTH NETWORK				
282392	111639818	LONG ISLAND HEALTH NETWORK				
152458	111630914	NORTH SHORE-LIJ HEALTH SYSTEM				
1140889	132997301	MT SINAI HEALTH SYSTEM				
135916	131740110	LAWRENCE HOSPITAL				
11085	112868878	NORTH SHORE-LIJ HEALTH SYSTEM				
391462	135562304	MT SINAI HEALTH SYSTEM				
727841	111667761	NORTH SHORE-LIJ HEALTH SYSTEM				
507541	131740120	HUDSON VALLEY HOSPITAL				
450454	111839362	NEW YORK PRESBYTERIAN HEALTH SYSTEM				
1952964	061562701	LONG ISLAND HEALTH NETWORK				
258249	133964321	WESTCHESTER MEDICAL CENTER				
70337	111635081	MAIMONIDES MEDICAL CENTER				
351952	111661359	EAST END HOSPITAL ALLIANCE				
		TOTAL				

**EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS**

Company Name: Oxford Health Insurance, Inc.  
 NAIC Code: 78026  
 SERFF Number: UHLC-129581296  
 Market Segment: Small Groups Off Exchange

- 1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans. (Small Group Sole Proprietor plan to be excluded)
- 2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
- 3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12					
	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
<b>1. Medical and Hospital</b>												
Inpatient Hospital												
Inpatient Mental Health												
Inpatient Alcohol and Sub. Abuse												
Newborn Birth Services												
Primary Care												
Physician Specialty Services												
Ambulatory Surgery												
Other Professional Services												
Special Therapies												
Out-of-Area Other												
Emergency Room												
Outpatient Mental Health												
Outpatient Drug & Alcohol Treatment												
Dental (excluding Orthodontia)												
Pharmacy												
Durable Medical Equipment												
Home Health Care												
Transportation - Emergent												
Diagnostic Testing, Lab & X-Ray												
Family Planning												
Vision Care (incl. eyeglasses)												
Pharmacy (Non Prescription Drugs)												
Speech & Hearing												
Other Medical												
Total Medical & Hospital												

1/1/11 - 12/31/11

2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
[REDACTED]					

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y		
1	Unified Rate Review v2.0.2																								
2																									
3	Company Legal Name:	Oxford Health Insurance, Inc.										State:	NY												
4	HIOS Issuer ID:	85629										Market:	Small Group												
5	Effective Date of Rate Change(s):	1/1/2015																							
6																									
7																									
8	Market Level Calculations (Same for all Plans)																								
9																									
10																									
11	<b>Section I: Experience period data</b>																								
12	Experience Period:	1/1/2013		to	12/31/2013																				
13		<u>Experience Period</u>																							
14		<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>																				
15	Premiums (net of MLR Rebate) in Experience Period:	\$2,643,578,355		\$509.59	100.00%																				
16	Incurred Claims in Experience Period	\$2,204,076,473		424.87	83.37%																				
17	Allowed Claims:	\$2,679,992,263		516.61	101.38%																				
18	Index Rate of Experience Period			\$517.00																					
19	Experience Period Member Months	5,187,640																							
20	<b>Section II: Allowed Claims, PMPM basis</b>																								
21		<u>Experience Period</u>				<u>Projection Period: 1/1/2015 to 12/31/2015</u>				<u>Mid-point to Mid-point, Experience to Projection: 24 months</u>															
22		<u>on Actual Experience Allowed</u>				<u>Adj't. from Experience to Annualized Trend</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>											
23	<u>Benefit Category</u>	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk Morbidity</u>	<u>Other</u>	<u>Cost</u>	<u>Util</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>										
24	Inpatient Hospital	Days	293.80	\$4,445.46	\$108.84	1.000	1.022	1.041	1.055	327.00	\$4,921.17	\$134.10	0.00	\$0.00	\$0.00										
25	Outpatient Hospital	Services	6,057.86	163.89	82.74	1.000	1.022	1.041	1.055	6,742.55	181.43	101.94	0.00	0.00	0.00										
26	Professional	Services	19,984.03	98.21	163.56	1.000	1.022	1.041	1.055	22,242.73	108.72	201.53	0.00	0.00	0.00										
27	Other Medical	Services	6,002.22	126.42	63.23	1.000	1.022	1.041	1.055	6,680.62	139.94	77.91	0.00	0.00	0.00										
28	Capitation	Services	659.63	138.99	7.64	1.000	1.022	1.041	1.055	734.19	153.86	9.41	0.00	0.00	0.00										
29	Prescription Drug	Prescriptions	9,520.49	114.20	90.61	1.000	1.022	1.041	1.055	10,596.54	126.43	111.64	0.00	0.00	0.00										
30	Total				\$516.61							\$636.53			\$0.00										
31																									
32	<b>Section III: Projected Experience:</b>				Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										100.00%	0.00%	<u>After Credibility</u>	<u>Projected Period Totals</u>							
33					Paid to Allowed Average Factor in Projection Period												0.808								
34					Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$514.00		\$2,252,591,564						
35					Projected Risk Adjustments PMPM												26.16		114,664,335						
36					Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$487.84		\$2,137,927,228						
37					Projected ACA reinsurance recoveries, net of rein prem, PMPM												-3.32		(14,560,974)						
38					Projected Incurred Claims												\$491.16		\$2,152,488,202						
39					Administrative Expense Load												7.17%	42.90	187,996,950						
40					Profit & Risk Load												2.62%	15.69	68,762,404						
41					Taxes & Fees												8.17%	48.92	214,393,116						
42					Single Risk Pool Gross Premium Avg. Rate, PMPM												\$598.67		\$2,623,640,673						
43					Index Rate for Projection Period												\$670.40								
44					% increase over Experience Period												17.48%								
45					% increase, annualized:												8.39%								
46					Projected Member Months														4,382,460						
47																									
48																									
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																								
50																									

**Product-Plan Data Collection**

Company Legal Name:  
 HIOS Issuer ID:  
 Effective Date of Rate Change(s):

**Oxford Health Insurance, Inc.**  
**85629**  
**1/1/2015**

State: **NY**  
 Market: **Small Group**

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

Product		Terminated Plans 85629NY005										
Product ID:												
Metal:		Catastrophic	Gold	Gold	Gold	Gold	Platinum	Platinum	Gold	Gold	Platinum	Gold
AV Metal Value		0.808	0.819	0.785	0.798	0.798	0.902	0.902	0.815	0.815	0.881	0.783
AV Pricing Value		0.808	0.819	0.780	0.828	0.828	0.924	0.924	0.843	0.843	0.907	0.822
Plan Type:		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name		2013 Experience	EPO \$1000 30/60 G Gated OHI	EPO \$1200 30/60 G Gated OHI	EPO \$50 F Non- Gated OHI	EPO \$50 L Non- Gated OHI	EPO 10/20 F Non- Gated OHI	EPO 10/20 L Non- Gated OHI	EPO 15/25 F Non- Gated OHI	EPO 15/25 L Non- Gated OHI	EPO 20/30 F Non- Gated OHI	EPO 20/40 F Non- Gated OHI
Plan ID (Standard Component ID):		85629NY0050000	85629NY0010349	85629NY0010284	85629NY0010084	85629NY0010421	85629NY0010336	85629NY0010405	85629NY0010240	85629NY0010052	85629NY0010036	85629NY0010248
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		-99.00%										
Historical Rate Increase - Calendar Year - 1		-99.00%										
Historical Rate Increase - Calendar Year 0		-99.00%										
Effective Date of Proposed Rates		1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	11.28%	0.00%	11.33%	0.00%	11.27%	11.27%	11.33%	11.28%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#DIV/0!										

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

Plan ID (Standard Component ID):	Total	85629NY0050000	85629NY0010349	85629NY0010284	85629NY0010084	85629NY0010421	85629NY0010336	85629NY0010405	85629NY0010240	85629NY0010052	85629NY0010036	85629NY0010248
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$1.08	\$0.00	\$1.36	\$0.00	\$1.10	\$1.07	\$1.34	\$1.07
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.82	\$0.00	\$1.04	\$0.00	\$0.84	\$0.81	\$1.02	\$0.82
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$1.63	\$0.00	\$2.05	\$0.00	\$1.65	\$1.61	\$2.01	\$1.61
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.90	\$0.00	\$1.13	\$0.00	\$0.91	\$0.89	\$1.12	\$0.89
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.63	\$0.00	\$0.79	\$0.00	\$0.64	\$0.62	\$0.78	\$0.62
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.08	\$0.00	\$0.10	\$0.00	\$0.08	\$0.08	\$0.09	\$0.08
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.49	\$0.00	\$0.42	\$0.41	\$0.48	\$0.41
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$4.38	\$0.00	\$5.20	\$0.00	\$4.46	\$4.35	\$5.10	\$4.35
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$9.72	\$0.00	\$11.53	\$0.00	\$9.89	\$9.65	\$11.31	\$9.65
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$19.64	\$0.00	\$23.69	\$0.00	\$19.99	\$19.50	\$23.25	\$19.50
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$611.74	\$1.00	\$557.07	\$530.77	\$608.65	\$637.40	\$722.46	\$756.96	\$619.72	\$604.75	\$708.62	\$604.34
Projected Member Months	4,382,460	0	6,000	6,000	294,903	6,000	110,961	6,000	6,000	213,156	496,386	217,728



**Product-Plan Data Collection**

Company Legal Name:  
 HIOS Issuer ID:  
 Effective Date of Rate Change(s):

**Oxford Health Insurance, Inc.**  
**85629**  
**1/1/2015**

State: **NY**  
 Market: **Small Group**

Product/Plan Level Calculations												
Total Incurred claims, payable with issuer funds	\$2,359,304,481	\$0	\$2,742,178	\$2,612,723	\$158,037,214	\$3,137,593	\$70,618,542	\$3,726,140	\$3,273,812	\$113,493,869	\$309,864,027	\$115,853,381
Net Amt of Rein	\$0											
Net Amt of Risk Adj	\$0											
Incurred Claims PMPM	\$538.35	#DIV/0!	\$457.03	\$435.45	\$535.90	\$522.93	\$636.43	\$621.02	\$545.64	\$532.45	\$624.24	\$532.10
Allowed Claims PMPM	\$662.62	#DIV/0!	\$557.84	\$558.04	\$647.19	\$631.53	\$688.46	\$671.80	\$647.11	\$631.47	\$688.53	\$647.22
EHB portion of Allowed Claims, PMPM	\$662.62	#DIV/0!	\$557.84	\$558.04	\$647.19	\$631.53	\$688.46	\$671.80	\$647.11	\$631.47	\$688.53	\$647.22

**Product-Plan Data Collection**

Company Legal Name:  
 HIOS Issuer ID:  
 Effective Date of Rate Change(s):

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

Product	EPO 85629NY001												
Product ID:	85629NY001												
Metal:	Gold	Silver	Silver	Gold	Silver	Silver	Gold	Gold	Silver	Silver	Silver	Silver	
AV Metal Value	0.783	0.720	0.720	0.812	0.719	0.719	0.791	0.791	0.682	0.682	0.691	0.681	
AV Pricing Value	0.822	0.737	0.751	0.827	0.747	0.747	0.801	0.801	0.697	0.697	0.695	0.685	
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	
Plan Name	EPO 20/40 L Non-Gated OHI	EPO 25/50 G Gated OHI	EPO 25/50 L Gated OHI	EPO 30/60 L Gated OHI	EPO 40/70 F Non-Gated OHI	EPO 40/70 L Non-Gated OHI	EPO HSA \$1500 F Non-Gated OHI	EPO HSA \$1500 L Non-Gated OHI	EPO HSA \$2000 25/50 F Non-Gated OHI	EPO HSA \$2000 25/50 L Non-Gated OHI	EPO HSA \$2000 35/50 G Gated OHI	EPO HSA \$2000 F Non-Gated OHI	
Plan ID (Standard Component ID):	85629NY0010060	85629NY0010373	85629NY0010445	85629NY0010429	85629NY0010300	85629NY0010437	85629NY0010076	85629NY0010413	85629NY0010288	85629NY0010140	85629NY0010365	85629NY0010272	
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2	0.00%												
Historical Rate Increase - Calendar Year - 1	0.00%												
Historical Rate Increase - Calendar Year 0	0.00%												
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	
Rate Change % (over prior filing)	11.27%	0.00%	0.00%	0.00%	11.28%	11.28%	11.28%	0.00%	11.29%	11.29%	0.00%	11.29%	
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Product Threshold Rate Increase %	0.00%												

**Section II: Components of Premium Increase (PMPM)**

Plan ID (Standard Component ID):	85629NY0010060	85629NY0010373	85629NY0010445	85629NY0010429	85629NY0010300	85629NY0010437	85629NY0010076	85629NY0010413	85629NY0010288	85629NY0010140	85629NY0010365	85629NY0010272
Inpatient	\$1.05	\$0.00	\$0.00	\$0.00	\$0.93	\$0.91	\$1.05	\$0.00	\$0.88	\$0.86	\$0.00	\$0.87
Outpatient	\$0.79	\$0.00	\$0.00	\$0.00	\$0.71	\$0.69	\$0.80	\$0.00	\$0.67	\$0.65	\$0.00	\$0.66
Professional	\$1.57	\$0.00	\$0.00	\$0.00	\$1.40	\$1.37	\$1.58	\$0.00	\$1.32	\$1.29	\$0.00	\$1.30
Prescription Drug	\$0.87	\$0.00	\$0.00	\$0.00	\$0.78	\$0.76	\$0.87	\$0.00	\$0.73	\$0.72	\$0.00	\$0.72
Other	\$0.61	\$0.00	\$0.00	\$0.00	\$0.54	\$0.53	\$0.61	\$0.00	\$0.51	\$0.50	\$0.00	\$0.50
Capitation	\$0.07	\$0.00	\$0.00	\$0.00	\$0.07	\$0.06	\$0.07	\$0.00	\$0.06	\$0.06	\$0.00	\$0.06
Administration	\$0.40	\$0.00	\$0.00	\$0.00	\$0.36	\$0.35	\$0.40	\$0.00	\$0.33	\$0.32	\$0.00	\$0.33
Taxes & Fees	\$4.24	\$0.00	\$0.00	\$0.00	\$3.77	\$3.68	\$4.23	\$0.00	\$3.52	\$3.44	\$0.00	\$3.46
Risk & Profit Charge	\$9.42	\$0.00	\$0.00	\$0.00	\$8.36	\$8.16	\$9.40	\$0.00	\$7.82	\$7.63	\$0.00	\$7.68
Total Rate Increase	\$19.02	\$0.00	\$0.00	\$0.00	\$16.92	\$16.52	\$19.01	\$0.00	\$15.84	\$15.47	\$0.00	\$15.58
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$589.74	\$483.29	\$533.86	\$615.87	\$523.91	\$511.25	\$588.69	\$616.52	\$489.61	\$477.79	\$451.69	\$481.11
Projected Member Months	82,116	6,000	6,000	6,000	420,750	367,434	49,779	6,000	44,451	6,000	6,000	345,699



**Product-Plan Data Collection**

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

Product/Plan Level Calculations												
Total Incurred claims, payable with issuer funds	\$42,637,446	\$2,379,012	\$2,627,941	\$3,031,646	\$194,091,134	\$165,402,669	\$25,802,144	\$3,034,822	\$19,163,873	\$2,524,303	\$2,223,452	\$146,456,109
Net Amt of Rein												
Net Amt of Risk Adj												
Incurred Claims PMPM	\$519.23	\$396.50	\$437.99	\$505.27	\$461.30	\$450.16	\$518.33	\$505.80	\$431.12	\$420.72	\$370.58	\$423.65
Allowed Claims PMPM	\$631.57	\$537.99	\$583.49	\$611.18	\$617.85	\$602.92	\$647.32	\$631.67	\$618.16	\$603.24	\$532.93	\$618.24
EHB portion of Allowed Claims, PMPM	\$631.57	\$537.99	\$583.49	\$611.18	\$617.85	\$602.92	\$647.32	\$631.67	\$618.16	\$603.24	\$532.93	\$618.24

**Product-Plan Data Collection**

Company Legal Name:  
 HIOS Issuer ID:  
 Effective Date of Rate Change(s):

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

Product													
Product ID:													
Metal:	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Bronze	Gold	Bronze	Platinum	
AV Metal Value	0.681	0.618	0.608	0.589	0.588	0.589	0.692	0.712	0.606	0.787	0.620	0.881	
AV Pricing Value	0.685	0.604	0.594	0.575	0.571	0.575	0.714	0.760	0.622	0.835	0.626	0.910	
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	
Plan Name	EPO HSA \$2000 L Non-Gated OHI	EPO HSA \$3500 40/75 L Non-Gated OHI	EPO HSA \$3750 40/75 G Gated OHI	EPO HSA \$5000 F Non-Gated OHI	EPO HSA \$5000 G Gated OHI	EPO HSA \$5000 L Non-Gated OHI	Prim Adv EPO \$1500 G Gated OHI	Prim Adv EPO \$1500 L Non-Gated OHI	Prim Adv EPO \$4000 G Gated OHI	Prim Adv EPO \$500 L Non-Gated OHI	Standard EPO \$3000 L Gated OHI	Standard EPO 15/35 L Gated OHI	
Plan ID (Standard Component ID):	85629NY0010124	85629NY0010164	85629NY0010389	85629NY0010316	85629NY0010381	85629NY0010156	85629NY0010357	85629NY0010116	85629NY0010397	85629NY0010092	85629NY0010028	85629NY0010013	
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2													
Historical Rate Increase - Calendar Year - 1													
Historical Rate Increase - Calendar Year 0													
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	
Rate Change % (over prior filing)	11.29%	9.27%	0.00%	9.27%	0.00%	9.27%	0.00%	4.80%	0.00%	6.47%	9.22%	12.41%	
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Product Threshold Rate Increase %													

**Section II: Components of Premium Increase (PMPM)**

Plan ID (Standard Component ID):	85629NY0010124	85629NY0010164	85629NY0010389	85629NY0010316	85629NY0010381	85629NY0010156	85629NY0010357	85629NY0010116	85629NY0010397	85629NY0010092	85629NY0010028	85629NY0010013
Inpatient	\$0.84	-\$0.88	\$0.00	-\$0.85	\$0.00	-\$0.83	\$0.00	-\$5.82	\$0.00	-\$4.62	-\$0.92	\$2.68
Outpatient	\$0.64	-\$0.67	\$0.00	-\$0.65	\$0.00	-\$0.63	\$0.00	-\$4.42	\$0.00	-\$3.51	-\$0.70	\$2.04
Professional	\$1.27	-\$1.32	\$0.00	-\$1.28	\$0.00	-\$1.25	\$0.00	-\$8.74	\$0.00	-\$6.94	-\$1.38	\$4.02
Prescription Drug	\$0.70	-\$0.73	\$0.00	-\$0.71	\$0.00	-\$0.69	\$0.00	-\$4.84	\$0.00	-\$3.84	-\$0.77	\$2.23
Other	\$0.49	-\$0.51	\$0.00	-\$0.50	\$0.00	-\$0.48	\$0.00	-\$3.38	\$0.00	-\$2.68	-\$0.53	\$1.56
Capitation	\$0.06	-\$0.06	\$0.00	-\$0.06	\$0.00	-\$0.06	\$0.00	-\$0.41	\$0.00	-\$0.32	-\$0.06	\$0.19
Administration	\$0.32	\$0.28	\$0.00	\$0.27	\$0.00	\$0.26	\$0.00	\$0.36	\$0.00	\$0.41	\$0.28	\$0.46
Taxes & Fees	\$3.38	\$2.95	\$0.00	\$2.88	\$0.00	\$2.81	\$0.00	\$3.85	\$0.00	\$4.35	\$2.96	\$4.83
Risk & Profit Charge	\$7.50	\$6.54	\$0.00	\$6.39	\$0.00	\$6.24	\$0.00	\$8.54	\$0.00	\$9.67	\$6.56	\$10.73
Total Rate Increase	\$15.19	\$5.59	\$0.00	\$5.48	\$0.00	\$5.35	\$0.00	-\$14.86	\$0.00	-\$7.48	\$5.44	\$28.73
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$469.51	\$409.95	\$375.35	\$400.21	\$361.04	\$390.57	\$463.87	\$535.00	\$392.73	\$605.54	\$411.11	\$672.06
Projected Member Months	6,000	6,000	6,000	159,102	6,000	38,637	6,000	1,422	6,000	6,000	6,000	6,000



**Product-Plan Data Collection**

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

Product/Plan Level Calculations												
Total Incurred claims, payable with issuer funds	\$2,480,546	\$2,126,619	\$1,847,666	\$55,055,192	\$1,777,227	\$13,047,699	\$2,283,416	\$630,866	\$1,933,241	\$3,060,680	\$2,131,732	\$3,586,416
Net Amt of Rein												
Net Amt of Risk Adj												
Incurred Claims PMPM	\$413.42	\$354.44	\$307.94	\$346.04	\$296.20	\$337.70	\$380.57	\$443.65	\$322.21	\$510.11	\$355.29	\$597.74
Allowed Claims PMPM	\$603.32	\$586.54	\$518.35	\$601.29	\$518.57	\$586.81	\$532.80	\$583.43	\$518.10	\$611.15	\$567.50	\$656.70
EHB portion of Allowed Claims, PMPM	\$603.32	\$586.54	\$518.35	\$601.29	\$518.57	\$586.81	\$532.80	\$583.43	\$518.10	\$611.15	\$567.50	\$656.70

**Product-Plan Data Collection**

Company Legal Name:  
 HIOS Issuer ID:  
 Effective Date of Rate Change(s):

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

Product	PPO 85629NY005										PPO 85629NY002	
	Gold	Silver	Platinum	Platinum	Gold	Silver	Silver	Gold	Silver	Bronze	Platinum	Silver
Product ID:												
Metal:	Gold	Silver	Platinum	Platinum	Gold	Silver	Silver	Gold	Silver	Bronze	Platinum	Silver
AV Metal Value	0.790	0.707	0.902	0.881	0.800	0.719	0.719	0.791	0.692	0.615	0.881	0.707
AV Pricing Value	0.820	0.727	0.924	0.907	0.817	0.747	0.747	0.801	0.703	0.607	0.910	0.727
Plan Type:	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	Standard EPO 25/40 L Gated OHI	Standard EPO 30/50 L Gated OHI	PPO 10/20 F Non-Gated OHI	PPO 20/30 F Non-Gated OHI	PPO 25/40 F Non-Gated OHI	PPO 40/70 F Non-Gated OHI	PPO 40/70 L Non-Gated OHI	PPO HSA \$1500 F Non-Gated OHI	PPO HSA \$2000 30/60 F Non-Gated OHI	PPO HSA \$3750 L Non-Gated OHI	Standard PPO 15/35 L Gated OHI	Standard PPO 30/50 L Gated OHI
Plan ID (Standard Component ID):	85629NY0010018	85629NY0010023	85629NY0050012	85629NY0050028	85629NY0050044	85629NY0050132	85629NY0050212	85629NY0050068	85629NY0050108	85629NY0050172	85629NY0020007	85629NY0020012
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%										0.00%	
Historical Rate Increase - Calendar Year - 1	0.00%										0.00%	
Historical Rate Increase - Calendar Year 0	0.00%										0.00%	
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	12.35%	12.35%	11.40%	11.59%	11.50%	12.23%	12.24%	12.15%	12.20%	9.36%	12.60%	13.01%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%										0.00%	

**Section II: Components of Premium Increase (PMPM)**

Plan ID (Standard Component ID):	85629NY0010018	85629NY0010023	85629NY0050012	85629NY0050028	85629NY0050044	85629NY0050132	85629NY0050212	85629NY0050068	85629NY0050108	85629NY0050172	85629NY0020007	85629NY0020012
Inpatient	\$2.21	\$1.87	\$1.58	\$1.82	\$1.45	\$2.07	\$2.03	\$2.21	\$1.91	-\$0.88	\$3.17	\$2.75
Outpatient	\$1.68	\$1.42	\$1.20	\$1.38	\$1.10	\$1.58	\$1.54	\$1.68	\$1.45	-\$0.67	\$2.41	\$2.09
Professional	\$3.31	\$2.81	\$2.37	\$2.74	\$2.17	\$3.12	\$3.05	\$3.32	\$2.87	-\$1.33	\$4.77	\$4.13
Prescription Drug	\$1.84	\$1.56	\$1.32	\$1.52	\$1.20	\$1.73	\$1.69	\$1.84	\$1.59	-\$0.74	\$2.64	\$2.29
Other	\$1.28	\$1.09	\$0.92	\$1.06	\$0.84	\$1.20	\$1.18	\$1.29	\$1.11	-\$0.51	\$1.84	\$1.60
Capitation	\$0.15	\$0.13	\$0.11	\$0.13	\$0.10	\$0.15	\$0.14	\$0.16	\$0.13	-\$0.06	\$0.22	\$0.19
Administration	\$0.39	\$0.33	\$0.53	\$0.52	\$0.44	\$0.39	\$0.38	\$0.43	\$0.36	\$0.31	\$0.49	\$0.36
Taxes & Fees	\$4.10	\$3.47	\$5.63	\$5.49	\$4.70	\$4.09	\$3.99	\$4.56	\$3.83	\$3.24	\$5.23	\$3.82
Risk & Profit Charge	\$9.09	\$7.69	\$12.49	\$12.18	\$10.44	\$9.07	\$8.87	\$10.12	\$8.51	\$7.19	\$11.61	\$8.49
Total Rate Increase	\$24.05	\$20.37	\$26.15	\$26.83	\$22.46	\$23.38	\$22.87	\$25.61	\$21.78	\$6.53	\$32.38	\$25.73
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$569.68	\$481.87	\$782.58	\$763.05	\$654.17	\$568.03	\$555.47	\$633.90	\$533.19	\$450.31	\$727.08	\$531.85
Projected Member Months	6,000	6,000	644,787	147,060	266,814	12,753	7,011	74,646	237,798	5,067	6,000	6,000



**Product-Plan Data Collection**

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

Product/Plan Level Calculations												
Total Incurred claims, payable with issuer funds	\$3,038,492	\$2,570,286	\$444,777,891	\$99,077,564	\$153,984,375	\$6,433,070	\$3,458,484	\$41,990,117	\$112,564,278	\$1,974,422	\$3,886,649	\$2,853,527
Net Amt of Rein												
Net Amt of Risk Adj												
Incurred Claims PMPM	\$506.42	\$428.38	\$689.81	\$673.72	\$577.12	\$504.44	\$493.29	\$562.52	\$473.36	\$389.66	\$647.77	\$475.59
Allowed Claims PMPM	\$617.35	\$589.48	\$746.20	\$743.11	\$706.02	\$675.62	\$660.70	\$702.51	\$673.48	\$641.61	\$711.68	\$654.44
EHB portion of Allowed Claims, PMPM	\$617.35	\$589.48	\$746.20	\$743.11	\$706.02	\$675.62	\$660.70	\$702.51	\$673.48	\$641.61	\$711.68	\$654.44