

State: Illinois **Filing Company:** Quartz Health Insurance Corporation
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004B Small Group Only
 - PPO Standard
Product Name: 2025 Small Group PPO
Project Name/Number: /

Filing at a Glance

Company: Quartz Health Insurance Corporation
 Product Name: 2025 Small Group PPO
 State: Illinois
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
 Sub-TOI: HOrg02G.004B Small Group Only - PPO Standard
 Filing Type: Rate
 Date Submitted: 06/04/2024
 SERFF Tr Num: PHPI-134100054
 SERFF Status: Assigned
 State Tr Num:
 State Status: Assigned to Reviewer
 Co Tr Num:
 Effective: 01/01/2025
 Date Requested:
 Author(s): Beth Teresinski, Elena Hafenbredl, Ben Meleski, Bradlee Wienholtz, Jill Wiggen, Beth Ferstl, Connor Streifel, Alex Ng
 Reviewer(s): Eric Anderson (primary), Christina Roy
 Disposition Date:
 Disposition Status:
 Effective Date:
 State Filing Description:

State: Illinois
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General Information

Project Name:	Status of Filing in Domicile:
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: 06/05/2024	
State Status Changed: 06/05/2024	Deemer Date:
Created By: Alex Ng	Submitted By: Alex Ng
Corresponding Filing Tracking Number:	
State TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)	State Sub-TOI: HOrg02G.004B Small Group Only - PPO Standard
PPACA: Non-Grandfathered Immed Mkt Reforms	
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:
 This filing is for the Small Group PPACA market in the state of Illinois with an effective date of 01/01/2025. The policy form number is QA01199.

Company and Contact

Filing Contact Information

Elena Hafenbredl, Manager, Compliance elena.hafenbredl@quartzbenefits.com
 2650 Novation Parkway 608-471-4885 [Phone]
 Fitchburg, WI 53703

Filing Company Information

Quartz Health Insurance Corporation	CoCode: 95341	State of Domicile: Wisconsin
2650 Novation Parkway	Group Code: 4870	Company Type:
Fitchburg, WI 53703	Group Name:	State ID Number: 95341
(608) 836-2573 ext. [Phone]	FEIN Number: 39-1565691	

State: Illinois **Filing Company:** Quartz Health Insurance Corporation
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004B Small Group Only
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

PHPI-134100054

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

Quartz Health Insurance Corporation

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004B Small Group Only - PPO Standard

Product Name:

2025 Small Group PPO

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/

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

15.270%

Effective Date of Last Rate Revision:

01/01/2023

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

PHPI-133265582

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):
Quartz Health Insurance Corporation	Increase	8.740%	8.740%	\$3,094	3	\$35,409	8.870%	5.440%

SERFF Tracking #:

PHPI-134100054

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

Quartz Health Insurance Corporation

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HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004B Small Group Only - PPO Standard

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/

URRT

State Determination

Review Status:

Incomplete

SERFF Tracking #:

PHPI-134100054

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

Quartz Health Insurance Corporation

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004B Small Group Only - PPO Standard

Product Name:

2025 Small Group PPO

Project Name/Number:

/

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	<i>Illinois_Q1_2025_Small_Group_ACA_Memo_QHIC_combined_REDACTED.pdf</i>



Actuarial Memorandum
Quartz Health Insurance Corporation
Small Group ACA Rates Effective January 1, 2025 through December 31, 2025

1) General Information

Company Identifying Information

Company Legal Name: Quartz Health Insurance Corporation
State: Illinois
HIOS Issuer ID: 21925
Market: Small Group
Effective Date: January 1, 2025 through December 31, 2025

Company Contact Information

Primary Contact Name: Bradlee Wienholtz



1a) Scope and Purpose:

This document contains the Part III Actuarial Memorandum for Quartz Health Insurance Corporation's (QHIC) small group comprehensive medical block of business, effective January 1, 2025. These small group rates are guaranteed through December 31, 2025. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into Part I, URRT, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

The results included in this rate filing are actuarial projections. Actual experience will differ for several reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

This is an annual filing for QHIC in the small group market in Illinois.

In 2019 Quartz entered the small group market in Illinois with the Gundersen Health Plans, Inc. (Gundersen) license (HIOS ID: 33235IL). Quartz submitted the January 2020 filing on the QHBPC license. In 2021 Quartz added a PPO Product. The product replaced the PHCS network that was previously offered on the QHBPC license because Quartz cannot offer a PPO product on their QHBPC license in Illinois.

1b) Market



The plans represented in this filing are for the small group ACA-compliant market and will be off exchange.

1c) Policy Forms

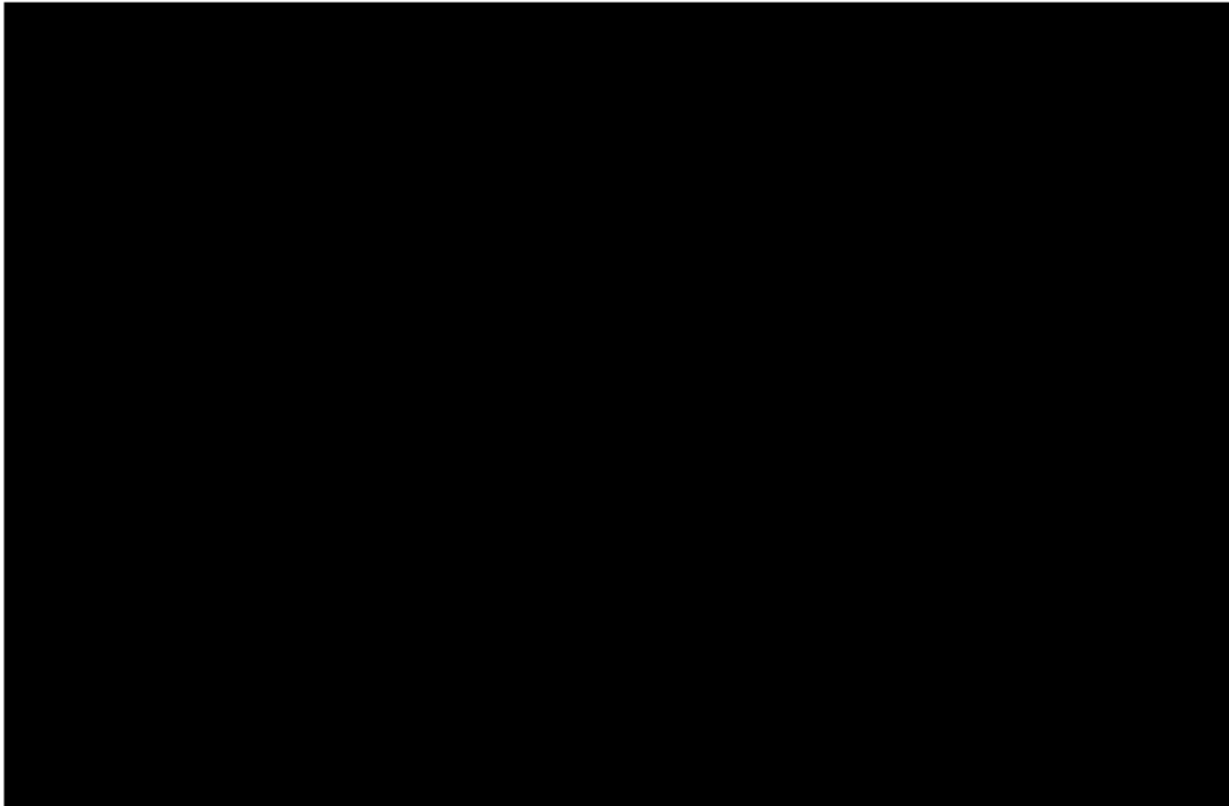
The plans included within this filing are under policy form QA01199 and the HIOS Product Code is 21925IL001. The HIOS Product Name is Small Group Product PPO.

1d) Description of Benefits

These plans will be issued by QHIC as PPO health policies. The major provisions of this form for each plan design can be found in Appendix A.

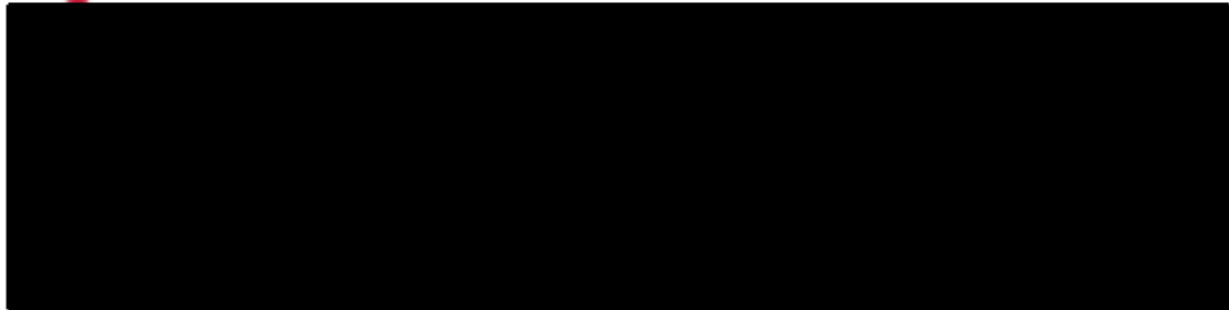
In accordance with the Health Insurance Coverage, Affordability and Cost Transparency Annual Report, 20 ILCS 1405-50, Quartz's responses to the information:

Issuer's definitions of "major service category"

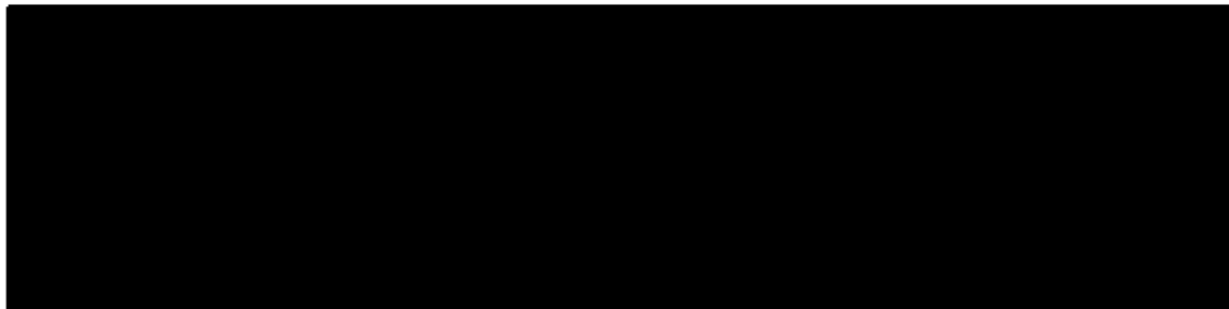


Complete description of the issuer's current and planned "health care quality improvement initiatives"

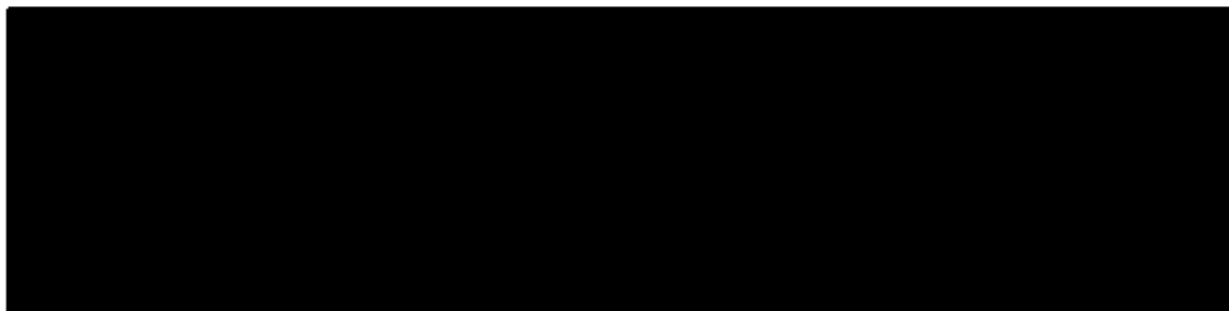




Narrative description of the issues faced by the issuer with respect to provider availability by geographic location.



Narrative description of the trends seen in out-of-pocket costs for consumers



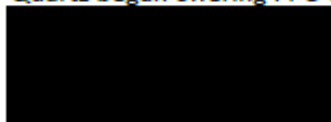
1e) Marketing Method

The plans represented in this filing will be marketed directly through Quartz licensed agents and general radio, tv, and print ads.

2) Proposed Rates

2a) History of Rate Adjustments

Quartz began offering PPO coverage in Illinois in 2021. The historical rate adjustments are:



2b) Effective Date of Requested Rate Increase



Quartz is requesting that the rates included in this filing be implemented January 1, 2025.

2c) Months of Rate Guarantee

Rates are guaranteed for one year from effective date of purchase. A pre-filed quarterly rate increase is being applied to the premium rates that will be available for purchase throughout 2025.

2d) Effective Through Date and Any Rate Increase Schedule Applicable

An annualized trend rate of [REDACTED] is being applied to the pre-filed quarterly rate increase ([REDACTED] quarterly).

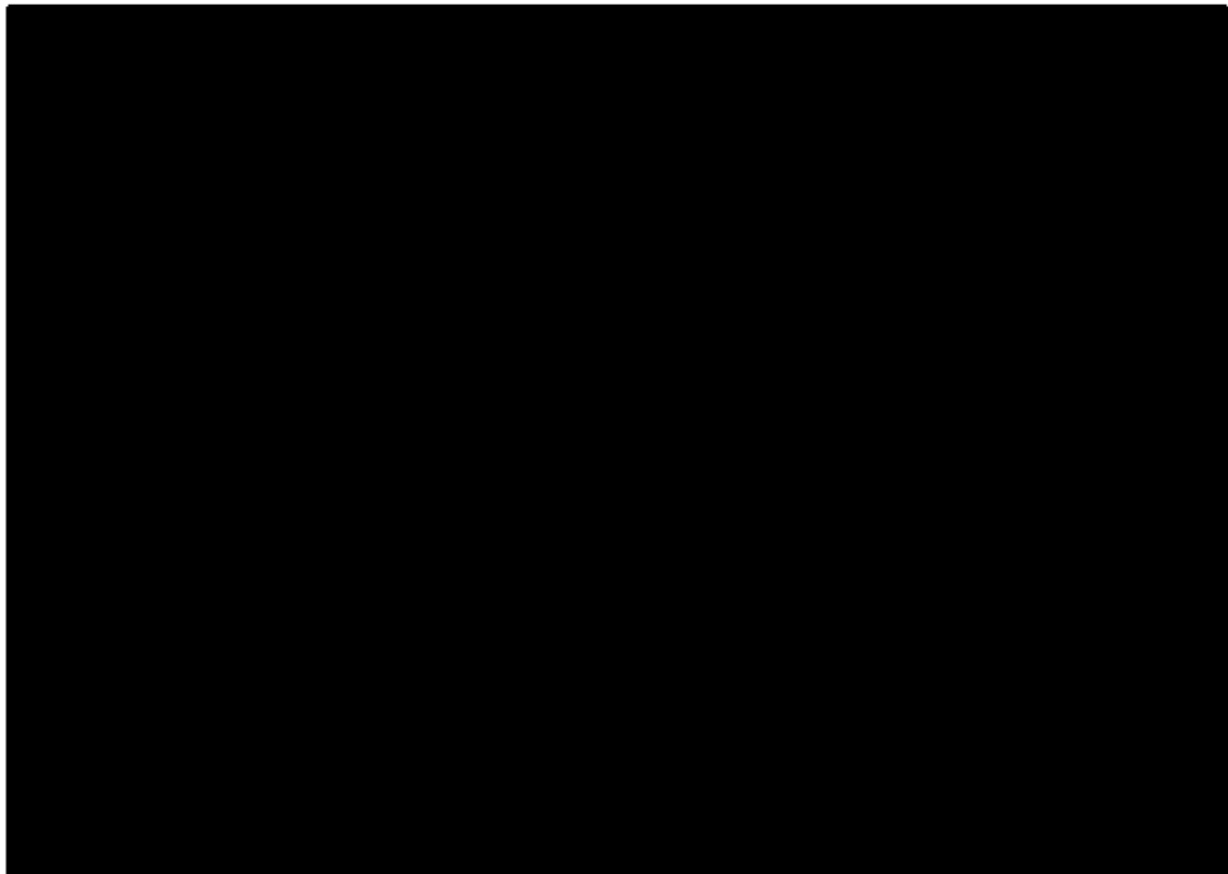
2e) SERFF Number of Prior Filing

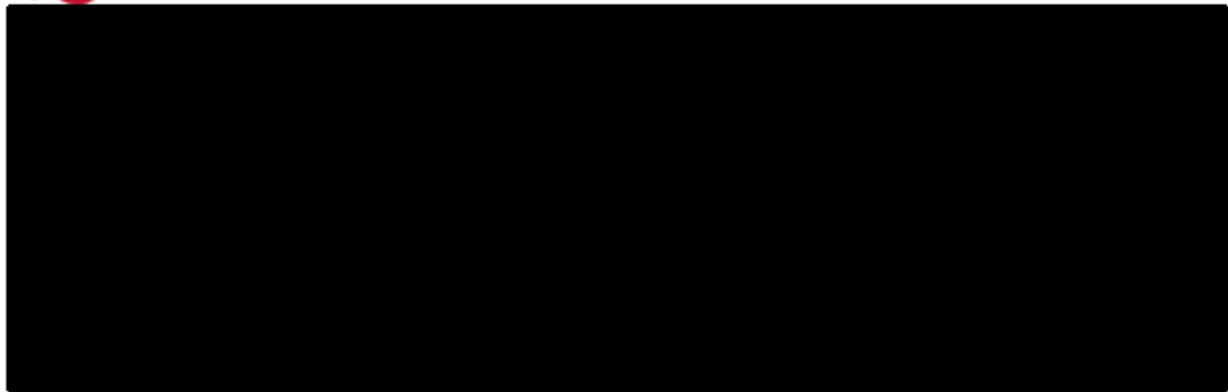
The SERFF Tracking Number of the previous small group rate filing in Illinois is PHPI-133680580.

2f) Effective Date of Prior Filing

The effective date of the last filing was January 1, 2024.

2g) Proposed Percentage Rate Change





2h) Reason for Rate Change

The proposed rates are based primarily on the following factor(s):



2i) Average Annual Premium

The average premium for the entire single risk pool before the requested rate adjustment is [REDACTED].
The projected average annual premium is [REDACTED].

2j) Number of Policyholders and Covered Lives

As of March 2024, there are currently [REDACTED] policyholders and [REDACTED] lives affected by the proposed rate [REDACTED].

2k) Projected loss ratio with and without proposed rate increase

The projected loss ratio with the proposed rate change is [REDACTED]. The projected loss ratio using the current premiums and projected claims is [REDACTED].

2l) Cumulative, future and lifetime loss ratios

Quartz began offering coverage in Illinois on January 1, 2020. [REDACTED]
[REDACTED] The cumulative loss ratio to date is [REDACTED]. The projected loss ratio is [REDACTED], and the loss ratio by combining the past and the projected experience is [REDACTED].

Year	MLR
[REDACTED]	[REDACTED]

3) Experience Period Premium and Claims



3a) Dates of Service for the Experience Period Used to Develop Rates

The experience period used to develop rates is based on experience with a date of service from January 2023 through December 2023.

3b) Date Through Which Claims Were Paid

The experience period used to develop rates includes claims that are paid through March 2024.

3c) Estimated Allowed Claims During the Experience Period Used to Develop Rates

The estimated allowed claims during the experience period is [REDACTED].

3d) Method for Determining Allowed Claims

The allowed claims are derived directly from Quartz's claims records, processed through the claim system, and include an estimate for incurred but not paid (IBNP) as of the Paid Through Date stated above.

3e) Incurred but Not Paid Claims

IBNP estimates are based on completion factors which are developed by measuring and monitoring the historic claims run-out patterns of our own commercial group block. The completion factors are then used to estimate unpaid claims. The same completion factors were used for both paid and allowed claims. Quartz used the commercial group experience to determine lag factors as it represents a more credible basis for the factor development. The amount of IBNP claims is in line with what is expected for this experience period.

3f) Premium in Experience Period (Net of MLR Rebate)

The premium in the experience period (net of MLR rebate) is [REDACTED].

4) Adjustments to Allowed Claims During the Experience Period

4a & 4b) Adjustments to Allowed Claims During the Experience Period

Applying an IBNP factor was the only adjustment made to the Allowed Claims during the experience period.

5) Projection Factors

5a) Changes to Benefits

No adjustment to the experience period claims was made for changes to benefits.

5b) Trend Factors (Cost and Utilization)



Trends used in the premium rate development vary by projection period and type of claim (inpatient, outpatient, professional, prescription drug, capitated). The trends used in the Unified Rate Review template were based on observed historical trends using Quartz’s non-Medicaid (large group, small group, and individual combined) book of business and future trend projections. Trends to apply to the 12 months ending December 31, 2023 were calculated separately for inpatient, outpatient, professional, prescription drugs, and capitated claims. Adjustments to the observed historical trends and future trends were made for differences in demographics, benefits, and provider reimbursement between source data and the single risk pool, for the changes anticipated between the base period (1/1/2023 – 12/31/2023) and the projection period (1/1/2025 – 12/31/2025). The resulting trends are listed below.

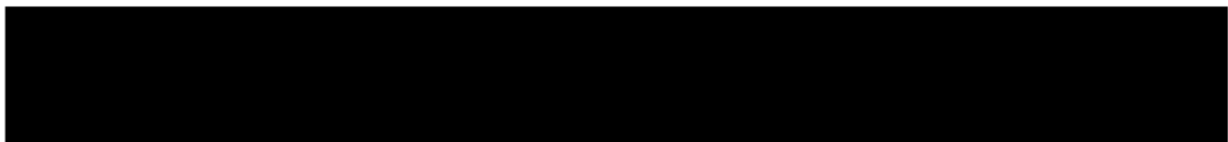
	2023 to 2024	2024 to 2025
Capitation		
Prescription Drugs		
Inpatient		
Outpatient		
Professional		
Other Medical		

5c) Quarterly Trend Factors



	Projected Trend	Weight (based on claims %)
Medical		
Pharmacy		
Annual Trend		
Quarterly Trend		

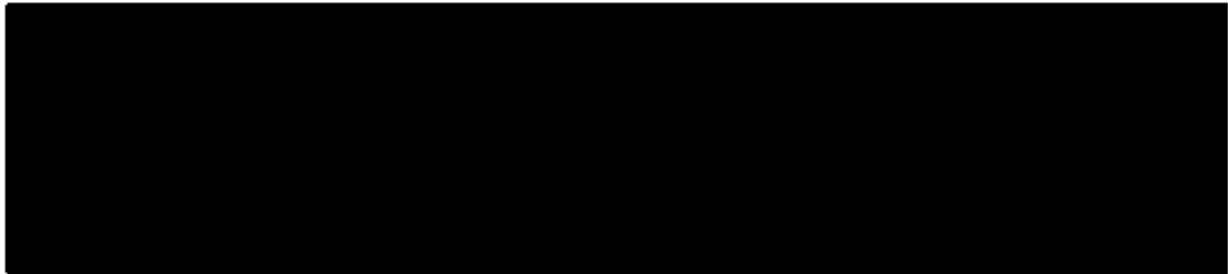
5d) Projected Changes in the Demographics of the Population Insurance



5e) Projected Changes in the Morbidity of the Insured Population

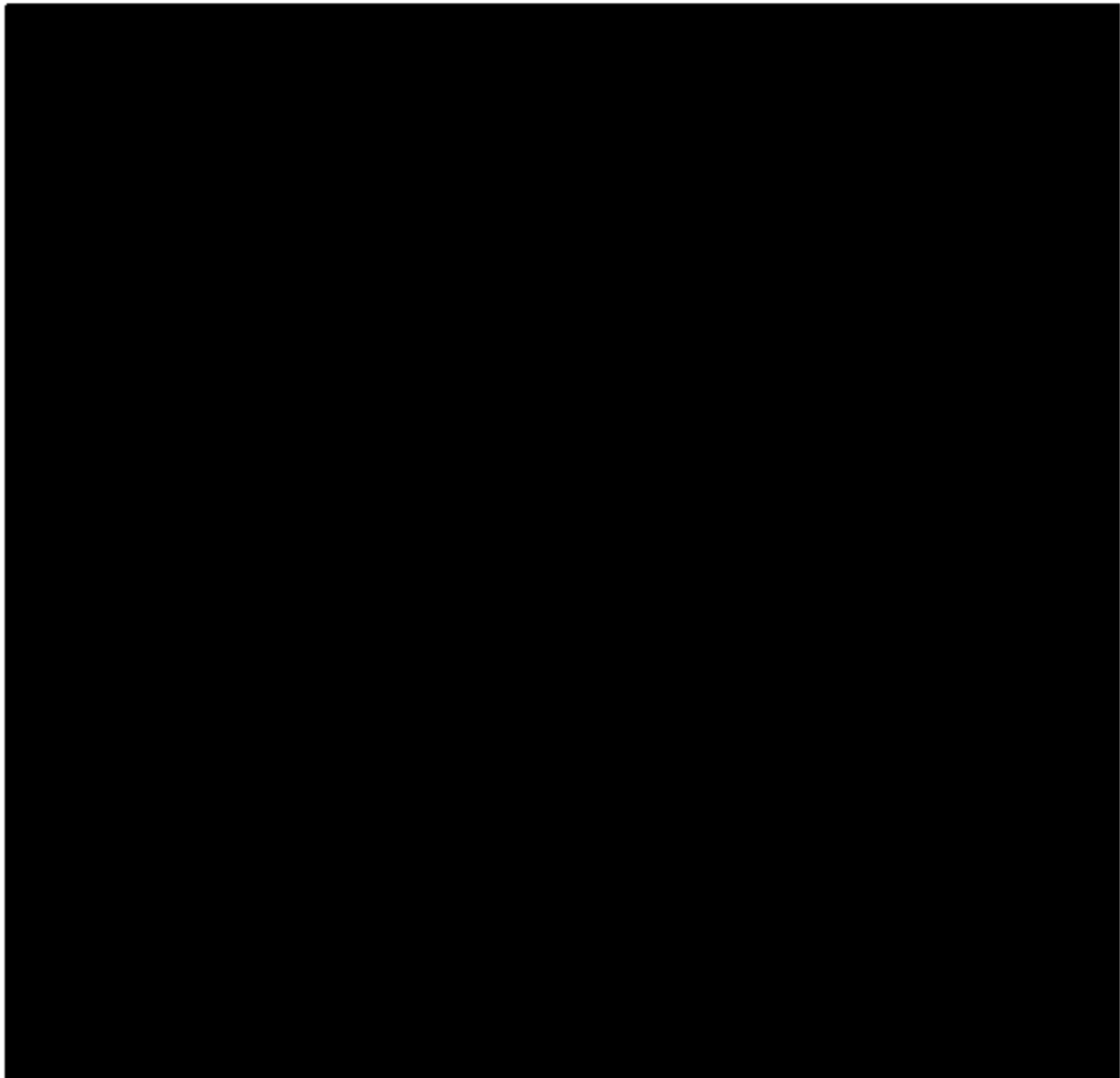



5f) Other Projected Changes



6) Credibility Manual Rate Adjustment

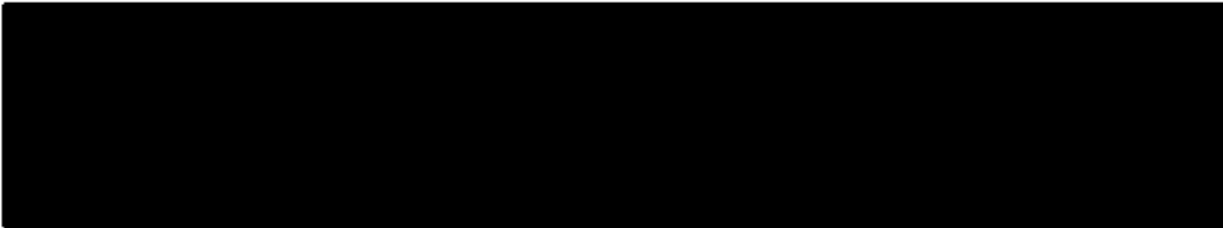
6a) Methodology Used to Develop the Credibility Manual Rate





7) **Credibility**

7a) **Credibility Methodology**



7b) **Credibility Level(s)**



8) **Covered Services**

8a) **Covered Services – Essential Health Benefits**

All plans offered by Quartz cover the required EHBs.

8b) **Covered Services – State Mandated Benefits Which Are Not Essential Health Benefits**

Benefits covered as required by the Reproductive Health Act are state mandated but not Essential Health Benefits. State mandated benefits in excess of essential health benefits for Home Health, abortion coverage and Acupuncture are covered by Quartz. These are State mandated benefits in excess of the essential health benefits per the benchmark plan information included in the CMS webpage documentation for Illinois.

8c) **Covered Services – Eliminated Benefits**

There are no changes in the benefits covered in the experience period that will not be covered in the projection period.

8d) **Covered Services – Additional Mandated Supplementary Benefits**

There are no benefits being covered that meet this definition.

8e) **Covered Services – Changes in the Level of Covered Services**



There are no changes in the level of covered services.

8f) Covered Services – EHB Substitutions

There are no EHB benefit substitutions in the projection period.

9) Credibility Adjusted Projected Claims

The calculated credibility adjusted projected allowed claims is [REDACTED] PMPM.

10) Projected Index Rate

The index rate of [REDACTED] for the projection period on Worksheet 1, Section II, of Part I Unified Rate Review Template represents the estimated projected allowed claims per member per month for Essential Health Benefits for the first effective date in this filing. It was developed following the specifications of 45 CFR part 156.80 (d). The Index rate has not been adjusted for payments and charges under the Risk Adjustment program. The Projected Index Rate incorporates the impact of trend and demographic assumptions as outlined in section 6. The PMPM difference [REDACTED] between the projected allowed claims in section 9 and the index rate reflect benefits offered in addition to EHBs. QHIC provides Home Health coverage, a limited acupuncture benefit, abortion for which public funding is prohibited, virtual visits, and 1 routine eye exam, in addition to EHB’s that are being covered under the proposed plans.

The projected index rate reflects the 12-month experience starting with a group’s effective date.

Quarter in 2025	Index Rate	Annualized Trend
Q1	[REDACTED]	[REDACTED]
Q2	[REDACTED]	[REDACTED]
Q3	[REDACTED]	[REDACTED]
Q4	[REDACTED]	[REDACTED]

11) Risk Transfer Payments

The 2025 Small group product for QHIC is expected to [REDACTED] through the statewide risk adjustment transfer program. A projected risk adjustment charge of [REDACTED] PMPM on an allowed basis has been incorporated. The projected risk adjustment charge on a paid basis is [REDACTED] PMPM. The risk adjustment user fee is [REDACTED] PMPM on a paid basis per the 2025 Notice of Benefit and Payment Parameters and is incorporated in the taxes and fees portion of the administrative costs per the Unified Rate Review Instructions. No adjustments have been made due to the Risk Adjustment Data Validation process (RADV). Quartz does not anticipate any payments or charges related to RADV adjustment.

Through these pricing adjustments and the morbidity adjustments (section 6) Quartz is pricing to the morbidity level of the statewide single risk pool.

12) Development of Market Adjusted Index Rate



The market-adjusted index rate equals the index rate adjusted for the expected risk adjustment charge of [REDACTED]. Since the market adjusted index rate excludes benefits in addition to Essential Health Benefits (EHBs) the expected risk adjustment PMPM and exchange user fee PMPM have been adjusted to an allowed basis and to exclude benefits in addition to EHBs. The market-adjusted index rate is [REDACTED] and is calculated as follows: [REDACTED]

13) Plan Level Adjusted Index Rate

The plan-adjusted index rate equals the market-adjusted index rate adjusted for administrative expenses, provider network, and plan-specific factors. The plan-level adjustments were developed by using company-specific claims experience and applying plan-specific benefit parameters. The plan-level modifiers include adjustments to reflect the plan-level Actuarial value and cost-sharing [REDACTED]

Appendix

C includes the development details for the induced utilization factors and the historical induced utilization factors. Appendix C illustrates the values mentioned above for each plan. The plan-adjusted index rates reflect the average demographic characteristics of the single risk pool, and the AV Pricing Value includes all allowable plan-level adjustments used to move from the market-adjusted index rate to each plan-adjusted index rate.

14) Actuarial Values

14a) AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based on the AV Calculator. For Non-HSA plans, adjustments were made to the inputs of the AV calculator to account for maximum Insulin cost sharing. One HSA plan has an aggregate deductible, which also has an adjustment to fit within the AV calculator. Unique Plan Design Justifications for each of these adjustments have been included with this filing.

14b) AV Pricing Values

The AV Pricing value for each plan reflects the actuarial value and cost-sharing design of the plan. Appendix C provides in table format the adjustments that have been applied to move from the market-adjusted index rate to the plan-adjusted index rate for each plan.

The adjustments for plan cost-sharing include expected differences in utilization due to differences in cost sharing. The induced utilization assumptions are taken from Quartz's experience. The adjustments for plan cost sharing are derived from QHIC benefit model methodologies and data. These methodologies vary the assumed cost sharing values by 1) an adjustment to the expected medical cost based on the level of member deductibles and coinsurance, 2) an adjustment to the office visit utilization based on the level of office visit copayment, and 3) an adjustment to the pharmacy utilization based on the portion of pharmacy cost paid by the member. In each case, no adjustment is made to the assumed morbidity and therefore the methodology ensures differences in health status are not included in the adjustment.



15) Paid to Allowed Ratio

Paid to Allowed ratios for each plan being offered in 2025 were calculated based on QHIC's experience. The projected paid to allowed ratio is [REDACTED]

Metal Level	Member Months	Paid PMPM	Allowed PMPM	Paid to Allowed Ratio
[REDACTED]				

16) Non-Benefit Expenses Including Risk and Profit Margin

16a) Projected Non-Benefit Expenses, Risk and Profit

The following components of the rate reflect expenses that do not represent payments made to providers:

a. Administrative Expense Load

[REDACTED] of the premium is for administrative expenses including an allocation of corporate overhead and excluding quality improvements. Quality improvements are [REDACTED] of premium. The percentage load does not vary by product or plan. The method for developing the estimate of administrative expense was to first split all the administrative expenses by company function. Next, functional expenses were evaluated to estimate the portion attributed to each line of business including the small group product. Finally, the expenses were projected to 2025.

Quartz pays commissions based on a per contract scale. Quartz does not expect any changes to the following commission scale.

Commission Scale (per contract)	
Number of Contracts	Per Contract Per Month
[REDACTED]	

b. Contribution to Surplus and Risk Margin

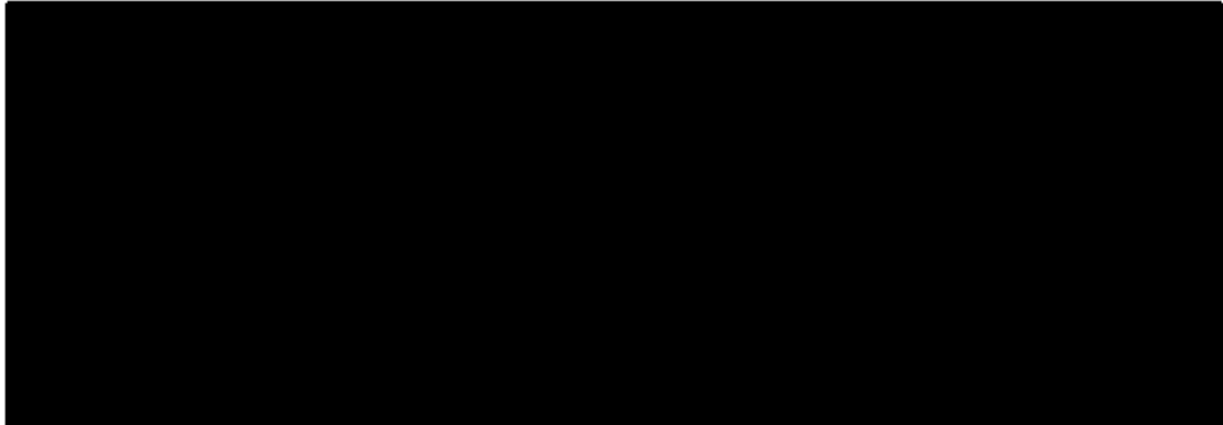
[REDACTED] of premium is for profit and risk.

c. Taxes and Fees

[REDACTED] of the premium is for Premium Tax and the PCORI and the Risk Adjustment Fees both combine for [REDACTED] of premium.

16b) Comparison of Current and Proposed Non-Benefit Expenses, Risk and Profit

2025 expenses are summarized in the table below:



16c) Varying Non-Benefit Expenses by Plan

There are no non-benefit expense loads as a percent of premium that vary by plan.

17) Adjusted Community Rating Factors

17a) Age Factors

The federally prescribed standardized age factors were used.

17b) Geographic Factors



17c) Tobacco Factors



17d) Family Composition

Illinois follows per-member rating. For family coverage, rates for children are charged to no more than the three oldest covered children under age 21, consistent with the methodology described in 45 CFR 147.102, paragraphs (c)(1). Below is an example that illustrates the rating for a family contract with a Q1 2025 effective date that includes a 42-year-old parent and children aged 20, 18, 16, 14.



Plan	BRONZE B203 EMBEDDED HDHP PPO		
Age	Coverage Type	Q1 Premium Rate	Premium Charged
42	Parent		
20	Child		
18	Child		
16	Child		
0 - 14 & <4th Dependent	Child		
Totals	Totals		

**Only the three oldest covered children under age 21 are charged premium.*

Any differences in the above values and Part I: Unified Rate Review Template (URRT) are due to the rounding requirements in the URRT.

18) Rates Tables

18a) Development of Rate Tables

The Plan Adjusted Index Rate is divided by the overall calibration factor to determine the Calibrated Plan Adjusted Index Rate.

Quartz is utilizing the following allowable rating factors:

Age - The federally prescribed standardized age factors were used.

Family Coverage – Rates for children are charged to no more than the three oldest covered children under age 21.

Quartz calculates the consumer-adjusted premium rate for a family consistent with 45 CFR § 147.102(c)(1).

The trend factors that apply to the member-weighted average plan-adjusted index rates to develop the consumer-adjusted premium rates for the effective dates in this submission are shown in the following table:

Effective Date of Rate Change	
January 1, 2025	
April 1, 2025	
July 1, 2025	
October 1, 2025	

Sample Rate Calculation:

(1) Index Rate	
----------------	--



(2) Market-Adjusted Index Rate
(3) Plan: BRONZE B203 EMBEDDED HDHP PPO
(4) Network:
(5) Benefits in addition to EHB
(6) Admin % of Premium
(7) Risk & Profit % of Premium
(8) ACA Fees % of Premium (Premium Tax)
(9) Plan-Adjusted Index Rate
(10) Calibration Factor
(11) Calibrated Plan-Adjusted Index Rate
(12) Area: Rating Area 5
(13) Age Factor: Age 21
(14) Tobacco Status: Non-Smoker
(15) Consumer-Adjusted Premium Rate for Q1 2024



Any differences in the above values and Part I: Unified Rate Review Template (URRT) are due to the rounding requirements in the URRT.

18b & c) Weighted Average Age & Age Curve Calibration

The weighted average age and age curve calibration adjustment was calculated using expected 2025 membership for Quartz’s combined small group population and the 2025 CMS age factors. The data source for the projected population is the March 2024 enrollment for Quartz’s combined small group ACA population in Illinois. The average age factor calculation and average age for the projected single risk pool are shown in the following table. The methodology employed in the calculation of the weighted average age and the calibration to the age curve comply with the standard age curve methodology and conforms with rating rules specified in 45 CFR 147.102.

Age	% Enrollment	CMS 2025 Age Factor
<21 - No Premium, 4+ Dependents		
0 - 14 & <4th Dependent		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		




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50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64+	
Total	

18d) Geographic Calibration Factor

Quartz will solely be offered in Rating Area 5 in 2025, therefore no variation by geography is included.


19) Development of All Product Base Rates

- a) QHIC covers Acupuncture, Home Health as a limited benefit, and 1 routine eye exam as non-EHB benefits.
- b) Differences in actuarial value – Appendix C provides in table format the adjustments that have been applied to the market-adjusted rate to calculate the plan-adjusted rate for each plan. Section 14b provides a description of the methodology.
- c) Benefit Richness adjustment impact on utilization - Section 14b provides a description of the applied methodology to account for utilization based on benefit richness while not adjusting morbidity.
- d) Differences in administrative costs – Administrative costs are applied as a consistent percentage of premium for all plans. Section 16b lists the charge levels.
- e) Taxes and fees – Taxes and fees are applied as a consistent percentage of premium for all plans. Section 16b lists the charge levels.
- f) Network Differences – only one network will be offered in 2025.

- g) Care management differences – Care management offerings are the same for all plans offered.
- h) Catastrophic plan eligibility – Catastrophic plans are not offered in the small group market.

20) Risk Corridor Payments or Recoveries

There is no risk corridor payment or recovery.

21) Company Financial Position

QHIC closed 2023 with an RBC of . As a provider-owned health plan Quartz is well positioned to address capital needs.

22) Last Five Year's RBC

Quartz Health Insurance Corporation –
2025 IL Small Group ACA Actuarial Memorandum

	Financial Year

23) Federal Medical Loss Ratio Requirements

23a) Projected Federal MLR

Incurring Claims PMPM	
Expenses Related to Quality Improvement PMPM	
Receipts Related to Transitional Reinsurance Program	
Net Payment Related to Risk Adjustment and Risk Corridors	
Numerator for MLR Calculation	
Expected Premium PMPM	
State and Federal Taxes PMPM	
Licensing and Regulatory Fees	
Reinsurance Contributions	
Denominator for MLR Calculation	
MLR	

23b) Explanation when the future loss ratio is not consistent with the federal rebate MLR

The Projected MLR is consistent with federal rebate MLR requirements.

24) Reliance

--

25) Certifications of Compliance

I, Bradlee Wienholtz, am a member of the American Academy of Actuaries (Academy) and I meet the



Academy qualification standards for rendering this opinion.

I certify that, to the best of my knowledge and judgment:

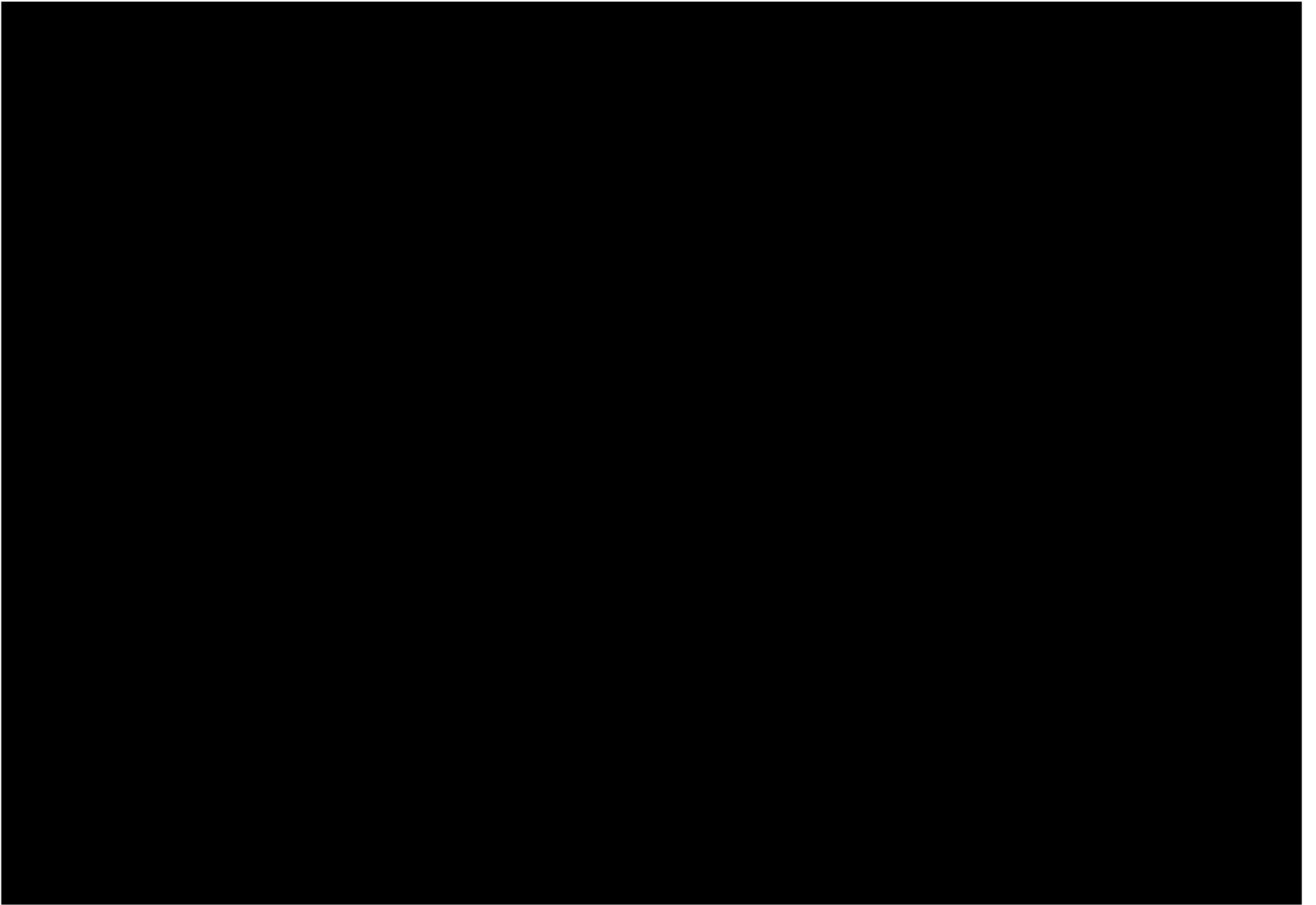
- The entire rate filing complies with the applicable laws of the state of Illinois and with the rules of the Department of Insurance,
- The development of the projected index rate and all rating factors comply with all applicable federal statutes and regulations,
- The index rate and allowable modifiers as described in 45 CFR § 156.80 (d)(1) and (d)(2), are used in the development of plan-specific premium rates,
- The essential health benefit portion of premium is appropriate and was developed in accordance with Actuarial Standards of Practice,
- The methodology used to calculate the AV Metal Value for each plan complies with federal regulations,
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area,
- The entire rate filing, including development of the projected index rate and all rating factors, complies with all applicable Actuarial Standards of Practice, including ASOPs 8, 26, 31, and 41.
- The projected index rate and rating factors are reasonable in relation to the benefits provided and the population anticipated to be covered, and
- The premium schedule, including the projected index rate and rating factors, is not excessive, deficient, nor unfairly discriminatory.

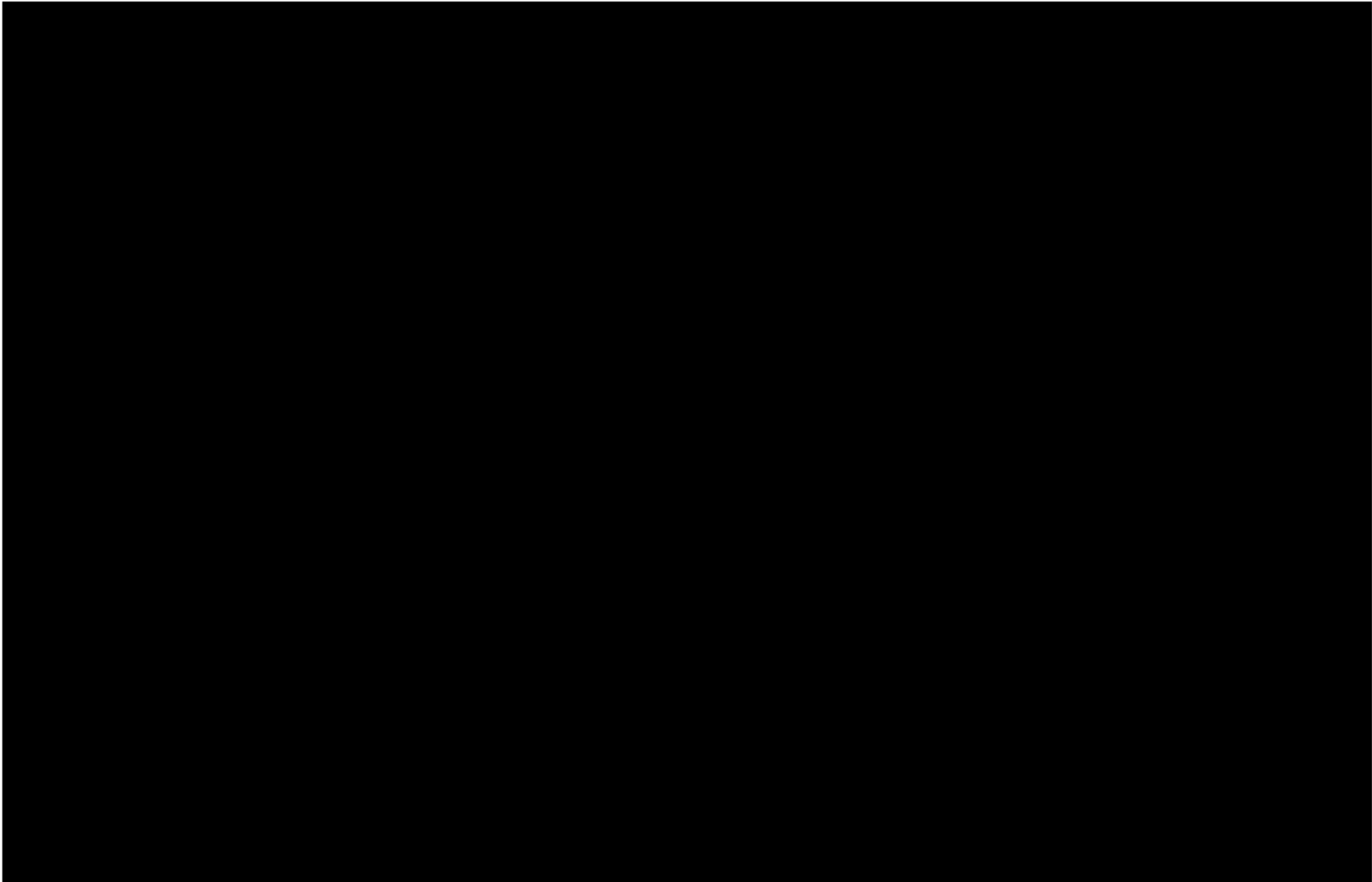
I, Bradlee Wienholtz, am an employee of Quartz Health Solutions.

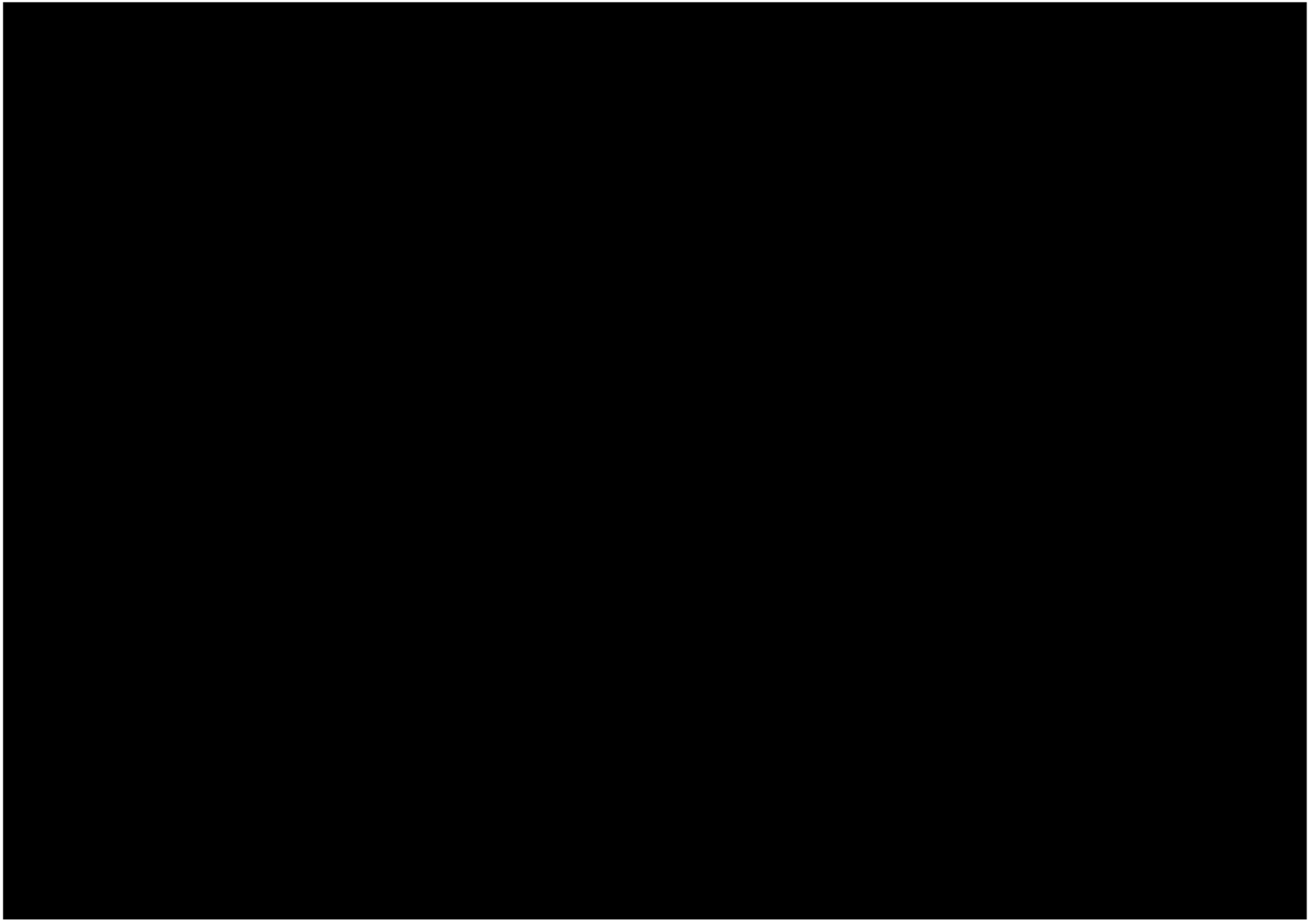
I certify that, to the best of my knowledge and judgment:

- This filing is intended to support Quartz Health Insurance Corporation’s Small Group Single Risk Pool Rate Filing for the State of Illinois. It should not be distributed, in whole or in part, to any external party, other than the State of Illinois or the Centers for Medicare and Medicaid Services (CMS), without the prior written consent of Quartz Health Insurance Corporation.
- The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of the information required by Federal regulation to be provided in support of the review of rate increases and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.
- The results are actuarial projections. Actual experience will differ for several reasons, including but not limited to, population changes, claims experience, and random deviations from assumptions.

Signature of Actuary	Title	Organization	Date
<i>Bradlee Wienholtz</i>	Senior Actuarial Analyst	Quartz Health Solutions	06/04/2024

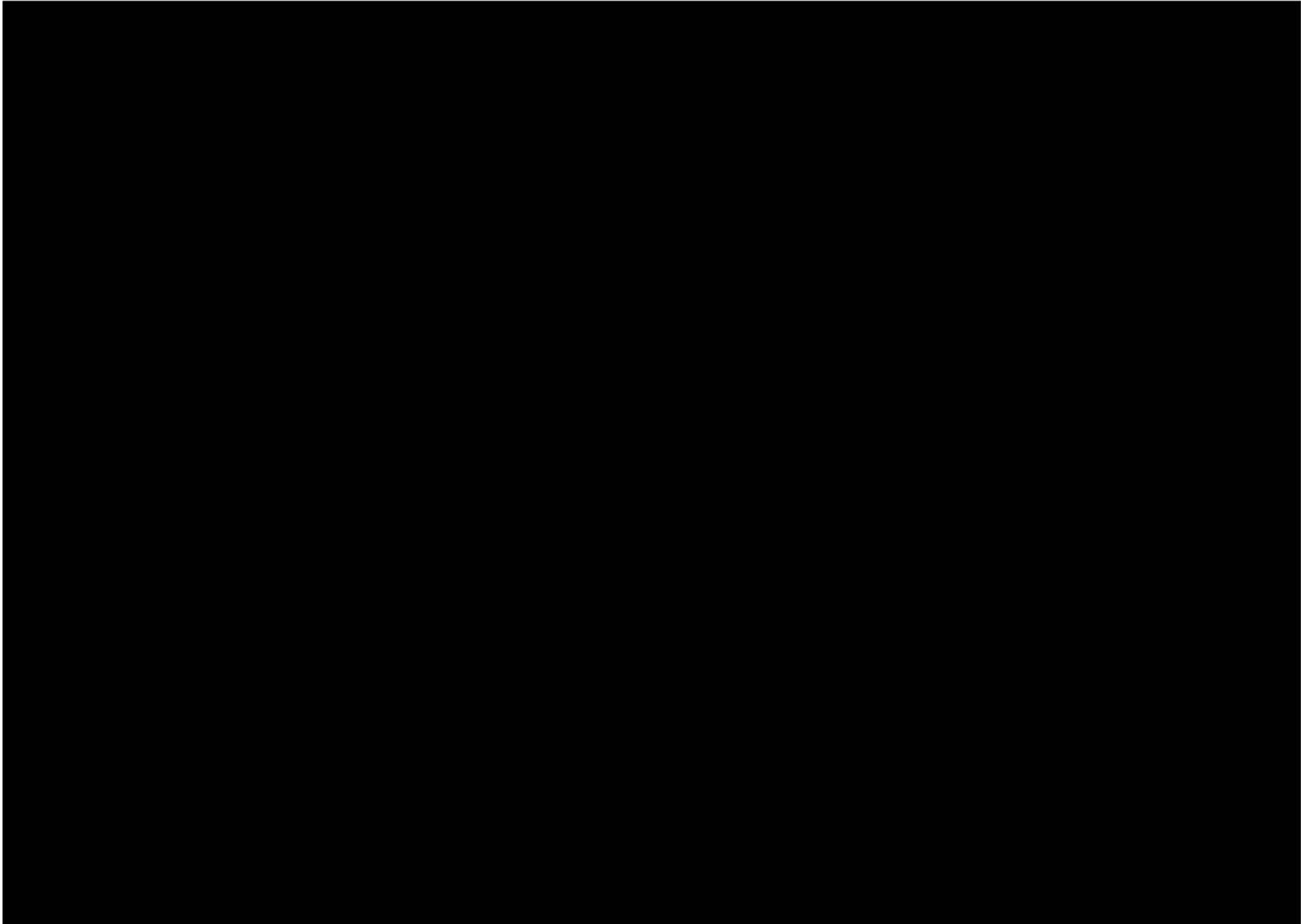






Appendix C

Quartz Health Insurance Corporation, 2025 Illinois Small Group ACA Plan Adjusted Index Rate Development



Reliance Certification

I, Alex Cimino, Senior Actuarial Analyst of Quartz Health Solutions hereby certify that the items listed below and submitted to and relied on by Bradlee Wienholtz in support of his Part III Actuarial Memorandums and corresponding Actuarial Certifications for Quartz Health Insurance Corporation, were prepared under my direction, and to the best of my knowledge and belief, are accurate, complete and reasonable.

Items Provided:

- Data included in the Unified Rate Review Template.

Alex Cimino

Signature

5/31/2024

Date

Address of Signatory



Telephone Number of Signatory



Reliance Certification

I, Alex Ng, Actuarial Analyst of Quartz Health Solutions hereby certify that the items listed below and submitted to and relied on by Bradlee Wienholtz in support of his Part III Actuarial Memorandums and corresponding Actuarial Certifications for Quartz Health Insurance Corporation, were prepared under my direction, and to the best of my knowledge and belief, are accurate, complete and reasonable.

Items Provided:

- Data included in the Unified Rate Review Template.

Alex Ng

Signature

05/28/2024

Date

Address of Signatory



Telephone Number of Signatory



Reliance Certification

I, Ben Meleski, Senior Actuarial Analyst of Quartz Health Solutions hereby certify that the items listed below and submitted to and relied on by Bradlee Wienholtz in support of his Part III Actuarial Memorandums and corresponding Actuarial Certifications for Quartz Health Insurance Corporation, were prepared under my direction, and to the best of my knowledge and belief, are accurate, complete and reasonable.

Items Provided:

- Data included in the Unified Rate Review Template.

Ben Meleski

Signature

05/29/2024

Date

Address of Signatory



Telephone Number of Signatory



Reliance Certification

I, Beth Teresinski, FSA, MAAA, Manager, Actuarial Services of Quartz Health Solutions hereby certify that the items listed below and submitted to and relied on by Bradlee Wienholtz in support of his Part III Actuarial Memorandums and corresponding Actuarial Certifications for Quartz Health Insurance Corporation, were prepared under my direction, and to the best of my knowledge and belief, are accurate, complete and reasonable.

Items Provided:

- Data included in the Unified Rate Review Template.

Beth Teresinski

Signature

05/28/2024

Date

Address of Signatory



Telephone Number of Signatory



Reliance Certification

I, Connor Streifel, Actuarial Analyst of Quartz Health Solutions hereby certify that the items listed below and submitted to and relied on by Bradlee Wienholtz in support of his Part III Actuarial Memorandums and corresponding Actuarial Certifications for Quartz Health Insurance Corporation, were prepared under my direction, and to the best of my knowledge and belief, are accurate, complete and reasonable.

Items Provided:

- Data included in the Unified Rate Review Template.

Connor Streifel

Signature

05/28/2024

Date

Address of Signatory

Telephone Number of Signatory

Reliance Certification

I, Emily Jenkins, FSA, MAAA, Manager, Actuarial Services of Quartz Health Solutions hereby certify that the items listed below and submitted to and relied on by Bradlee Wienholtz in support of his Part III Actuarial Memorandums and corresponding Actuarial Certifications for Quartz Health Insurance Corporation, were prepared under my direction, and to the best of my knowledge and belief, are accurate, complete and reasonable.

Items Provided:

- Data included in the Unified Rate Review Template.
- Historical and projected trend factors.

Emily Jenkins

Signature

05/28/2024

Date

Address of Signatory

Telephone Number of Signatory

State: Illinois **Filing Company:** Quartz Health Insurance Corporation
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004B Small Group Only - PPO Standard
Product Name: 2025 Small Group PPO
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	2025_PPO_HealthPremiumRateReviewChecklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Tables
Comments:	
Attachment(s):	PPO.xml PY2025RatesTableTemplate_21925.xls
Item Status:	
Status Date:	

Satisfied - Item:	Trade Secret
Comments:	
Attachment(s):	2025_Trade_Secret_Information_PPO.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Business Rules
Comments:	
Attachment(s):	PY2025BusinessRulesTemplate_IL SG 21925.xls PY2025BusinessRulesTemplate_IL SG 21925.xml
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Cover_Letter_Q1_2025_filing_PPO.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Service Area Template xml
Comments:	
Attachment(s):	PY2025ServiceAreaTemplate_IL SG 21925.xls PY2025ServiceAreaTemplate_IL SG 21925.xml

SERFF Tracking #:

PHPI-134100054

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

Quartz Health Insurance Corporation

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004B Small Group Only - PPO Standard

Product Name:

2025 Small Group PPO

Project Name/Number:

/

Item Status:	
Status Date:	

Satisfied - Item:	Service Area Crosswalk
Comments:	
Attachment(s):	Service_Area_ID_Crosswalk_PPO.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	AV Screenshots
Comments:	
Attachment(s):	AV Calculator Screenshots IL 2025_SG_PPO.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	ActuarialCertificationForRateFilings_2025_PPO.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Filing Summary
Comments:	
Attachment(s):	CB2024-11-public-rate-filing-summary_QHIC.xlsx
Item Status:	
Status Date:	

State:

Illinois

Filing Company:

Quartz Health Insurance Corporation

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004B Small Group Only - PPO Standard

Product Name:

2025 Small Group PPO

Project Name/Number:

/

Attachment PPO.xml is not a PDF document and cannot be reproduced here.

Attachment PY2025RatesTableTemplate_21925.xls is not a PDF document and cannot be reproduced here.

Attachment PY2025BusinessRulesTemplate_IL SG 21925.xls is not a PDF document and cannot be reproduced here.

Attachment PY2025BusinessRulesTemplate_IL SG 21925.xml is not a PDF document and cannot be reproduced here.

Attachment PY2025ServiceAreaTemplate_IL SG 21925.xls is not a PDF document and cannot be reproduced here.

Attachment PY2025ServiceAreaTemplate_IL SG 21925.xml is not a PDF document and cannot be reproduced here.

Attachment Service_Area_ID_Crosswalk_PPO.xlsx is not a PDF document and cannot be reproduced here.

Attachment CB2024-11-public-rate-filing-summary_QHIC.xlsx is not a PDF document and cannot be reproduced here.

2025 Rates Table Template v14.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>				
<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>				
<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>				
<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>				
HIOS Issuer ID*	21925			
Rate Effective Date*	1/1/2025			
Rate Expiration Date*	3/31/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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21925IL0010054	Rating Area 5	No Preference	38	724.37
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21925IL0010057	Rating Area 5	No Preference	63	1666.86
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21925IL0010016	Rating Area 5	No Preference	23	609.79
21925IL0010016	Rating Area 5	No Preference	24	609.79
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21925IL0010016	Rating Area 5	No Preference	27	639.05
21925IL0010016	Rating Area 5	No Preference	28	662.83
21925IL0010016	Rating Area 5	No Preference	29	682.35
21925IL0010016	Rating Area 5	No Preference	30	692.10
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21925IL0010016	Rating Area 5	No Preference	57	1486.04
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21925IL0010016	Rating Area 5	No Preference	60	1654.95
21925IL0010016	Rating Area 5	No Preference	61	1713.49

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21925IL0010016	Rating Area 5	No Preference	63	1800.08
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21925IL0010017	Rating Area 5	No Preference	56	1374.20
21925IL0010017	Rating Area 5	No Preference	57	1435.46
21925IL0010017	Rating Area 5	No Preference	58	1500.84
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21925IL0010017	Rating Area 5	No Preference	62	1692.28
21925IL0010017	Rating Area 5	No Preference	63	1738.81
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21925IL0010059	Rating Area 5	No Preference	24	605.04
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21925IL0010059	Rating Area 5	No Preference	27	634.08
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21925IL0010059	Rating Area 5	No Preference	30	686.71
21925IL0010059	Rating Area 5	No Preference	31	701.23
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21925IL0010059	Rating Area 5	No Preference	33	724.83
21925IL0010059	Rating Area 5	No Preference	34	734.51
21925IL0010059	Rating Area 5	No Preference	35	739.35
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21925IL0010061	Rating Area 5	No Preference	60	1234.86
21925IL0010061	Rating Area 5	No Preference	61	1278.54
21925IL0010061	Rating Area 5	No Preference	62	1307.21
21925IL0010061	Rating Area 5	No Preference	63	1343.15
21925IL0010061	Rating Area 5	No Preference	64 and over	1364.99

2025 Rates Table Template v14.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>				
<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>				
<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>				
<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>				
HIOS Issuer ID*	21925			
Rate Effective Date*	4/1/2025			
Rate Expiration Date*	6/30/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
21925IL0010045	Rating Area 5	No Preference	0-14	658.39
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21925IL0010045	Rating Area 5	No Preference	16	739.29
21925IL0010045	Rating Area 5	No Preference	17	761.66
21925IL0010045	Rating Area 5	No Preference	18	785.76
21925IL0010045	Rating Area 5	No Preference	19	809.85
21925IL0010045	Rating Area 5	No Preference	20	834.81
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21925IL0010045	Rating Area 5	No Preference	63	2540.58
21925IL0010045	Rating Area 5	No Preference	64 and over	2581.89
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21925IL0010046	Rating Area 5	No Preference	27	895.06
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21925IL0010046	Rating Area 5	No Preference	30	969.36
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21925IL0010047	Rating Area 5	No Preference	29	937.93
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21925IL0010010	Rating Area 5	No Preference	36	909.75
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21925IL0010010	Rating Area 5	No Preference	54	1579.11
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21925IL0010010	Rating Area 5	No Preference	57	1802.48
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21925IL0010056	Rating Area 5	No Preference	63	1592.38
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21925IL0010057	Rating Area 5	No Preference	63	1689.59
21925IL0010057	Rating Area 5	No Preference	64 and over	1717.07
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21925IL0010058	Rating Area 5	No Preference	60	1351.84
21925IL0010058	Rating Area 5	No Preference	61	1399.65
21925IL0010058	Rating Area 5	No Preference	62	1431.03
21925IL0010058	Rating Area 5	No Preference	63	1470.38

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21925IL0010016	Rating Area 5	No Preference	15	514.88
21925IL0010016	Rating Area 5	No Preference	16	530.94
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21925IL0010016	Rating Area 5	No Preference	24	618.11
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21925IL0010016	Rating Area 5	No Preference	28	671.87
21925IL0010016	Rating Area 5	No Preference	29	691.65
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21925IL0010016	Rating Area 5	No Preference	31	716.38
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21925IL0010061	Rating Area 5	No Preference	63	1361.47
21925IL0010061	Rating Area 5	No Preference	64 and over	1383.60

2025 Rates Table Template v14.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
HIOS Issuer ID*	21925			
Rate Effective Date*	7/1/2025			
Rate Expiration Date*	9/30/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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21925IL0010045	Rating Area 5	No Preference	16	749.37
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21925IL0010045	Rating Area 5	No Preference	18	796.47
21925IL0010045	Rating Area 5	No Preference	19	820.89
21925IL0010045	Rating Area 5	No Preference	20	846.19
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21925IL0010052	Rating Area 5	No Preference	39	862.43
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21925IL0010052	Rating Area 5	No Preference	41	889.77
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21925IL0010057	Rating Area 5	No Preference	35	708.96
21925IL0010057	Rating Area 5	No Preference	36	713.60
21925IL0010057	Rating Area 5	No Preference	37	718.23
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21925IL0010057	Rating Area 5	No Preference	40	741.44
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21925IL0010057	Rating Area 5	No Preference	44	810.48
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21925IL0010057	Rating Area 5	No Preference	47	906.79
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21925IL0010057	Rating Area 5	No Preference	52	1132.48
21925IL0010057	Rating Area 5	No Preference	53	1183.53
21925IL0010057	Rating Area 5	No Preference	54	1238.64
21925IL0010057	Rating Area 5	No Preference	55	1293.75
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21925IL0010019	Rating Area 5	No Preference	62	1438.02
21925IL0010019	Rating Area 5	No Preference	63	1477.55
21925IL0010019	Rating Area 5	No Preference	64 and over	1501.57
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21925IL0010036	Rating Area 5	No Preference	15	423.57
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21925IL0010061	Rating Area 5	No Preference	62	1343.11
21925IL0010061	Rating Area 5	No Preference	63	1380.04
21925IL0010061	Rating Area 5	No Preference	64 and over	1402.47

2025 Rates Table Template v14.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>				
<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>				
<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>				
<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>				
HIOS Issuer ID*	21925			
Rate Effective Date*	10/1/2025			
Rate Expiration Date*	12/31/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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21925IL0010045	Rating Area 5	No Preference	17	782.58
21925IL0010045	Rating Area 5	No Preference	18	807.33
21925IL0010045	Rating Area 5	No Preference	19	832.08
21925IL0010045	Rating Area 5	No Preference	20	857.73
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21925IL0010045	Rating Area 5	No Preference	22	884.28
21925IL0010045	Rating Area 5	No Preference	23	884.28
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21925IL0010046	Rating Area 5	No Preference	15	730.96
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21925IL0010055	Rating Area 5	No Preference	41	760.48
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21925IL0010055	Rating Area 5	No Preference	55	1302.51
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21925IL0010016	Rating Area 5	No Preference	60	1723.59
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21925IL0010059	Rating Area 5	No Preference	23	630.15
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21925IL0010060	Rating Area 5	No Preference	35	576.63
21925IL0010060	Rating Area 5	No Preference	36	580.41
21925IL0010060	Rating Area 5	No Preference	37	584.18
21925IL0010060	Rating Area 5	No Preference	38	587.96
21925IL0010060	Rating Area 5	No Preference	39	595.51
21925IL0010060	Rating Area 5	No Preference	40	603.06
21925IL0010060	Rating Area 5	No Preference	41	614.38
21925IL0010060	Rating Area 5	No Preference	42	625.24
21925IL0010060	Rating Area 5	No Preference	43	640.33
21925IL0010060	Rating Area 5	No Preference	44	659.21
21925IL0010060	Rating Area 5	No Preference	45	681.39
21925IL0010060	Rating Area 5	No Preference	46	707.81
21925IL0010060	Rating Area 5	No Preference	47	737.55
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21925IL0010060	Rating Area 5	No Preference	49	805.02
21925IL0010060	Rating Area 5	No Preference	50	842.77
21925IL0010060	Rating Area 5	No Preference	51	880.05
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21925IL0010060	Rating Area 5	No Preference	53	962.63
21925IL0010060	Rating Area 5	No Preference	54	1007.45
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21925IL0010060	Rating Area 5	No Preference	56	1100.88
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21925IL0010060	Rating Area 5	No Preference	58	1202.35
21925IL0010060	Rating Area 5	No Preference	59	1228.29
21925IL0010060	Rating Area 5	No Preference	60	1280.68
21925IL0010060	Rating Area 5	No Preference	61	1325.98
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21925IL0010019	Rating Area 5	No Preference	28	551.49
21925IL0010019	Rating Area 5	No Preference	29	567.72
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21925IL0010019	Rating Area 5	No Preference	33	607.81
21925IL0010019	Rating Area 5	No Preference	34	615.92
21925IL0010019	Rating Area 5	No Preference	35	619.99
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21925IL0010019	Rating Area 5	No Preference	38	632.16
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21925IL0010019	Rating Area 5	No Preference	40	648.40
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21925IL0010019	Rating Area 5	No Preference	42	672.23
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21925IL0010019	Rating Area 5	No Preference	50	906.13
21925IL0010019	Rating Area 5	No Preference	51	946.21
21925IL0010019	Rating Area 5	No Preference	52	990.34
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21925IL0010019	Rating Area 5	No Preference	56	1183.65
21925IL0010019	Rating Area 5	No Preference	57	1236.41
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21925IL0010019	Rating Area 5	No Preference	62	1457.63
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21925IL0010019	Rating Area 5	No Preference	64 and over	1522.05
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21925IL0010036	Rating Area 5	No Preference	15	429.35
21925IL0010036	Rating Area 5	No Preference	16	442.75
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21925IL0010036	Rating Area 5	No Preference	18	470.58
21925IL0010036	Rating Area 5	No Preference	19	485.01
21925IL0010036	Rating Area 5	No Preference	20	499.97
21925IL0010036	Rating Area 5	No Preference	21	515.44
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21925IL0010036	Rating Area 5	No Preference	23	515.44
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21925IL0010036	Rating Area 5	No Preference	33	617.46
21925IL0010036	Rating Area 5	No Preference	34	625.71
21925IL0010036	Rating Area 5	No Preference	35	629.84
21925IL0010036	Rating Area 5	No Preference	36	633.96
21925IL0010036	Rating Area 5	No Preference	37	638.08
21925IL0010036	Rating Area 5	No Preference	38	642.21
21925IL0010036	Rating Area 5	No Preference	39	650.46
21925IL0010036	Rating Area 5	No Preference	40	658.69
21925IL0010036	Rating Area 5	No Preference	41	671.08
21925IL0010036	Rating Area 5	No Preference	42	682.92
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21925IL0010036	Rating Area 5	No Preference	45	744.27
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21925IL0010036	Rating Area 5	No Preference	47	805.60
21925IL0010036	Rating Area 5	No Preference	48	842.70
21925IL0010036	Rating Area 5	No Preference	49	879.30
21925IL0010036	Rating Area 5	No Preference	50	920.53
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21925IL0010036	Rating Area 5	No Preference	52	1006.08
21925IL0010036	Rating Area 5	No Preference	53	1051.45
21925IL0010036	Rating Area 5	No Preference	54	1100.41
21925IL0010036	Rating Area 5	No Preference	55	1149.37
21925IL0010036	Rating Area 5	No Preference	56	1202.47
21925IL0010036	Rating Area 5	No Preference	57	1256.08
21925IL0010036	Rating Area 5	No Preference	58	1313.29
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21925IL0010036	Rating Area 5	No Preference	60	1398.85
21925IL0010036	Rating Area 5	No Preference	61	1448.31
21925IL0010036	Rating Area 5	No Preference	62	1480.79
21925IL0010036	Rating Area 5	No Preference	63	1521.51
21925IL0010036	Rating Area 5	No Preference	64 and over	1546.25
21925IL0010061	Rating Area 5	No Preference	0-14	362.51
21925IL0010061	Rating Area 5	No Preference	15	394.73
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21925IL0010061	Rating Area 5	No Preference	26	485.24
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21925IL0010061	Rating Area 5	No Preference	28	515.09
21925IL0010061	Rating Area 5	No Preference	29	530.25
21925IL0010061	Rating Area 5	No Preference	30	537.84
21925IL0010061	Rating Area 5	No Preference	31	549.21
21925IL0010061	Rating Area 5	No Preference	32	560.58
21925IL0010061	Rating Area 5	No Preference	33	567.69
21925IL0010061	Rating Area 5	No Preference	34	575.28
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21925IL0010061	Rating Area 5	No Preference	36	582.86
21925IL0010061	Rating Area 5	No Preference	37	586.65
21925IL0010061	Rating Area 5	No Preference	38	590.44
21925IL0010061	Rating Area 5	No Preference	39	598.03
21925IL0010061	Rating Area 5	No Preference	40	605.61
21925IL0010061	Rating Area 5	No Preference	41	616.98
21925IL0010061	Rating Area 5	No Preference	42	627.87
21925IL0010061	Rating Area 5	No Preference	43	643.03
21925IL0010061	Rating Area 5	No Preference	44	662.00
21925IL0010061	Rating Area 5	No Preference	45	684.27
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21925IL0010061	Rating Area 5	No Preference	47	740.65
21925IL0010061	Rating Area 5	No Preference	48	774.76
21925IL0010061	Rating Area 5	No Preference	49	808.41

21925IL0010061	Rating Area 5	No Preference	50	846.32
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21925IL0010061	Rating Area 5	No Preference	52	924.98
21925IL0010061	Rating Area 5	No Preference	53	966.68
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21925IL0010061	Rating Area 5	No Preference	55	1056.72
21925IL0010061	Rating Area 5	No Preference	56	1105.53
21925IL0010061	Rating Area 5	No Preference	57	1154.82
21925IL0010061	Rating Area 5	No Preference	58	1207.40
21925IL0010061	Rating Area 5	No Preference	59	1233.47
21925IL0010061	Rating Area 5	No Preference	60	1286.07
21925IL0010061	Rating Area 5	No Preference	61	1331.55
21925IL0010061	Rating Area 5	No Preference	62	1361.43
21925IL0010061	Rating Area 5	No Preference	63	1398.86
21925IL0010061	Rating Area 5	No Preference	64 and over	1421.59

2025 Service Area v14.0

All fields with an asterisk (*) are required

To validate, press the Validate button or Ctrl + Shift + I. To finalize, press the Finalize button or Ctrl + Shift + F

Click Create Service Area IDs button (or Ctrl + Shift + R) to Create Service Area IDs based on your state

Service Area IDs will populate in the drop-down box in Service Area ID column

For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)

HIOS Issuer ID:*	21925
Issuer State:*	IL

Service Area ID*	Service Area Name*	State*	County Name	Partial County
Required: Enter the Service Area ID	Required: Enter the Service Area Name	Required: Does this Service Area cover the entire state?	Required if State is "No": Select the County - FIPS this Service Area covers	Required if State is "No": Does this Service Area include a partial county?
ILS001 PPO		No	Carroll - 17015	No
ILS001 PPO		No	Jo Daviess - 17085	No
ILS001 PPO		No	Lee - 17103	No
ILS001 PPO		No	Ogle - 17141	No
ILS001 PPO		No	Stephenson - 17177	No
ILS001 PPO		No	Boone - 17007	No
ILS001 PPO		No	Winnebago - 17201	No

SCID	Service Area
21925IL0010045	ILS001
21925IL0010046	ILS001
21925IL0010047	ILS001
21925IL0010048	ILS001
21925IL0010049	ILS001
21925IL0010050	ILS001
21925IL0010051	ILS001
21925IL0010052	ILS001
21925IL0010006	ILS001
21925IL0010010	ILS001
21925IL0010053	ILS001
21925IL0010054	ILS001
21925IL0010055	ILS001
21925IL0010056	ILS001
21925IL0010057	ILS001
21925IL0010058	ILS001
21925IL0010016	ILS001
21925IL0010017	ILS001
21925IL0010059	ILS001
21925IL0010060	ILS001
21925IL0010019	ILS001
21925IL0010036	ILS001
21925IL0010061	ILS001

Plan Year 2025 Public Rate Filing Summary for Individual and Small Group ACA-Compliant Plans
215 ILCS 5/355(d) and (e)

Company Name:	Quartz Health Insurance Corporation
SERFF Filing ID:	PHPI-134100054
Individual or Small Group:	Small Group
Effective Date:	1/1/2025
Exchange Information: (On-Exchange or Off-Exchange Only)	Off-Exchange
Product Type(s) Offered: (HMO, PPO, and/or POS)	PPO
Metal Tiers Offered: (please list which metal tiers are offered)	Bronze, Silver, Gold, Platinum
Tobacco Rating Factors Used? (y/n)	N
Description of Service Areas:	Quartz offers PPO plans in its Northern Illinois service areas to supplement the HMO and POS service areas. The PPO plan is offered to ensure Quartz meets the group's network needs.

Rate Change Summary:

Average Rate Change:	8.74%
Maximum Rate Change:	8.87%
Minimum Rate Change:	5.44%
Expected Number of People Affected:	3
Company Justification for Rate Change:	The requested rate increase is impacted by both medical and pharmacy trends increasing due to utilization and service cost changes. Utilization Changes – A portion of the rate increase is due to the changes in claim costs associated with utilization increases from the number of services, severity of services, and change in mix of services. Service Cost Changes – A portion of the rate increase is due to the changes in the plan claim costs due to increased reimbursement payments to healthcare providers.
Expected Medical Loss Ratio:	89.1%
Expected Annual Medical Trend:	4.1%
Expected Administrative Cost Ratio:	7.3%
Any Other Relevant Comments: (optional)	

Comments from the public are welcome at DOI.HealthRateReview@illinois.gov through July 12, 2024.

Contact Person:

Illinois Division of Insurance

**320 West Washington Street
Springfield, IL 62767-0001**

Review Requirements Checklist

Effective 05/01/2022

Health Actuarial Unit

DOI.HealthActuarial@Illinois.gov

Line(s) of Business

For Policies issued after 01/01/2014

Health Premium Rates

Line(s) of Insurance

**Individual/Small Group Major Medical
Surgical/Medical/Hospital PPO and Non PPO and HMO**

Illinois Insurance Code Link	Illinois Compiled Statutes Online		
Illinois Administrative Code Link	Administrative Regulations Online		
Product Coding Matrix	Product Coding Matrix		
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Cover Letter	50 IL Adm. Code 916.40 (b)	Cover Letters must generally describe the intent of the rate filing and whether the filing is a new rate, rate revision or justification of an existing rate. It is necessary to provide a listing of the policy form filing company tracking number(s) and company form number(s) to show the association between the rate being filed and those forms affected by the rate change. ** The Filing Description field in the General Information Tab in SERFF may be used in place of a cover letter.	This information was entered in The Filing Description field in SERFF

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Grandfathered Status		<p>1.) Not Grandfathered- This rate filing is not being made in support of a grandfathered plan.</p> <p>2.) Grandfathered Plan- This rate filing is being made in support of a grandfathered plan. None of the changes that have been made to this plan since the last rate filing have caused the plan to lose its grandfathered status.</p> <p>3.) Formerly a Grandfathered Plan- This rate filing is being made in support of a formerly grandfathered plan. The following SERFF filing(s) contained changes that caused the plan to lose its grandfathered status: _____.</p>	Not Grandfathered
Implementation Date		The proposed effective date of rate revision implementation.	01/01/2025
Rate Filing Requirements	215 ILCS 5/355	<p>The Federal Patient Protection and Affordable Care Act (PPACA) has established premium reporting and review processes for all health insurance issuers. The Rate Data Collection Form is available on the Department's web site. The revised Actuarial Memorandum requirements are found in the "Actuarial Memorandum" section of this checklist.</p> <p>Rates must be submitted in a separate SERFF filing from policy forms.</p>	SERFF Supporting Documentation
Rate Filing Submission		Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	SERFF and Web Portal
TOI (Type of Insurance)		<p>A health insurance issuer offering any group or individual health insurance coverage, including managed care and HMO plans (regardless of whether the plans are grandfathered or non-grandfathered) must submit all new rate filings and rate revisions for review.</p> <p>Inserted directly below is a link to SERFF's Website for the TOI's required.</p> <p>http://www.serff.com/documents/index_ppaca_tois.pdf</p>	HOrg02G Group Health Organizations - HMO
Federal Unified Rate Review Templates		<p>Parts I and III must be submitted with each filing. Parts I and III are required to be completed and Submitted for all rate increases the issuer has in a state. Link to the Rate Review Templates:</p> <p>https://www.qhpcertification.cms.gov/s/Unified%20Rate%20Review</p>	SERFF URRT
Rate Data Collection Form		<p>The filing must contain an Excel spreadsheet (.xls or .xlsx format), along with a PDF version of the spreadsheet, according to format found at http://www2.illinois.gov/sites/Insurance/Companies/Documents/Experience.xlsx</p>	SERFF Supporting Documentation

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Actuarial Memorandum		<p>The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information and an explanation of the rationale for the requested rate action, as well as other relevant information. The small group or individual Actuarial Memorandum requirements checklist must be completed for each filing.</p> <p>Small Group Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistSmallGroup.pdf</p> <p>Individual Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistIndividual.pdf</p>	SERFF Supporting Documentation
Actuarial Certification		The Actuarial Certification must be completed for all filings. http://www2.illinois.gov/sites/Insurance/Companies/documents/ActuarialCertificationForRateFilings.pdf	SERFF Supporting Documentation
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	SERFF Supporting Documentation
HHS Rate Data Requirements		Data required to be entered in the Rate Review Detail tab in SERFF must be complete and accurate. DOI does not require all of this data for rate review but HHS reviews the data contained in this section for accuracy.	SERFF Rate/Rule Schedule
Public Access	215 ILCS 5/404	In order to maintain confidentiality, the Actuarial Memorandum should be attached in the Supporting Documentations Tab. It should be attached separately from any other attachments. Also, it is necessary to name them as Actuarial Memorandums to assist DOI in recognizing the type of document that is being attached.	SERFF Supporting Documentation
Have you included the following forms?		<ol style="list-style-type: none"> 1. Federal Unified Rate Review Template 2. Rate Data Collection Form 3. Actuarial Memorandum 4. Actuarial Certification 	Yes

Request to Maintain Data as Trade Secret Information

SERFF Tracking ID: PHPI-134100054

Quartz Health Insurance Corporation considers the following sections containing actuarial information and rates in this filing, SERFF Tracking ID PHPI-134100054, to constitute a trade secret now and after they become public under the provisions of PPACA. The actuarial information and rates contained in this filing are confidential and proprietary information. Disclosure of the documents in this filing will cause a competitive disadvantage. Therefore, we ask that you maintain the confidentiality of the following materials as permitted by Illinois Statute 5 ILCS 140/7.

- All SERFF related fields
- Actuarial Memorandum and Certification
- Manual Rate Development
- Rate Data Collection Form
- Rate Tables Template
- URRT



06/04/2024

State of Illinois – Department of Insurance
320 West Washington Street
Springfield, IL 62767

To whom it may concern:

This filing is for the Small Group PPACA market in the state of Illinois with an effective date of 01/01/2025. This is an annual filing for Quartz Health Insurance Corporation in the small group market in Illinois. Quartz entered the small group market in Illinois in 2019 under Gundersen Health Plans, Inc. (Gundersen).

The policy form number is QA01199 and the SERFF Tracking ID of the rate filing is: PHPI-134100054.

Per Illinois statute 215 ILCS 5/404 we request that this filing be kept confidential from public access. Our confidentiality request includes all SERFF related fields, the Actuarial Memorandum, the Rate Data Collection Form, and the Rate Manual Factors.

If you have any questions or need any additional information, please feel free to reach out to me at (608) 658-8274 or by email at Bradlee.Wienholtz@quartzbenefits.com

Sincerely,

A handwritten signature in black ink that reads "Bradlee Wienholtz".

Bradlee Wienholtz, ASA, MAAA
Senior Actuarial Analyst

Quartz Health Benefit Plans Corporation

HIOS-85773

Platinum Plans

Platinum P501

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Platinum**

HSA/HRA Options			Tiered Network Option		
HSA/HRA Employer Contribution?	<input type="checkbox"/>		Tiered Network Plan?	<input type="checkbox"/>	
Annual Contribution Amount:			3rd Tier Utilization:		2nd Tier Utilization:

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

[Click Here for important instructions](#)

Type of Benefit	Tier 1			Tier 2			Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. M/R/UD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		50%	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high cost)	<input type="checkbox"/>	<input type="checkbox"/>		90%	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Chasing an IP Copay?

Days (1-30):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-30):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-30):

Plan Description:
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 90.48%

Metal Tier: Platinum

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

Calculation Time: 0.1094 seconds

Final 2025 AV Calculator

Platinum P502

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Platinum**

HSA/HRA Options			Tiered Network Option		
HSA/HRA Employer Contribution?	<input type="checkbox"/>		Tiered Network Plan?	<input type="checkbox"/>	
Annual Contribution Amount:			3rd Tier Utilization:		2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00			
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%			
MOOP (\$)	\$1,400.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1			Tier 2			Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. M/R/UD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$74.46	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Chasing an IP Copay?

Days (1-30):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-30):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-30):

Plan Description:
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 91.89%

Metal Tier: Platinum

Additional Notes: NOTE: Office-visit specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1055 seconds

Final 2025 AV Calculator

Platinum P503

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Platinum**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%			
MOOP (\$)	\$1,500.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHI/SLUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>		\$25.00	<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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$7.38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$39.79	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:
 Name: Platinum
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actual Value: 91.46%

Metal Tier: Platinum

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1055 seconds

Final 2025 AV Calculator

Platinum P504

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Platinum**

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

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

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Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHI/SLUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$2,500.00	<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"/>		\$40.00	<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$7.38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$39.79	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$74.45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:
 Name: Platinum
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actual Value: 91.38%

Metal Tier: Platinum

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

Calculation Time: 0.1367 seconds

Final 2025 AV Calculator

Gold Plans

Gold G401

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Gold**

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%			
MOOP (\$)	\$6,300.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		50%	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. High-Cost)	<input type="checkbox"/>	<input type="checkbox"/>		50%	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-30):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-30):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-30):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 80.25%

Metal Tier: Gold

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1133 seconds

Final 2025 AV Calculator

Gold G402

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Gold**

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%			
MOOP (\$)	\$5,000.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$148.93	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. High-Cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-30):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-30):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-30):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 81.67%

Metal Tier: Gold

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1338 seconds

Final 2025 AV Calculator

Gold G403

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate MDDP for Medical and Drug Spending?
 Indicate if Plan Meets CBR or Expanded Bronze AV Standard?

HSA/HRA Options
 HSA/HRA Employer Contribution?
 Annual Contribution Amount:

Tiered Network Option
 Tiered Network Plan?
 1st Tier Utilization:
 2nd Tier Utilization:

Cost

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,750.00	\$0.00				
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%				
MDDP (\$)	\$2,750.00					
MDDP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?			
Medical	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MIM/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$148.91	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Plan Description:
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Name:
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID:
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	Insurer HIOS ID:
Begin Primary Care Deductible/Coinsurance After a Set Number of Visits?	<input type="checkbox"/>	AVC Version: 2025_1a
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	

Output

Status/Error Message: Calculation Successful.
 Actual Value: 80.15%
 Metal Tier: Gold

Additional Notes:
 Calculation Time: 0.2812 seconds
 Final 2025 AV Calculator

Gold G404

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate MDDP for Medical and Drug Spending?
 Indicate if Plan Meets CBR or Expanded Bronze AV Standard?

HSA/HRA Options
 HSA/HRA Employer Contribution?
 Annual Contribution Amount:

Tiered Network Option
 Tiered Network Plan?
 1st Tier Utilization:
 2nd Tier Utilization:

Cost

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00				
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%				
MDDP (\$)	\$8,000.00					
MDDP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?			
Medical	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MIM/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$4,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		50%	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high cost)	<input type="checkbox"/>	<input type="checkbox"/>		50%	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Plan Description:
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Name:
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID:
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	Insurer HIOS ID:
Begin Primary Care Deductible/Coinsurance After a Set Number of Visits?	<input type="checkbox"/>	AVC Version: 2025_1a
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	

Output

Status/Error Message: Calculation Successful.
 Actual Value: 81.96%
 Metal Tier: Gold
 NOTE: Office-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.1875 seconds
 Final 2025 AV Calculator

Gold G405

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Gold**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,670.00			
Coinsurance (%; Insurer's Cost Share)			80.00%			
MOOP (\$)			\$5,000.00			
MOOP if Separate (\$)						

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	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SLD)	<input checked="" type="checkbox"/>	<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"/>			<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<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"/>			<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<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"/>			<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"/>			<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actual Value: 80.32%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1094 seconds
 Final 2025 AV Calculator

Gold G406

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Gold**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,300.00			
Coinsurance (%; Insurer's Cost Share)			80.00%			
MOOP (\$)			\$8,300.00			
MOOP if Separate (\$)						

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	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SLD)	<input checked="" type="checkbox"/>	<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"/>			<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<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"/>			<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<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"/>			<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"/>			<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actual Value: 80.32%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.3008 seconds
 Final 2025 AV Calculator

SILVER PLANS

Silver S301

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,750.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%				
MOOP (\$)	\$8,000.00					
MOOP if Separate (\$)						

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHS/LOS)	<input checked="" type="checkbox"/>	<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"/>			<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<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"/>			<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<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"/>			<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"/>			<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$7.38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$14.71	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		50%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		40%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-30):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.86%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1211 seconds

Final 2025 AV Calculator

Silver S302

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,750.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%				
MOOP (\$)	\$9,000.00					
MOOP if Separate (\$)						

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHS/LOS)	<input checked="" type="checkbox"/>	<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"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$75.00	<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"/>			<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<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"/>			<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"/>			<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$14.76	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$29.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$148.91	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-30):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.47%

Metal Tier: Silver

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1289 seconds

Final 2025 AV Calculator

Silver S303

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Silver**

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%			
MOOP (\$)	\$8,500.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$14.76	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$69.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		50%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		40%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: _____

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10): _____

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10): _____

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10): _____

Plan Description:

Name: _____

Plan HIOS ID: _____

Issuer HIOS ID: _____

AVC Version: 2025_1a

Output:

Status/Error Messages: Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.

Actual Value: 69.89%

Metal Tier: Silver-Off-Exchange and Small Group Market

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1484 seconds

Final 2025 AV Calculator

Silver S304

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Silver**

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,500.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%			
MOOP (\$)	\$7,200.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$54.72	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$348.91	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: _____

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10): _____

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10): _____

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10): _____

Plan Description:

Name: _____

Plan HIOS ID: _____

Issuer HIOS ID: _____

AVC Version: 2025_1a

Output:

Status/Error Messages: Calculation Successful.

Actual Value: 70.16%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.125 seconds

Final 2025 AV Calculator

Silver S305

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MDDP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Silver**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$7,000.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%				
MDDP (\$)	\$8,000.00					
MDDP if Separate (\$)						

Type of Benefit	Tier 1				Tier 2				Tier 3	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	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHI/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery (Physician/Surgical Services)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$14.76	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$59.65	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		50%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e., high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		80%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: _____

Set a Maximum Number of Days for Charging an Rx Copay?

Days (1-30): _____

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-30): _____

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-30): _____

Plan Description: Name: _____

Plan HIOS ID: _____

Issue HIOS ID: _____

AVC Version: 2025_1a

Output

Calculate

Status/Error Message: Standard On-Exchange Individual Silver Plans must meet a (0, +2) percent de minimis range. Calculation Successful.

Actual Value: 69.6%

Metal Tier: Silver Off-Exchange and Small Group Market

Additional Notes: NOTE: Office visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.3281 seconds

Final 2025 AV Calculator

Silver S306

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MDDP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Silver**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)						
Coinsurance (%; Insurer's Cost Share)			100.00%			
MDDP (\$)			\$5,250.00			
MDDP if Separate (\$)						

Type of Benefit	Tier 1				Tier 2				Tier 3	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	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHI/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery (Physician/Surgical Services)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e., high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: _____

Set a Maximum Number of Days for Charging an Rx Copay?

Days (1-30): _____

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-30): _____

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-30): _____

Plan Description: Name: _____

Plan HIOS ID: _____

Issue HIOS ID: _____

AVC Version: 2025_1a

Output

Calculate

Status/Error Message: Calculation Successful.

Actual Value: 70.90%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.3303 seconds

Final 2025 AV Calculator

Silver S307

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MDOF for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Silver**

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.

Actual Value: 69.47%

Metal Tier: Silver Off-Exchange and Small Group Market

Additional Notes:

Calculation Time: 0.3359 seconds

Final 2025 AV Calculator

Silver S330

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MDOF for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Silver**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00				
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%				
MDOF (\$)			\$9,000.00			
MDOF if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$14.76	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$69.68	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		50%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e., high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		60%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actual Value: 70.09%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1133 seconds

Final 2025 AV Calculator

BRONZE PLANS

Bronze B201

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

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

Desired Metal Tier: Bronze

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$8,100.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%				
MCOOP (\$)		\$9,200.00				
MCOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				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	Yes	Copy applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. Mx/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.34	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$99.47	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$147.45	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	
Specify Rx Coinsurance Maximum:		
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	
Specify # Days (1-30):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
Specify # Visits (1-30):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
Specify # Copays (1-30):		

Plan Description:
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Status/Error Messages:
 Actual Value: Expanded Bronze Standard (SRN to 65N), Calculation Successful.
 Metal Tier: Bronze
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.418 seconds
 Final 2025-AV Calculator

Bronze B202

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

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

Desired Metal Tier: Bronze

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$7,200.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)		100.00%				
MCOOP (\$)		\$7,200.00				
MCOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				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	Yes	Copy applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. Mx/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	
Specify Rx Coinsurance Maximum:		
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	
Specify # Days (1-30):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
Specify # Visits (1-30):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
Specify # Copays (1-30):		

Plan Description:
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Status/Error Messages:
 Actual Value: Expanded Bronze Standard (SRN to 65N), Calculation Successful.
 Metal Tier: Bronze
 Additional Notes:

Calculation Time: 0.332 seconds
 Final 2025-AV Calculator

Bronze B203

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Bronze**

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$4,700.00			
Coinsurance (% Insurer's Cost Share)		70.00%			
MOOP (\$)		\$7,900.00			
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value: 64.93%

Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1289 seconds

Final 2025 AV Calculator

Bronze B220

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Bronze**

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$9,000.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%			
MOOP (\$)	\$9,000.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				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	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 61.36%

Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1914 seconds

Final 2025 AV Calculator

Company Name Quartz Health Insurance Corporation

SERFF Filing Number PHPI-134100054

I, Bradlee Wienholtz, am a member of the American Academy of Actuaries and meet the Academy qualification standards to prepare this rate filing. I certify that:

1. The index rate was calculated appropriately and in compliance with applicable laws and actuarial standards of practice;
2. The plan level rates were developed using the index rate and only adjusted for allowable factors;
3. The standard Actuarial Value calculator was used to determine the metal Actuarial Value for each plan, or if an alternate methodology was used, the methodology is consistent with the Actuarial Value calculator;
4. The geographic factors reflect only differences in the costs of delivery (including both unit costs and provider practice patterns) and do not reflect differences in morbidity;
5. The proposed rates were developed in compliance with applicable Federal regulations;
6. The filing has been prepared in compliance with Actuarial Standards of Practice 8, 26, 31, and 41.

I understand that any intentional material misstatements may result in disciplinary action.

Printed Name Bradlee Wienholtz

Signature Bradlee Wienholtz

Title Senior Actuarial Analyst

Date 6/4/2024