

State: Illinois **Filing Company:** Quartz Health Benefit Plans Corporation
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
 - HMO
Product Name: 2025 QHBPC Small Group Product One and Product Two
Project Name/Number: /

Filing at a Glance

Company: Quartz Health Benefit Plans Corporation
 Product Name: 2025 QHBPC Small Group Product One and Product Two
 State: Illinois
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
 Sub-TOI: HOrg02G.004F Small Group Only - HMO
 Filing Type: Rate
 Date Submitted: 06/04/2024
 SERFF Tr Num: UYHI-134100031
 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:
 UYHI-134027122- Form Filing

State: Illinois
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Filing Company: Quartz Health Benefit Plans Corporation
Product Name: 2025 QHBPC Small Group Product One and Product Two
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General Information

Project Name: Status of Filing in Domicile: Pending
 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.004F Small Group Only - HMO
 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 numbers are QA01034 and QA01035.

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 Benefit Plans Corporation	CoCode: 95796	State of Domicile: Wisconsin
2650 Novation Parkway	Group Code: 4870	Company Type: Health Insurance
Fitchburg, WI 53703	Group Name:	State ID Number: 95796
(608) 643-1401 ext. [Phone]	FEIN Number: 39-1450766	

State: Illinois **Filing Company:** Quartz Health Benefit Plans Corporation
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

UYHI-134100031

State Tracking #:

Company Tracking #:

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 10.530%
Effective Date of Last Rate Revision: 01/01/2024
Filing Method of Last Filing: SERFF
SERFF Tracking Number of Last Filing: UYHI-133676001

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 Benefit Plans Corporation	Increase	11.640%	11.640%	\$423,370	500	\$3,637,205	16.920%	7.990%

SERFF Tracking #:

UYHI-134100031

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

Quartz Health Benefit Plans Corporation

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

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2025 QHBPC Small Group Product One and Product Two

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/

URRT

State Determination

Review Status:

Incomplete

SERFF Tracking #:

UYHI-134100031

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

Quartz Health Benefit Plans Corporation

TOI/Sub-TOI:

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

Product Name:

2025 QHBPC Small Group Product One and Product Two

Project Name/Number:

/

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	<i>Illinois_Q1_2025_Small_Group_ACA_Memo_Combined_REDACTED.pdf</i>
Consumer Justification Narrative	<i>ProposedPreliminaryPartIIJustification__SmallGroup_ProductOne.pdf</i>



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

1) General Information

Company Identifying Information

Company Legal Name: Quartz Health Benefit Plans Corporation

State: Illinois

HIOS Issuer ID: 85773

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 Benefit Plans Corporation's (QHBPC) 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) and Part II Written Description Justifying the Rate Increase.

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 QHBPC 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, and policyholders who purchased a plan on the Gundersen license in 2019 were renewed on the same product offered by QHBPC beginning in 2020. In 2021, Quartz added a POS product, which is also included in this filing.

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 forms QA01034 and QA01035, and the HIOS Product Codes are 85773IL001 and 85773IL002. The HIOS Product Names are Small Group Product One and Small Group Product Two.

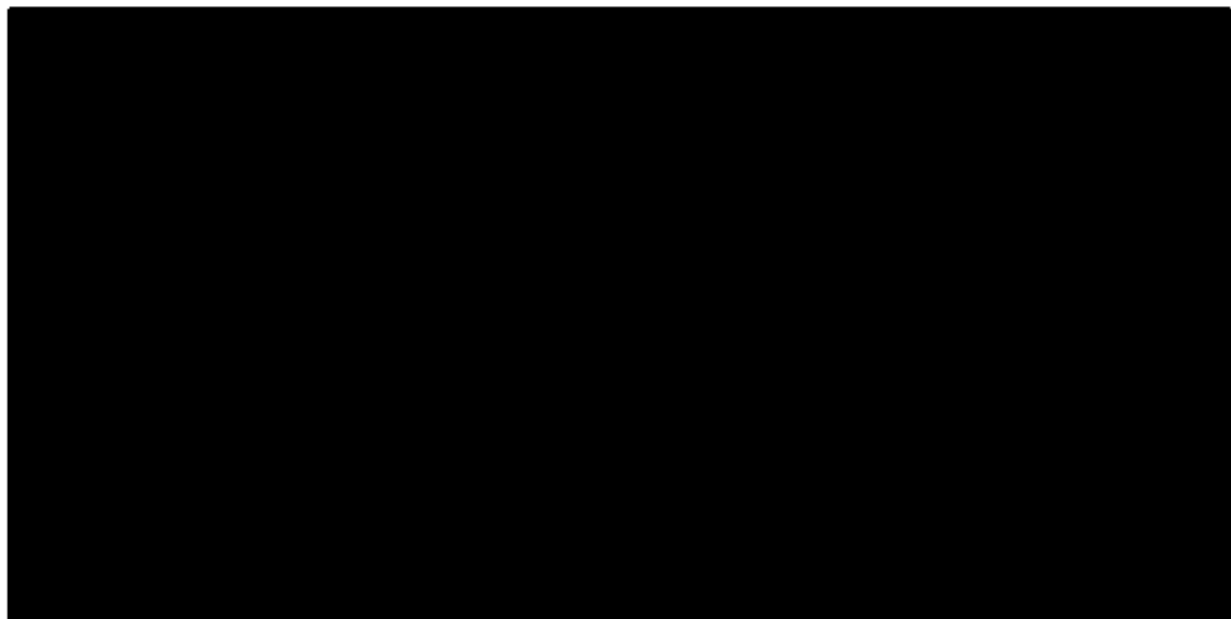
1d) Description of Benefits

These plans are issued by QHBPC as HMO and POS health policies. The major provisions of this form for each plan design can be found in Appendix A.

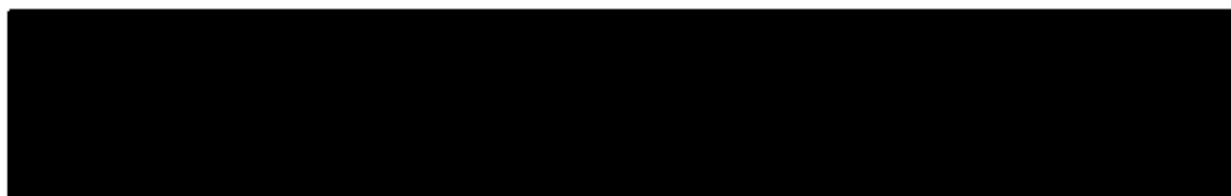
In accordance with the Health Insurance Coverage, Affordability and Cost Transparency Annual Report, 20 ILCS 1405-50, Quartz's responses to the information:

Issuer's definitions of "major service category"

The following service categories are what Quartz uses in its definition of "major service category"

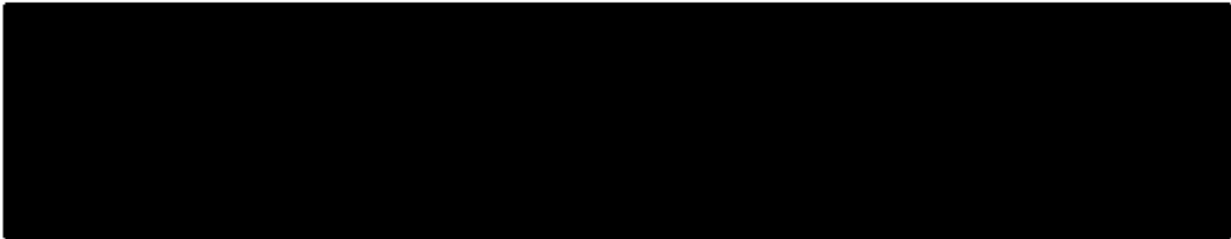


Complete description of the issuer's current and planned "health care quality improvement initiatives"

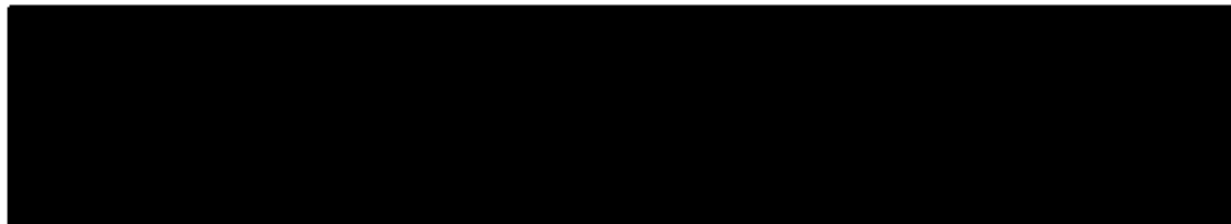




Narrative description of the issues faced by the issuer with respect to provider availability by geographic location



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



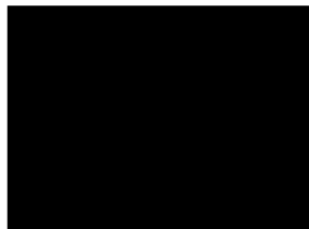
1e) Marketing Method

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 HMO coverage in Illinois in 2019. 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

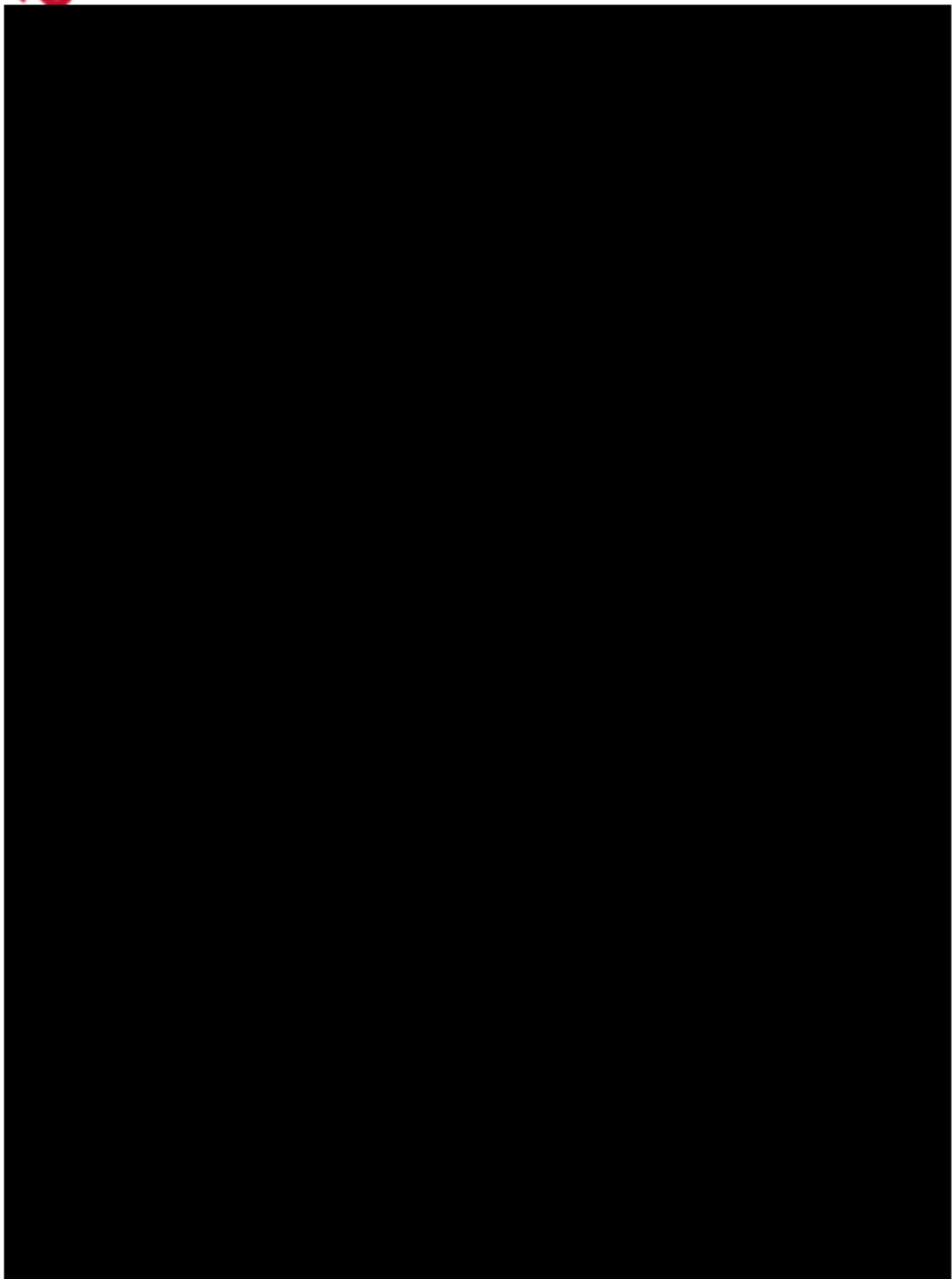
The SERFF Tracking Number of the previous small group rate filing in Illinois is UYHI-133676001.

2f) Effective Date of Prior Filing

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

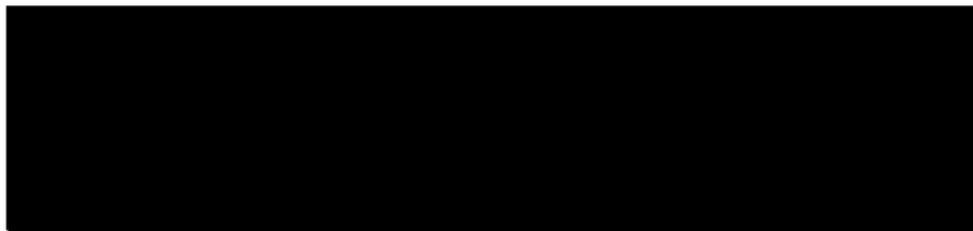
2g) Proposed Percentage Rate Change

The proposed rate change for Small Group Product One is [REDACTED]. The proposed rate change for Small Group Product Two is [REDACTED]. The plan level proposed rate changes for the current and previous rate filings are included in the table below.



2h) Reason for Rate Change

The proposed rates are based primarily on the following factors:



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] Illinois policyholders and [REDACTED] covered 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, 2019. 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 benefit type (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

[Redacted content]

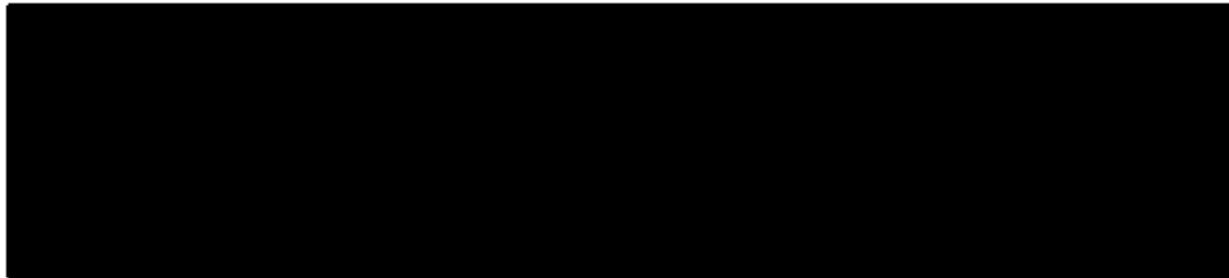
5d) Projected Changes in the Demographics of the Population Insurance

[Redacted content]

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

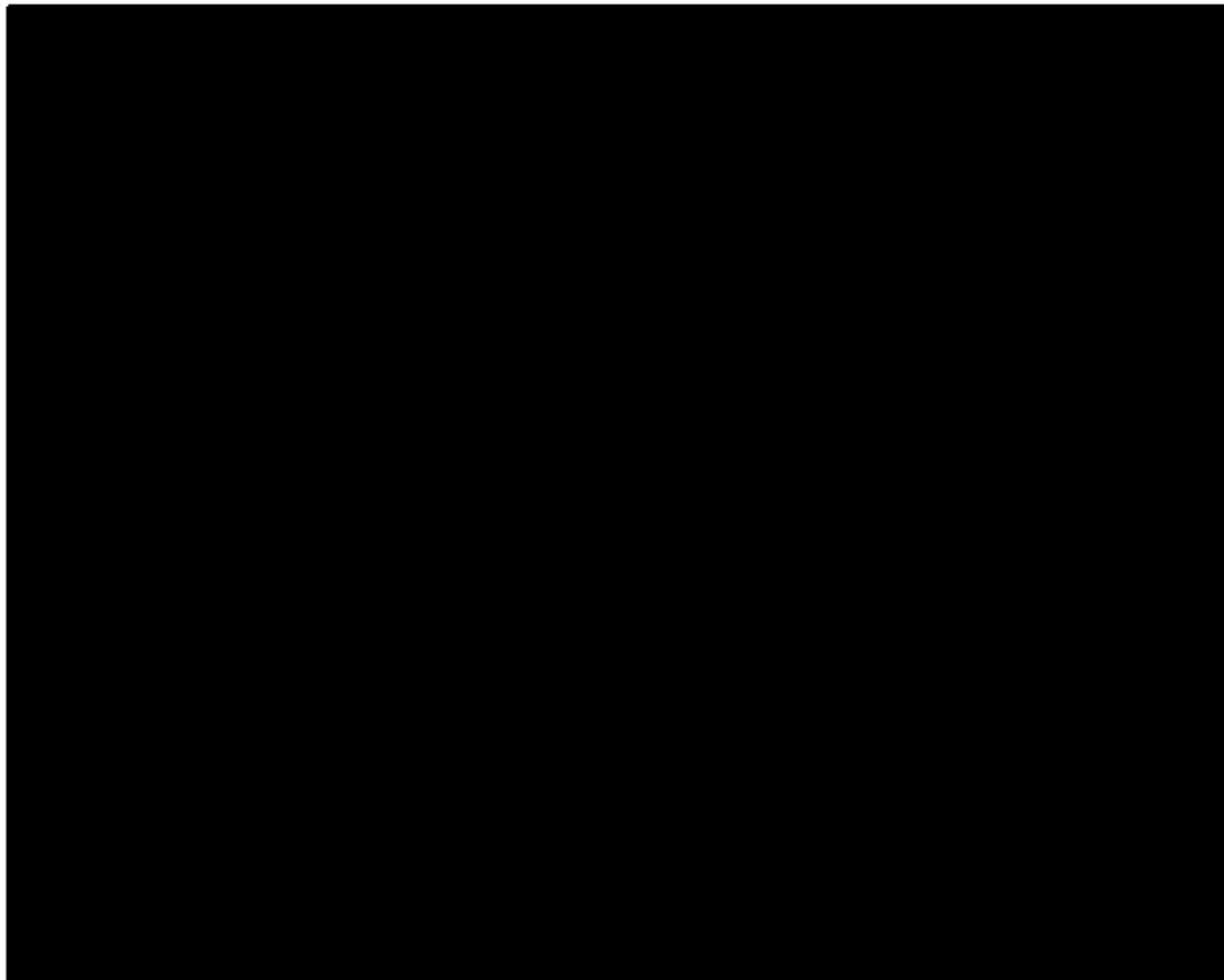


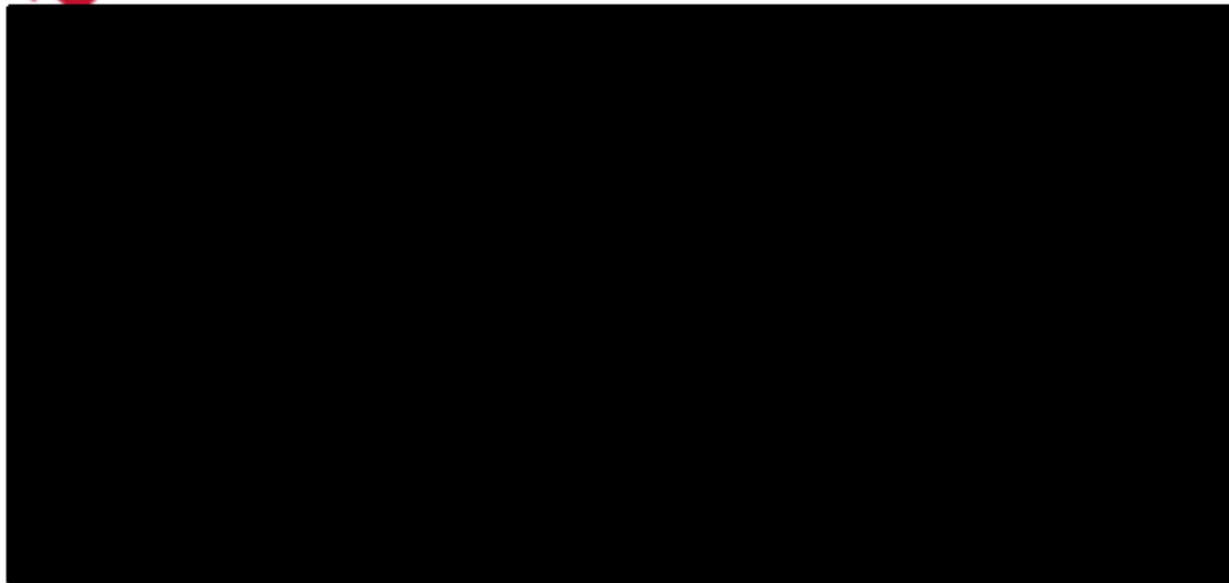
5f) Other Projected Changes



6) Credibility Manual Rate Adjustment

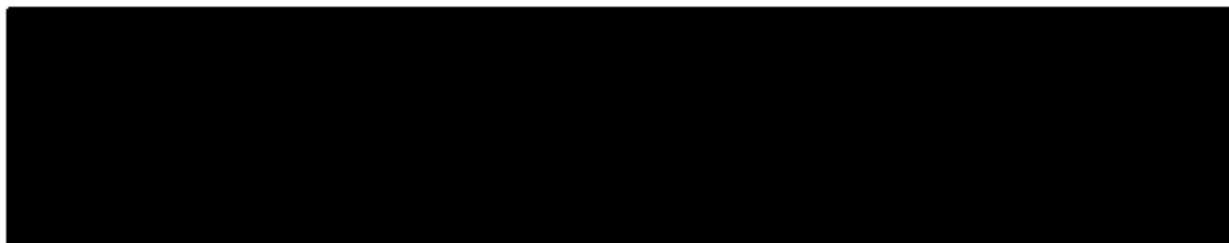
6a) Methodology Used to Develop the Credibility Manual Rate





7) **Credibility**

7a) **Credibility Methodology**



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

The 2023 Illinois experience is assigned [redacted] weighting.

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. QHBPC 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 QHBPC 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 [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]

[REDACTED] Appendix C includes the development details for the induced demand factors and the historical induced demand 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 the following benefits: \$0 Virtual Visits for Primary Care Physician (PCP), Behavioral Health (BH), and Urgent Care benefits; adding a 6th Value Tier on the Rx Benefit; and maximum Insulin cost sharing. Two HSA plans have aggregate deductibles, which also have adjustments 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 historical experience. The adjustments for plan cost sharing are derived from QHBPC 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 QHBPC'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] 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] premium is for profit and risk.

c. Taxes and Fees

[REDACTED] the premium is for Premium Tax and the PCORI and the Risk Adjustment Fees both combine for [REDACTED] 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	QUARTZ ONE ACHIEVE PLUS GOLD G403 HMO - IL		
Age	Coverage Type	Q1 Premium Rate	Premium Charged
42	Parent		
20	Child		
18	Child		
16	Child		
0 - 14 & <4th Dependent	Child		
Totals	Totals		
<i>*Only the three oldest covered children under age 21 are charged premium.</i>			

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: QUARTZ ONE ACHIEVE PLUS GOLD G403 HMO - IL	
(4) Network: Quartz One Achieve Plus	
(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 2025	

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 QHBPC's small group single risk pool and the 2025 CMS age factors. The data source for



the projected population is the March 2024 enrollment for QHBPC's 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) QHBPC 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 – Two networks will be offered in 2025 [REDACTED]

Network Name	Network Factor
[REDACTED]	[REDACTED]

[REDACTED]

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

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

22) Last Five Year's RBC

	Financial Year
[REDACTED]	[REDACTED]

23) Federal Medical Loss Ratio Requirements



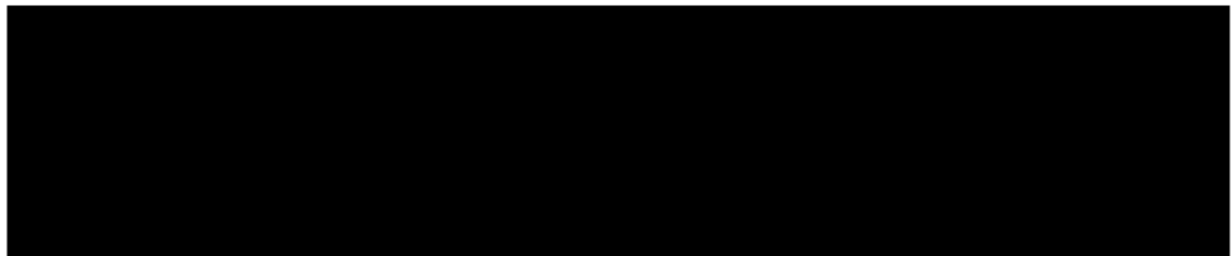
23a) Projected Federal MLR

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,



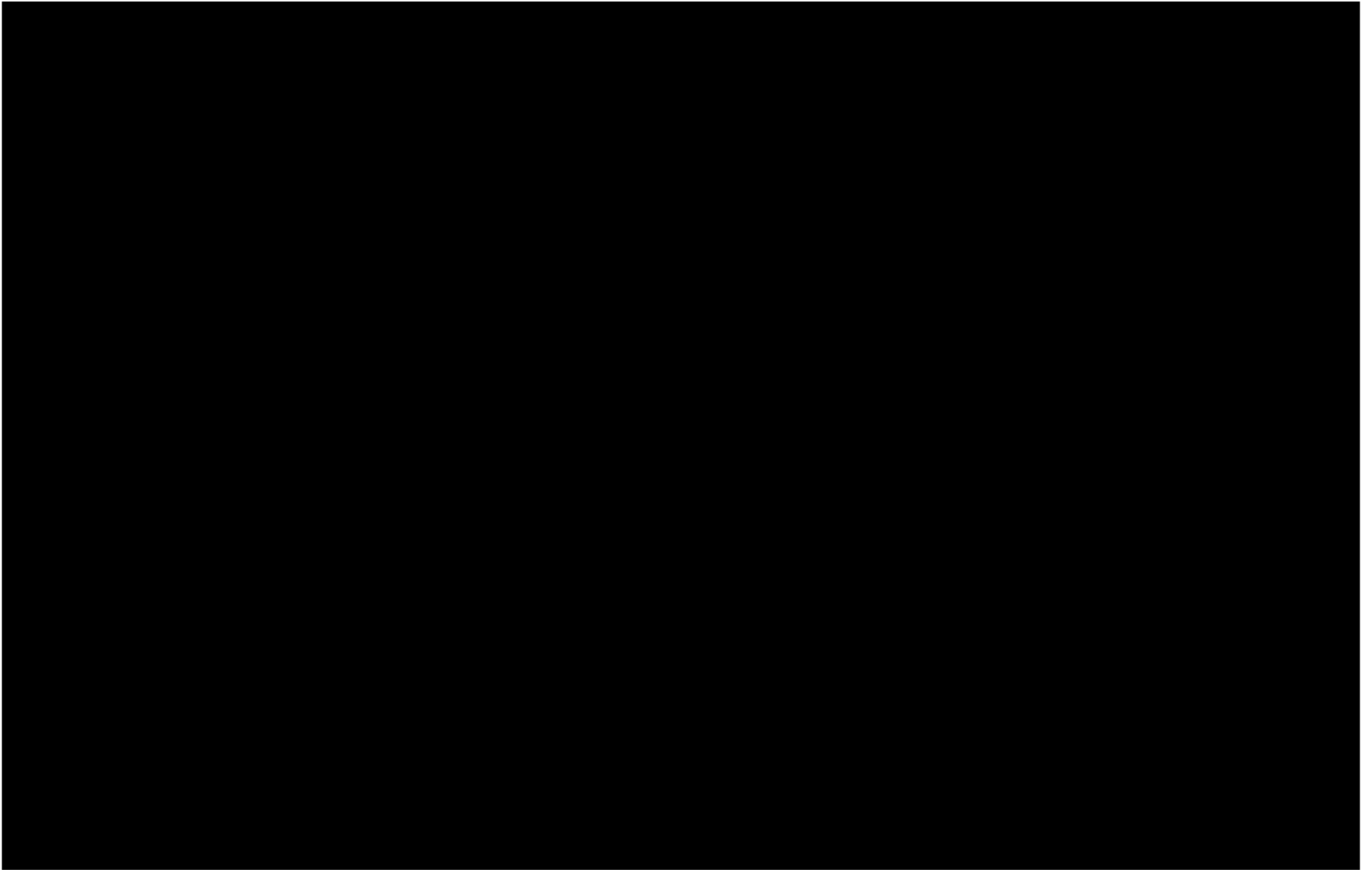
- The methodology used to calculate the AV Metal Value for each plan complies with federal regulations,
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area,
- The entire rate filing, including development 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.

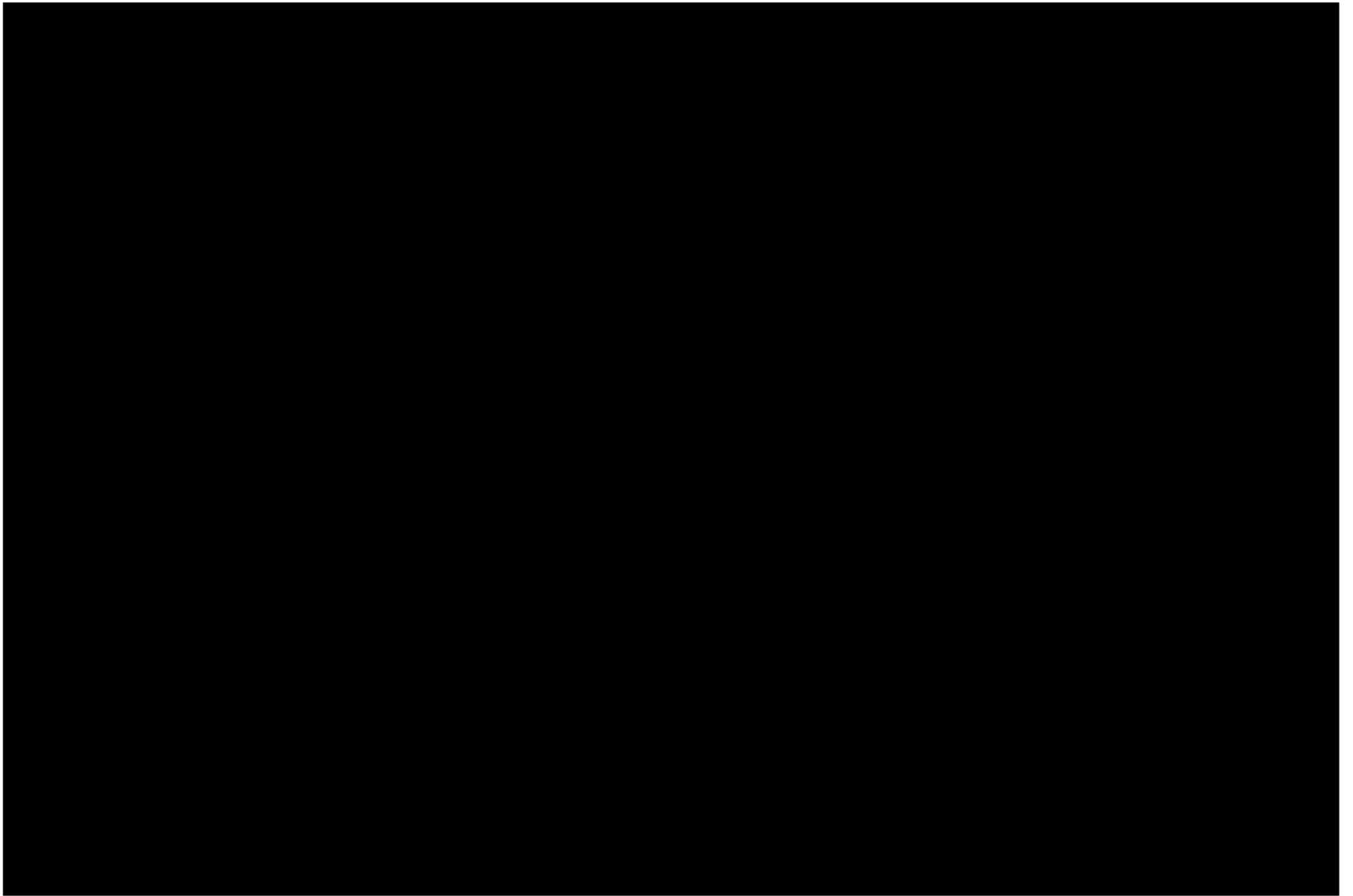
I certify that, to the best of my knowledge and judgment:

- This filing is intended to support Quartz Health Benefit Plans 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 Benefit Plans 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

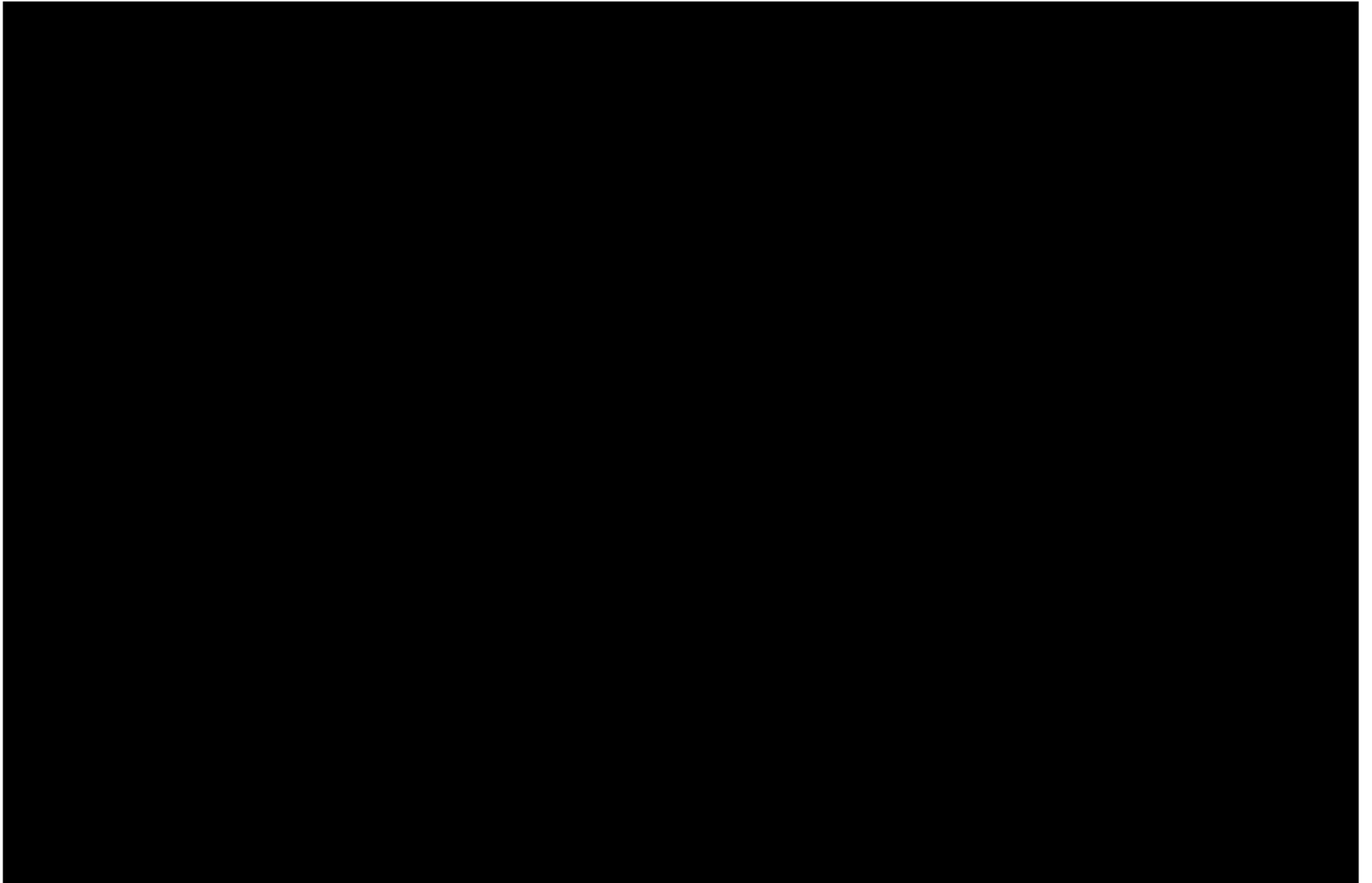






Appendix B

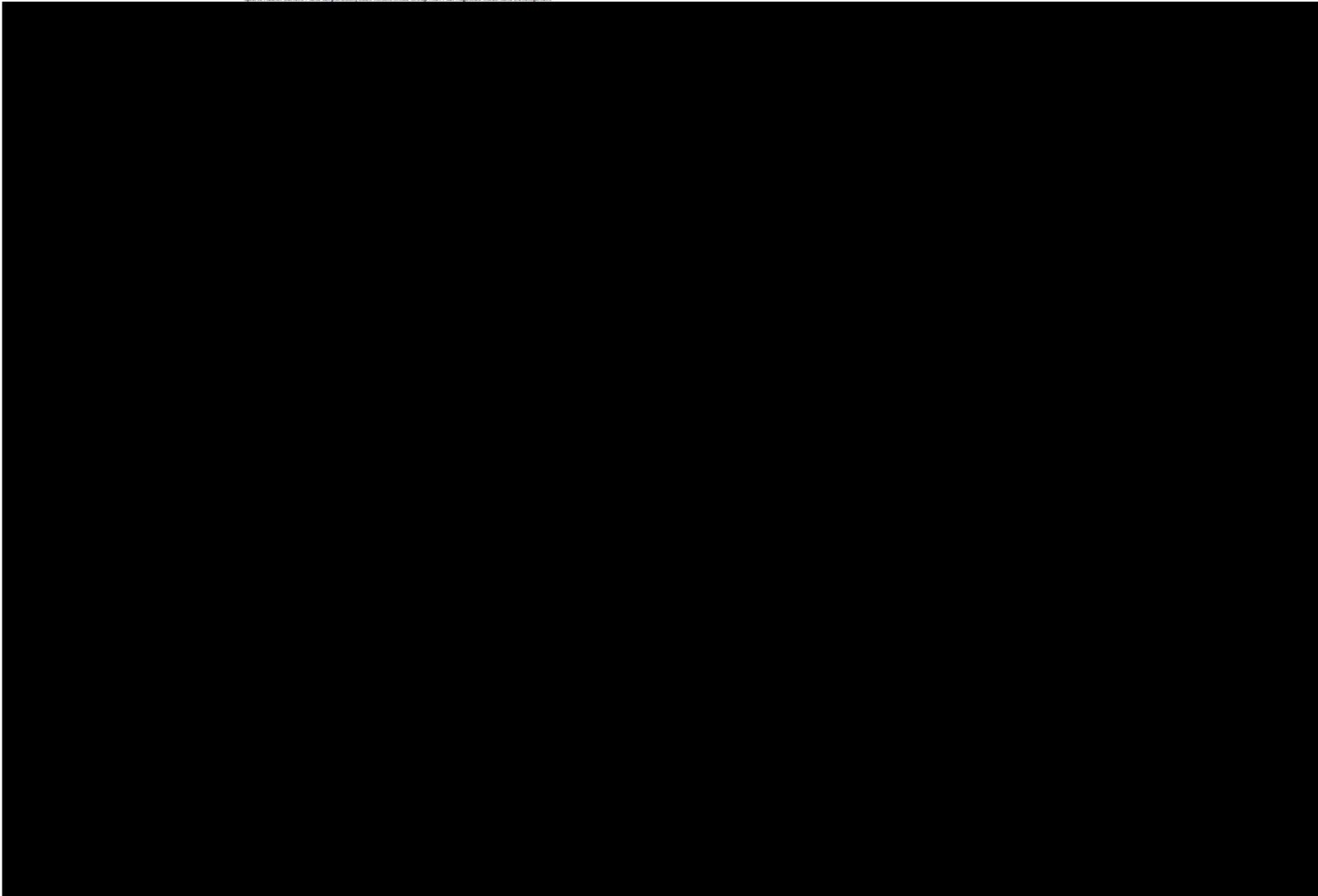
Quartz Health Benefit Plans Corporation, 2025 Illinois Small Group ACA Manual Rate Development





Appendix C

Qara's Health Benefit Plan 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 Benefit Plans 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 Benefit Plans 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 Benefit Plans 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

5/29/2024

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 Benefit Plans 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 Benefit Plans 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 Benefit Plans 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





Proposed Preliminary Part II Justification Language

Company Legal Name: Quartz Health Benefit Plans Corporation

State: Illinois

HIOS Issuer ID: 85773

Market: Small Group

Product: Small Group Product One

Effective Date: January 1, 2025 through December 31, 2025

Part II – Preliminary Justification

This justification is intended to comply with the requirements of Section 2794 of the Public Health Service Act as added by Section 1003 of the Patient Protection and Affordable Care Act. This justification may not be appropriate for purposes or scopes beyond those described above and, therefore, should not be used for other purposes.

Scope and Range of Rate Increase

Quartz Health Benefit Plans Corporation (Quartz) is requesting an average rate increase of 11.69%. Quartz members would receive premium increases ranging from 8.97% - 16.92%, depending on their plan selection. As of March 2024, there are 500 individuals that will be impacted by this increase. Additionally, premium rates may change for individual contracts by an amount outside of the filed rates due to changes occurring at the contract level. These contract level changes may include changes in various characteristics, such as age, benefit plan, and tobacco user status.

Financial Experience of the Product

For the experience period, this product had a loss ratio of 94.04%. The proposed rate increase is needed in order to maintain a target projected loss ratio of 84.97%. Please note that this MLR calculation is purely an estimate and not meant to be a true measure for purpose of calculating the Federal or State MLR rebates. The products contained in this filing represent only a subset of Quartz's Small Group business.

Changes in Medical Service Costs

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.

Changes in Benefits



Quartz has made some minor cost sharing changes to current plan designs to maintain compliance within the federally mandated benefit ranges.

Administrative Costs and Anticipated Margins

Administrative Costs as a percentage of premium are decreasing. This has reduced the overall needed rate increase. Quartz's overall anticipated margin has remained constant, as a percent of premium, year over year and therefore not contributing to the requested rate increase.

SERFF Tracking #:

UYHI-134100031

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

Quartz Health Benefit Plans Corporation

TOI/Sub-TOI:

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

Product Name:

2025 QHBPC Small Group Product One and Product Two

Project Name/Number:

/

Supporting Document Schedules

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

Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	ActuarialCertificationForRateFilings_2025_HMO.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Data Collection Form
Comments:	
Attachment(s):	2025_Rate_Data_Collection_Form_HMO_POS.xls
Item Status:	
Status Date:	

Satisfied - Item:	Rate Tables
Comments:	
Attachment(s):	PY2025RatesTableTemplate_85773_v2.xls HMO_POS_06052024.xml
Item Status:	
Status Date:	

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

Satisfied - Item:	Business Rules
Comments:	
Attachment(s):	PY2025BusinessRulesTemplate_IL SG 85773.xls PY2025BusinessRulesTemplate_IL SG 85773.xml

SERFF Tracking #:

UYHI-134100031

State Tracking #:

Company Tracking #:

State: Illinois **Filing Company:** Quartz Health Benefit Plans Corporation
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: 2025 QHBPC Small Group Product One and Product Two
Project Name/Number: /

Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Cover_Letter_Q1_2025_filing_HMO.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Service Area Template xml
Comments:	
Attachment(s):	PY2025ServiceAreaTemplate_IL SG 85773.xls PY2025ServiceAreaTemplate_IL SG 85773.xml
Item Status:	
Status Date:	
Satisfied - Item:	Service Area Crosswalk
Comments:	
Attachment(s):	Service_Area_ID_Crosswalk_HMO.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Redacted Actuarial Memorandum
Comments:	
Attachment(s):	Illinois_Q1_2025_Small_Group_ACA_Memo_Combined_REDACTED.pdf
Item Status:	
Status Date:	
Satisfied - Item:	AV Calculator Screenshots
Comments:	
Attachment(s):	AV Calculator Screenshots IL 2025_SG_HMO.pdf AV Calculator Screenshots IL 2025_SG_Perf.pdf AV Calculator Screenshots IL 2025_SG_POS.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Proposed Preliminary Part II Justification
Comments:	

SERFF Tracking #:

UYHI-134100031

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

Quartz Health Benefit Plans Corporation

TOI/Sub-TOI:

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

Product Name:

2025 QHBPC Small Group Product One and Product Two

Project Name/Number:

/

Attachment(s):	ProposedPreliminaryPartIIJustification__SmallGroup_ProductOne.pdf
Item Status:	
Status Date:	

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

State:

Illinois

Filing Company:

Quartz Health Benefit Plans Corporation

TOI/Sub-TOI:

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

Product Name:

2025 QHBPC Small Group Product One and Product Two

Project Name/Number:

/

Attachment 2025_Rate_Data_Collection_Form_HMO_POS.xls is not a PDF document and cannot be reproduced here.

Attachment PY2025RatesTableTemplate_85773_v2.xls is not a PDF document and cannot be reproduced here.

Attachment HMO_POS_06052024.xml is not a PDF document and cannot be reproduced here.

Attachment PY2025BusinessRulesTemplate_IL SG 85773.xls is not a PDF document and cannot be reproduced here.

Attachment PY2025BusinessRulesTemplate_IL SG 85773.xml is not a PDF document and cannot be reproduced here.

Attachment PY2025ServiceAreaTemplate_IL SG 85773.xls is not a PDF document and cannot be reproduced here.

Attachment PY2025ServiceAreaTemplate_IL SG 85773.xml is not a PDF document and cannot be reproduced here.

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

Attachment CB2024-11-public-rate-filing-summary_QHBPC.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*	85773			
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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85773IL0010092	Rating Area 5	No Preference	60	1193.68
85773IL0010092	Rating Area 5	No Preference	61	1235.90
85773IL0010092	Rating Area 5	No Preference	62	1263.61
85773IL0010092	Rating Area 5	No Preference	63	1298.36
85773IL0010092	Rating Area 5	No Preference	64 and over	1319.47
85773IL0020020	Rating Area 5	No Preference	0-14	536.09
85773IL0020020	Rating Area 5	No Preference	15	583.74

85773IL0020020	Rating Area 5	No Preference	16	601.96
85773IL0020020	Rating Area 5	No Preference	17	620.18
85773IL0020020	Rating Area 5	No Preference	18	639.80
85773IL0020020	Rating Area 5	No Preference	19	659.42
85773IL0020020	Rating Area 5	No Preference	20	679.74
85773IL0020020	Rating Area 5	No Preference	21	700.77
85773IL0020020	Rating Area 5	No Preference	22	700.77
85773IL0020020	Rating Area 5	No Preference	23	700.77
85773IL0020020	Rating Area 5	No Preference	24	700.77
85773IL0020020	Rating Area 5	No Preference	25	703.57
85773IL0020020	Rating Area 5	No Preference	26	717.59
85773IL0020020	Rating Area 5	No Preference	27	734.40
85773IL0020020	Rating Area 5	No Preference	28	761.73
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85773IL0020020	Rating Area 5	No Preference	30	795.37
85773IL0020020	Rating Area 5	No Preference	31	812.19
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85773IL0020020	Rating Area 5	No Preference	33	839.52
85773IL0020020	Rating Area 5	No Preference	34	850.73
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85773IL0020020	Rating Area 5	No Preference	36	861.94
85773IL0020020	Rating Area 5	No Preference	37	867.55
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85773IL0020020	Rating Area 5	No Preference	39	884.37
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85773IL0020020	Rating Area 5	No Preference	41	912.40
85773IL0020020	Rating Area 5	No Preference	42	928.52
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85773IL0020020	Rating Area 5	No Preference	45	1011.91
85773IL0020020	Rating Area 5	No Preference	46	1051.15
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85773IL0020020	Rating Area 5	No Preference	48	1145.76
85773IL0020020	Rating Area 5	No Preference	49	1195.51
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85773IL0020020	Rating Area 5	No Preference	51	1306.93
85773IL0020020	Rating Area 5	No Preference	52	1367.90
85773IL0020020	Rating Area 5	No Preference	53	1429.57
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85773IL0020020	Rating Area 5	No Preference	56	1634.89
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85773IL0020021	Rating Area 5	No Preference	57	1696.36
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85773IL0020021	Rating Area 5	No Preference	63	2054.84
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85773IL0020032	Rating Area 5	No Preference	23	450.29
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85773IL0020040	Rating Area 5	No Preference	63	1079.58
85773IL0020040	Rating Area 5	No Preference	64 and over	1097.13

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*	85773			
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
85773IL0010054	Rating Area 5	No Preference	0-14	477.78
85773IL0010054	Rating Area 5	No Preference	15	520.25
85773IL0010054	Rating Area 5	No Preference	16	536.49
85773IL0010054	Rating Area 5	No Preference	17	552.73
85773IL0010054	Rating Area 5	No Preference	18	570.21
85773IL0010054	Rating Area 5	No Preference	19	587.70
85773IL0010054	Rating Area 5	No Preference	20	605.81
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85773IL0010078	Rating Area 5	No Preference	47	720.65
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85773IL0010078	Rating Area 5	No Preference	49	786.58
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85773IL0010078	Rating Area 5	No Preference	53	940.58
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85773IL0010078	Rating Area 5	No Preference	63	1361.07
85773IL0010078	Rating Area 5	No Preference	64 and over	1383.21
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85773IL0010076	Rating Area 5	No Preference	63	1217.83
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85773IL0010080	Rating Area 5	No Preference	63	1298.31
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85773IL0010095	Rating Area 5	No Preference	52	791.72
85773IL0010095	Rating Area 5	No Preference	53	827.41
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85773IL0010095	Rating Area 5	No Preference	55	904.48
85773IL0010095	Rating Area 5	No Preference	56	946.25
85773IL0010095	Rating Area 5	No Preference	57	988.44
85773IL0010095	Rating Area 5	No Preference	58	1033.45
85773IL0010095	Rating Area 5	No Preference	59	1055.76
85773IL0010095	Rating Area 5	No Preference	60	1100.79
85773IL0010095	Rating Area 5	No Preference	61	1139.72
85773IL0010095	Rating Area 5	No Preference	62	1165.28
85773IL0010095	Rating Area 5	No Preference	63	1197.32
85773IL0010095	Rating Area 5	No Preference	64 and over	1216.78
85773IL0010092	Rating Area 5	No Preference	0-14	341.05
85773IL0010092	Rating Area 5	No Preference	15	371.37
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85773IL0010092	Rating Area 5	No Preference	20	432.45
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85773IL0010092	Rating Area 5	No Preference	59	1160.47
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85773IL0010092	Rating Area 5	No Preference	62	1280.84
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85773IL0020020	Rating Area 5	No Preference	30	806.22
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85773IL0020020	Rating Area 5	No Preference	33	850.97
85773IL0020020	Rating Area 5	No Preference	34	862.33
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85773IL0020020	Rating Area 5	No Preference	37	879.38
85773IL0020020	Rating Area 5	No Preference	38	885.07
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85773IL0020020	Rating Area 5	No Preference	40	907.79
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85773IL0020020	Rating Area 5	No Preference	51	1324.75
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85773IL0020020	Rating Area 5	No Preference	60	1927.81
85773IL0020020	Rating Area 5	No Preference	61	1996.01
85773IL0020020	Rating Area 5	No Preference	62	2040.76
85773IL0020020	Rating Area 5	No Preference	63	2096.88
85773IL0020020	Rating Area 5	No Preference	64 and over	2130.97

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85773IL0020021	Rating Area 5	No Preference	16	606.09
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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*	85773			
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
85773IL0010054	Rating Area 5	No Preference	0-14	484.30
85773IL0010054	Rating Area 5	No Preference	15	527.34
85773IL0010054	Rating Area 5	No Preference	16	543.81
85773IL0010054	Rating Area 5	No Preference	17	560.27
85773IL0010054	Rating Area 5	No Preference	18	577.99
85773IL0010054	Rating Area 5	No Preference	19	595.71
85773IL0010054	Rating Area 5	No Preference	20	614.07
85773IL0010054	Rating Area 5	No Preference	21	633.08
85773IL0010054	Rating Area 5	No Preference	22	633.08
85773IL0010054	Rating Area 5	No Preference	23	633.08
85773IL0010054	Rating Area 5	No Preference	24	633.08
85773IL0010054	Rating Area 5	No Preference	25	635.60
85773IL0010054	Rating Area 5	No Preference	26	648.25
85773IL0010054	Rating Area 5	No Preference	27	663.46
85773IL0010054	Rating Area 5	No Preference	28	688.14
85773IL0010054	Rating Area 5	No Preference	29	708.40
85773IL0010054	Rating Area 5	No Preference	30	718.53
85773IL0010054	Rating Area 5	No Preference	31	733.72
85773IL0010054	Rating Area 5	No Preference	32	748.92
85773IL0010054	Rating Area 5	No Preference	33	758.41
85773IL0010054	Rating Area 5	No Preference	34	768.54
85773IL0010054	Rating Area 5	No Preference	35	773.61
85773IL0010054	Rating Area 5	No Preference	36	778.67
85773IL0010054	Rating Area 5	No Preference	37	783.73
85773IL0010054	Rating Area 5	No Preference	38	788.80
85773IL0010054	Rating Area 5	No Preference	39	798.92
85773IL0010054	Rating Area 5	No Preference	40	809.05
85773IL0010054	Rating Area 5	No Preference	41	824.25
85773IL0010054	Rating Area 5	No Preference	42	838.80
85773IL0010054	Rating Area 5	No Preference	43	859.07
85773IL0010054	Rating Area 5	No Preference	44	884.39

85773IL0010054	Rating Area 5	No Preference	45	914.14
85773IL0010054	Rating Area 5	No Preference	46	949.59
85773IL0010054	Rating Area 5	No Preference	47	989.47
85773IL0010054	Rating Area 5	No Preference	48	1035.06
85773IL0010054	Rating Area 5	No Preference	49	1080.00
85773IL0010054	Rating Area 5	No Preference	50	1130.65
85773IL0010054	Rating Area 5	No Preference	51	1180.66
85773IL0010054	Rating Area 5	No Preference	52	1235.73
85773IL0010054	Rating Area 5	No Preference	53	1291.44
85773IL0010054	Rating Area 5	No Preference	54	1351.59
85773IL0010054	Rating Area 5	No Preference	55	1411.73
85773IL0010054	Rating Area 5	No Preference	56	1476.94
85773IL0010054	Rating Area 5	No Preference	57	1542.77
85773IL0010054	Rating Area 5	No Preference	58	1613.05
85773IL0010054	Rating Area 5	No Preference	59	1647.86
85773IL0010054	Rating Area 5	No Preference	60	1718.13
85773IL0010054	Rating Area 5	No Preference	61	1778.91
85773IL0010054	Rating Area 5	No Preference	62	1818.79
85773IL0010054	Rating Area 5	No Preference	63	1868.80
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85773IL0010055	Rating Area 5	No Preference	15	534.33
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85773IL0010055	Rating Area 5	No Preference	18	585.65
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85773IL0010055	Rating Area 5	No Preference	21	641.47
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85773IL0010055	Rating Area 5	No Preference	28	697.26
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85773IL0010055	Rating Area 5	No Preference	30	728.05
85773IL0010055	Rating Area 5	No Preference	31	743.45
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85773IL0010055	Rating Area 5	No Preference	33	768.47
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85773IL0010055	Rating Area 5	No Preference	35	783.86
85773IL0010055	Rating Area 5	No Preference	36	788.99
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85773IL0010055	Rating Area 5	No Preference	38	799.26
85773IL0010055	Rating Area 5	No Preference	39	809.51
85773IL0010055	Rating Area 5	No Preference	40	819.78
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85773IL0010055	Rating Area 5	No Preference	63	1893.58
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85773IL0010056	Rating Area 5	No Preference	15	523.04
85773IL0010056	Rating Area 5	No Preference	16	539.37
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85773IL0010057	Rating Area 5	No Preference	24	616.69
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85773IL0010057	Rating Area 5	No Preference	47	963.87
85773IL0010057	Rating Area 5	No Preference	48	1008.26
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85773IL0010057	Rating Area 5	No Preference	50	1101.39
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85773IL0010057	Rating Area 5	No Preference	57	1502.85
85773IL0010057	Rating Area 5	No Preference	58	1571.29
85773IL0010057	Rating Area 5	No Preference	59	1605.20
85773IL0010057	Rating Area 5	No Preference	60	1673.66
85773IL0010057	Rating Area 5	No Preference	61	1732.86
85773IL0010057	Rating Area 5	No Preference	62	1771.70
85773IL0010057	Rating Area 5	No Preference	63	1820.43
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85773IL0010081	Rating Area 5	No Preference	18	563.90
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85773IL0010081	Rating Area 5	No Preference	20	599.11
85773IL0010081	Rating Area 5	No Preference	21	617.65
85773IL0010081	Rating Area 5	No Preference	22	617.65
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85773IL0010081	Rating Area 5	No Preference	26	632.46
85773IL0010081	Rating Area 5	No Preference	27	647.29
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85773IL0010081	Rating Area 5	No Preference	62	1774.47
85773IL0010081	Rating Area 5	No Preference	63	1823.27
85773IL0010081	Rating Area 5	No Preference	64 and over	1852.92
85773IL0010058	Rating Area 5	No Preference	0-14	390.23
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85773IL0010058	Rating Area 5	No Preference	16	438.17
85773IL0010058	Rating Area 5	No Preference	17	451.43
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85773IL0010058	Rating Area 5	No Preference	37	631.50
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85773IL0010058	Rating Area 5	No Preference	40	651.90
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85773IL0010058	Rating Area 5	No Preference	49	870.23
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85773IL0010058	Rating Area 5	No Preference	52	995.72
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85773IL0010058	Rating Area 5	No Preference	54	1089.05
85773IL0010058	Rating Area 5	No Preference	55	1137.52
85773IL0010058	Rating Area 5	No Preference	56	1190.05
85773IL0010058	Rating Area 5	No Preference	57	1243.10
85773IL0010058	Rating Area 5	No Preference	58	1299.73
85773IL0010058	Rating Area 5	No Preference	59	1327.78
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85773IL0010058	Rating Area 5	No Preference	61	1433.36
85773IL0010058	Rating Area 5	No Preference	62	1465.51
85773IL0010058	Rating Area 5	No Preference	63	1505.81
85773IL0010058	Rating Area 5	No Preference	64 and over	1530.29
85773IL0010059	Rating Area 5	No Preference	0-14	394.95
85773IL0010059	Rating Area 5	No Preference	15	430.06
85773IL0010059	Rating Area 5	No Preference	16	443.49
85773IL0010059	Rating Area 5	No Preference	17	456.90
85773IL0010059	Rating Area 5	No Preference	18	471.36
85773IL0010059	Rating Area 5	No Preference	19	485.82
85773IL0010059	Rating Area 5	No Preference	20	500.79
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85773IL0010059	Rating Area 5	No Preference	22	516.29
85773IL0010059	Rating Area 5	No Preference	23	516.29
85773IL0010059	Rating Area 5	No Preference	24	516.29
85773IL0010059	Rating Area 5	No Preference	25	518.34
85773IL0010059	Rating Area 5	No Preference	26	528.67
85773IL0010059	Rating Area 5	No Preference	27	541.06
85773IL0010059	Rating Area 5	No Preference	28	561.19
85773IL0010059	Rating Area 5	No Preference	29	577.71
85773IL0010059	Rating Area 5	No Preference	30	585.97
85773IL0010059	Rating Area 5	No Preference	31	598.36
85773IL0010059	Rating Area 5	No Preference	32	610.76

85773IL0010059	Rating Area 5	No Preference	33	618.50
85773IL0010059	Rating Area 5	No Preference	34	626.76
85773IL0010059	Rating Area 5	No Preference	35	630.89
85773IL0010059	Rating Area 5	No Preference	36	635.02
85773IL0010059	Rating Area 5	No Preference	37	639.15
85773IL0010059	Rating Area 5	No Preference	38	643.28
85773IL0010059	Rating Area 5	No Preference	39	651.55
85773IL0010059	Rating Area 5	No Preference	40	659.81
85773IL0010059	Rating Area 5	No Preference	41	672.19
85773IL0010059	Rating Area 5	No Preference	42	684.06
85773IL0010059	Rating Area 5	No Preference	43	700.58
85773IL0010059	Rating Area 5	No Preference	44	721.23
85773IL0010059	Rating Area 5	No Preference	45	745.50
85773IL0010059	Rating Area 5	No Preference	46	774.42
85773IL0010059	Rating Area 5	No Preference	47	806.94
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85773IL0010059	Rating Area 5	No Preference	50	922.07
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85773IL0010059	Rating Area 5	No Preference	52	1007.78
85773IL0010059	Rating Area 5	No Preference	53	1053.21
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85773IL0010059	Rating Area 5	No Preference	55	1151.30
85773IL0010059	Rating Area 5	No Preference	56	1204.47
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85773IL0010076	Rating Area 5	No Preference	39	527.73
85773IL0010076	Rating Area 5	No Preference	40	534.42
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85773IL0010076	Rating Area 5	No Preference	42	554.07
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85773IL0010076	Rating Area 5	No Preference	46	627.25
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85773IL0010076	Rating Area 5	No Preference	55	932.53
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85773IL0010080	Rating Area 5	No Preference	37	551.89
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85773IL0020020	Rating Area 5	No Preference	57	1754.67
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85773IL0020022	Rating Area 5	No Preference	63	2062.62
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85773IL0020017	Rating Area 5	No Preference	63	1471.86
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85773IL0020040	Rating Area 5	No Preference	61	1055.86
85773IL0020040	Rating Area 5	No Preference	62	1079.54
85773IL0020040	Rating Area 5	No Preference	63	1109.22
85773IL0020040	Rating Area 5	No Preference	64 and over	1127.25

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*	85773			
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
85773IL0010054	Rating Area 5	No Preference	0-14	490.90
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85773IL0010054	Rating Area 5	No Preference	16	551.23
85773IL0010054	Rating Area 5	No Preference	17	567.91
85773IL0010054	Rating Area 5	No Preference	18	585.87
85773IL0010054	Rating Area 5	No Preference	19	603.83
85773IL0010054	Rating Area 5	No Preference	20	622.44
85773IL0010054	Rating Area 5	No Preference	21	641.72
85773IL0010054	Rating Area 5	No Preference	22	641.72
85773IL0010054	Rating Area 5	No Preference	23	641.72
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85773IL0010054	Rating Area 5	No Preference	32	759.13
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85773IL0010054	Rating Area 5	No Preference	62	1843.59
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85773IL0010066	Rating Area 5	No Preference	63	1333.96

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85773IL0010095	Rating Area 5	No Preference	62	1197.28
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85773IL0020033	Rating Area 5	No Preference	47	663.00
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85773IL0020033	Rating Area 5	No Preference	49	723.66
85773IL0020033	Rating Area 5	No Preference	50	757.59
85773IL0020033	Rating Area 5	No Preference	51	791.10
85773IL0020033	Rating Area 5	No Preference	52	828.01
85773IL0020033	Rating Area 5	No Preference	53	865.33
85773IL0020033	Rating Area 5	No Preference	54	905.63
85773IL0020033	Rating Area 5	No Preference	55	945.93
85773IL0020033	Rating Area 5	No Preference	56	989.61
85773IL0020033	Rating Area 5	No Preference	57	1033.74
85773IL0020033	Rating Area 5	No Preference	58	1080.81
85773IL0020033	Rating Area 5	No Preference	59	1104.14
85773IL0020033	Rating Area 5	No Preference	60	1151.23
85773IL0020033	Rating Area 5	No Preference	61	1191.96
85773IL0020033	Rating Area 5	No Preference	62	1218.67
85773IL0020033	Rating Area 5	No Preference	63	1252.20
85773IL0020033	Rating Area 5	No Preference	64 and over	1272.55
85773IL0020019	Rating Area 5	No Preference	0-14	319.76
85773IL0020019	Rating Area 5	No Preference	15	348.18
85773IL0020019	Rating Area 5	No Preference	16	359.05
85773IL0020019	Rating Area 5	No Preference	17	369.92
85773IL0020019	Rating Area 5	No Preference	18	381.61
85773IL0020019	Rating Area 5	No Preference	19	393.32
85773IL0020019	Rating Area 5	No Preference	20	405.44
85773IL0020019	Rating Area 5	No Preference	21	418.01
85773IL0020019	Rating Area 5	No Preference	22	418.01
85773IL0020019	Rating Area 5	No Preference	23	418.01
85773IL0020019	Rating Area 5	No Preference	24	418.01

85773IL0020019	Rating Area 5	No Preference	25	419.66
85773IL0020019	Rating Area 5	No Preference	26	428.01
85773IL0020019	Rating Area 5	No Preference	27	438.05
85773IL0020019	Rating Area 5	No Preference	28	454.35
85773IL0020019	Rating Area 5	No Preference	29	467.72
85773IL0020019	Rating Area 5	No Preference	30	474.41
85773IL0020019	Rating Area 5	No Preference	31	484.44
85773IL0020019	Rating Area 5	No Preference	32	494.47
85773IL0020019	Rating Area 5	No Preference	33	500.76
85773IL0020019	Rating Area 5	No Preference	34	507.43
85773IL0020019	Rating Area 5	No Preference	35	510.78
85773IL0020019	Rating Area 5	No Preference	36	514.12
85773IL0020019	Rating Area 5	No Preference	37	517.47
85773IL0020019	Rating Area 5	No Preference	38	520.81
85773IL0020019	Rating Area 5	No Preference	39	527.50
85773IL0020019	Rating Area 5	No Preference	40	534.18
85773IL0020019	Rating Area 5	No Preference	41	544.22
85773IL0020019	Rating Area 5	No Preference	42	553.83
85773IL0020019	Rating Area 5	No Preference	43	567.21
85773IL0020019	Rating Area 5	No Preference	44	583.93
85773IL0020019	Rating Area 5	No Preference	45	603.57
85773IL0020019	Rating Area 5	No Preference	46	626.97
85773IL0020019	Rating Area 5	No Preference	47	653.31
85773IL0020019	Rating Area 5	No Preference	48	683.40
85773IL0020019	Rating Area 5	No Preference	49	713.08
85773IL0020019	Rating Area 5	No Preference	50	746.52
85773IL0020019	Rating Area 5	No Preference	51	779.55
85773IL0020019	Rating Area 5	No Preference	52	815.91
85773IL0020019	Rating Area 5	No Preference	53	852.69
85773IL0020019	Rating Area 5	No Preference	54	892.39
85773IL0020019	Rating Area 5	No Preference	55	932.10
85773IL0020019	Rating Area 5	No Preference	56	975.16
85773IL0020019	Rating Area 5	No Preference	57	1018.63
85773IL0020019	Rating Area 5	No Preference	58	1065.03
85773IL0020019	Rating Area 5	No Preference	59	1088.02
85773IL0020019	Rating Area 5	No Preference	60	1134.41
85773IL0020019	Rating Area 5	No Preference	61	1174.54
85773IL0020019	Rating Area 5	No Preference	62	1200.87
85773IL0020019	Rating Area 5	No Preference	63	1233.90
85773IL0020019	Rating Area 5	No Preference	64 and over	1253.95
85773IL0020036	Rating Area 5	No Preference	0-14	321.11
85773IL0020036	Rating Area 5	No Preference	15	349.65
85773IL0020036	Rating Area 5	No Preference	16	360.57
85773IL0020036	Rating Area 5	No Preference	17	371.48
85773IL0020036	Rating Area 5	No Preference	18	383.25
85773IL0020036	Rating Area 5	No Preference	19	394.98
85773IL0020036	Rating Area 5	No Preference	20	407.16
85773IL0020036	Rating Area 5	No Preference	21	419.78
85773IL0020036	Rating Area 5	No Preference	22	419.78

85773IL0020036	Rating Area 5	No Preference	23	419.78
85773IL0020036	Rating Area 5	No Preference	24	419.78
85773IL0020036	Rating Area 5	No Preference	25	421.43
85773IL0020036	Rating Area 5	No Preference	26	429.82
85773IL0020036	Rating Area 5	No Preference	27	439.91
85773IL0020036	Rating Area 5	No Preference	28	456.28
85773IL0020036	Rating Area 5	No Preference	29	469.70
85773IL0020036	Rating Area 5	No Preference	30	476.42
85773IL0020036	Rating Area 5	No Preference	31	486.50
85773IL0020036	Rating Area 5	No Preference	32	496.57
85773IL0020036	Rating Area 5	No Preference	33	502.85
85773IL0020036	Rating Area 5	No Preference	34	509.58
85773IL0020036	Rating Area 5	No Preference	35	512.95
85773IL0020036	Rating Area 5	No Preference	36	516.30
85773IL0020036	Rating Area 5	No Preference	37	519.66
85773IL0020036	Rating Area 5	No Preference	38	523.02
85773IL0020036	Rating Area 5	No Preference	39	529.74
85773IL0020036	Rating Area 5	No Preference	40	536.45
85773IL0020036	Rating Area 5	No Preference	41	546.52
85773IL0020036	Rating Area 5	No Preference	42	556.17
85773IL0020036	Rating Area 5	No Preference	43	569.61
85773IL0020036	Rating Area 5	No Preference	44	586.40
85773IL0020036	Rating Area 5	No Preference	45	606.12
85773IL0020036	Rating Area 5	No Preference	46	629.63
85773IL0020036	Rating Area 5	No Preference	47	656.08
85773IL0020036	Rating Area 5	No Preference	48	686.30
85773IL0020036	Rating Area 5	No Preference	49	716.10
85773IL0020036	Rating Area 5	No Preference	50	749.69
85773IL0020036	Rating Area 5	No Preference	51	782.84
85773IL0020036	Rating Area 5	No Preference	52	819.36
85773IL0020036	Rating Area 5	No Preference	53	856.29
85773IL0020036	Rating Area 5	No Preference	54	896.17
85773IL0020036	Rating Area 5	No Preference	55	936.05
85773IL0020036	Rating Area 5	No Preference	56	979.29
85773IL0020036	Rating Area 5	No Preference	57	1022.94
85773IL0020036	Rating Area 5	No Preference	58	1069.53
85773IL0020036	Rating Area 5	No Preference	59	1092.63
85773IL0020036	Rating Area 5	No Preference	60	1139.22
85773IL0020036	Rating Area 5	No Preference	61	1179.51
85773IL0020036	Rating Area 5	No Preference	62	1205.96
85773IL0020036	Rating Area 5	No Preference	63	1239.12
85773IL0020036	Rating Area 5	No Preference	64 and over	1259.26
85773IL0020040	Rating Area 5	No Preference	0-14	291.38
85773IL0020040	Rating Area 5	No Preference	15	317.27
85773IL0020040	Rating Area 5	No Preference	16	327.17
85773IL0020040	Rating Area 5	No Preference	17	337.06
85773IL0020040	Rating Area 5	No Preference	18	347.74
85773IL0020040	Rating Area 5	No Preference	19	358.40
85773IL0020040	Rating Area 5	No Preference	20	369.45

85773IL0020040	Rating Area 5	No Preference	21	380.90
85773IL0020040	Rating Area 5	No Preference	22	380.90
85773IL0020040	Rating Area 5	No Preference	23	380.90
85773IL0020040	Rating Area 5	No Preference	24	380.90
85773IL0020040	Rating Area 5	No Preference	25	382.40
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85773IL0020040	Rating Area 5	No Preference	27	399.16
85773IL0020040	Rating Area 5	No Preference	28	414.01
85773IL0020040	Rating Area 5	No Preference	29	426.20
85773IL0020040	Rating Area 5	No Preference	30	432.30
85773IL0020040	Rating Area 5	No Preference	31	441.44
85773IL0020040	Rating Area 5	No Preference	32	450.58
85773IL0020040	Rating Area 5	No Preference	33	456.29
85773IL0020040	Rating Area 5	No Preference	34	462.38
85773IL0020040	Rating Area 5	No Preference	35	465.43
85773IL0020040	Rating Area 5	No Preference	36	468.47
85773IL0020040	Rating Area 5	No Preference	37	471.52
85773IL0020040	Rating Area 5	No Preference	38	474.57
85773IL0020040	Rating Area 5	No Preference	39	480.67
85773IL0020040	Rating Area 5	No Preference	40	486.76
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85773IL0020040	Rating Area 5	No Preference	43	516.85
85773IL0020040	Rating Area 5	No Preference	44	532.09
85773IL0020040	Rating Area 5	No Preference	45	549.99
85773IL0020040	Rating Area 5	No Preference	46	571.32
85773IL0020040	Rating Area 5	No Preference	47	595.31
85773IL0020040	Rating Area 5	No Preference	48	622.73
85773IL0020040	Rating Area 5	No Preference	49	649.77
85773IL0020040	Rating Area 5	No Preference	50	680.25
85773IL0020040	Rating Area 5	No Preference	51	710.34
85773IL0020040	Rating Area 5	No Preference	52	743.47
85773IL0020040	Rating Area 5	No Preference	53	776.98
85773IL0020040	Rating Area 5	No Preference	54	813.17
85773IL0020040	Rating Area 5	No Preference	55	849.35
85773IL0020040	Rating Area 5	No Preference	56	888.57
85773IL0020040	Rating Area 5	No Preference	57	928.20
85773IL0020040	Rating Area 5	No Preference	58	970.48
85773IL0020040	Rating Area 5	No Preference	59	991.42
85773IL0020040	Rating Area 5	No Preference	60	1033.70
85773IL0020040	Rating Area 5	No Preference	61	1070.26
85773IL0020040	Rating Area 5	No Preference	62	1094.26
85773IL0020040	Rating Area 5	No Preference	63	1124.35
85773IL0020040	Rating Area 5	No Preference	64 and over	1142.62

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:*	85773
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?
ILS003	Quartz One Achieve - IL	No	Boone - 17007	No
ILS003	Quartz One Achieve - IL	No	Carroll - 17015	No
ILS003	Quartz One Achieve - IL	No	Jo Daviess - 17085	No
ILS003	Quartz One Achieve - IL	No	Lee - 17103	No
ILS003	Quartz One Achieve - IL	No	Ogle - 17141	No
ILS003	Quartz One Achieve - IL	No	Stephenson - 17177	No
ILS003	Quartz One Achieve - IL	No	Winnebago - 17201	No
ILS004	Quartz One Achieve - P505	No	Carroll - 17015	No
ILS004	Quartz One Achieve - P505	No	Jo Daviess - 17085	No
ILS004	Quartz One Achieve - P505	No	Lee - 17103	No
ILS004	Quartz One Achieve - P505	No	Ogle - 17141	No
ILS004	Quartz One Achieve - P505	No	Stephenson - 17177	No

SCID	Service Area
85773IL0010054	ILS003
85773IL0010055	ILS003
85773IL0010056	ILS003
85773IL0010057	ILS003
85773IL0010081	ILS004
85773IL0010058	ILS003
85773IL0010059	ILS003
85773IL0010061	ILS003
85773IL0010060	ILS003
85773IL0010006	ILS003
85773IL0010010	ILS003
85773IL0010087	ILS003
85773IL0010064	ILS003
85773IL0010065	ILS003
85773IL0010062	ILS003
85773IL0010066	ILS003
85773IL0010094	ILS003
85773IL0010014	ILS003
85773IL0010016	ILS003
85773IL0010088	ILS003
85773IL0010067	ILS003
85773IL0010019	ILS003
85773IL0010083	ILS003
<u>85773IL0010090</u>	ILS003
85773IL0010068	ILS003
85773IL0010069	ILS003
85773IL0010070	ILS003
85773IL0010071	ILS003
85773IL0010072	ILS003
85773IL0010073	ILS003
85773IL0010075	ILS003
85773IL0010074	ILS003
85773IL0010091	ILS003
85773IL0010078	ILS003
85773IL0010079	ILS003
85773IL0010076	ILS003
85773IL0010080	ILS003
85773IL0010095	ILS003
85773IL0010092	ILS003
85773IL0020020	ILS003
85773IL0020021	ILS003
85773IL0020022	ILS003
85773IL0020023	ILS003
85773IL0020024	ILS003
85773IL0020025	ILS003
85773IL0020027	ILS003

85773IL0020026 ILS003
85773IL0020006 ILS003
85773IL0020010 ILS003
85773IL0020037 ILS003
85773IL0020030 ILS003
85773IL0020031 ILS003
85773IL0020028 ILS003
85773IL0020032 ILS003
85773IL0020041 ILS003
85773IL0020016 ILS003
85773IL0020017 ILS003
85773IL0020038 ILS003
85773IL0020033 ILS003
85773IL0020019 ILS003
85773IL0020036 ILS003
85773IL0020040 ILS003

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

Company Name:

SERFF Filing ID:

Individual or Small Group:

Effective Date:

Exchange Information:
 (On-Exchange or Off-Exchange Only)

Product Type(s) Offered:
 (HMO, PPO, and/or POS)

Metal Tiers Offered:
 (please list which metal tiers are offered)

Tobacco Rating Factors Used?
 (y/n)

Description of Service Areas:

Rate Change Summary:

Average Rate Change:	11.64%
Maximum Rate Change:	16.92%
Minimum Rate Change:	7.99%

Expected Number of People Affected:

Company Justification for Rate Change:

Expected Medical Loss Ratio:	85.0%
Expected Annual Medical Trend:	4.1%
Expected Administrative Cost Ratio:	10.4%

Any Other Relevant Comments:
 (optional)

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

Company Name Quartz Health Benefit Plans Corporation

SERFF Filing Number UYHI-134100031

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

Request to Maintain Data as Trade Secret Information

SERFF Tracking IDs: UYHI-134100031

Quartz Health Benefit Plans Corporation considers the following sections containing actuarial information and rates in this filing, SERFF Tracking ID: UYHI-134100031, 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 Benefit Plans 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 numbers are QA01034 and QA01035, and the SERFF Tracking ID of the rate filing is: UYHI-134100031.

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". The signature is written in a cursive style with a horizontal line underneath.

Bradlee Wienholtz, ASA, MAAA
Senior Actuarial Analyst



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

1) General Information

Company Identifying Information

Company Legal Name: Quartz Health Benefit Plans Corporation
State: Illinois
HIOS Issuer ID: 85773
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 Benefit Plans Corporation's (QHBPC) 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) and Part II Written Description Justifying the Rate Increase.

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 QHBPC 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, and policyholders who purchased a plan on the Gundersen license in 2019 were renewed on the same product offered by QHBPC beginning in 2020. In 2021, Quartz added a POS product, which is also included in this filing.

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 forms QA01034 and QA01035, and the HIOS Product Codes are 85773IL001 and 85773IL002. The HIOS Product Names are Small Group Product One and Small Group Product Two.

1d) Description of Benefits

These plans are issued by QHBPC as HMO and POS health policies. The major provisions of this form for each plan design can be found in Appendix A.

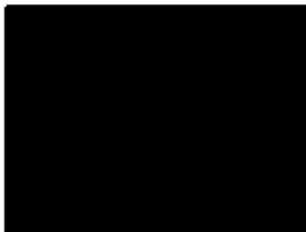
1e) Marketing Method

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 HMO coverage in Illinois in 2019. 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



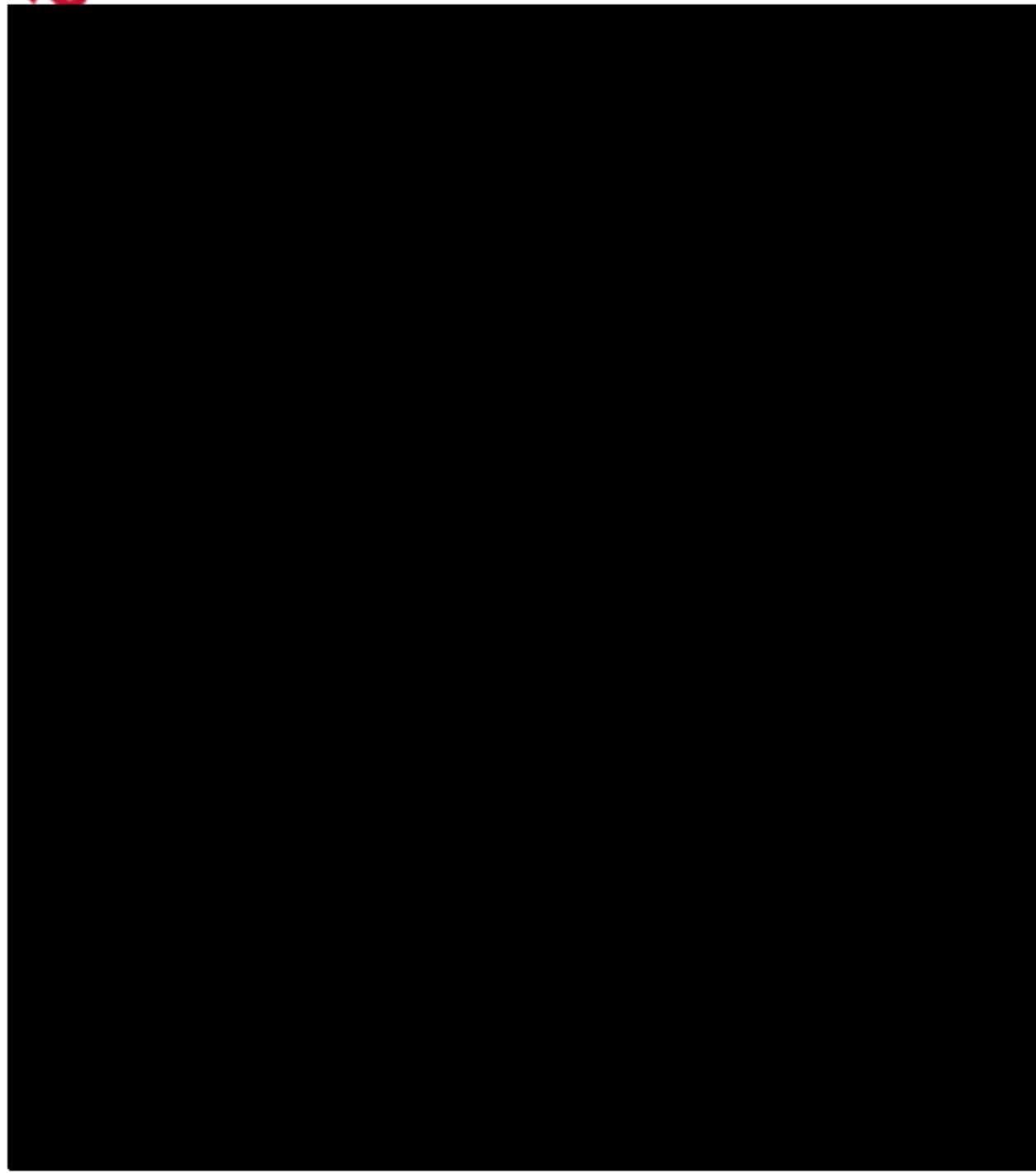
The SERFF Tracking Number of the previous small group rate filing in Illinois is UYHI-133676001.

2f) Effective Date of Prior Filing

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

2g) Proposed Percentage Rate Change

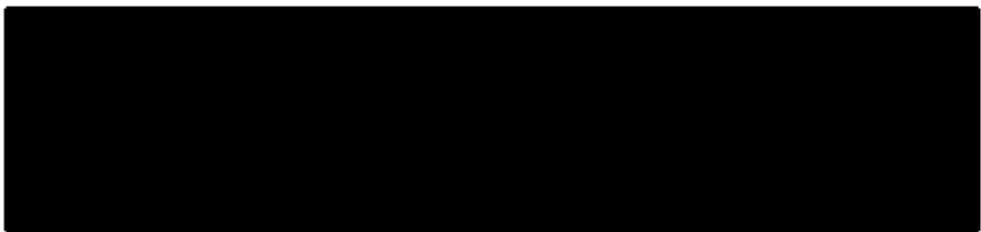
The proposed rate change for Small Group Product One is [REDACTED]. The proposed rate change for Small Group Product Two is [REDACTED]. The plan level proposed rate changes for the current and previous rate filings are included in the table below.





2h) Reason for Rate Change

The proposed rates are based primarily on the following factors:



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] Illinois policyholders and [REDACTED] covered 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, 2019. 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]	

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 benefit type (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		

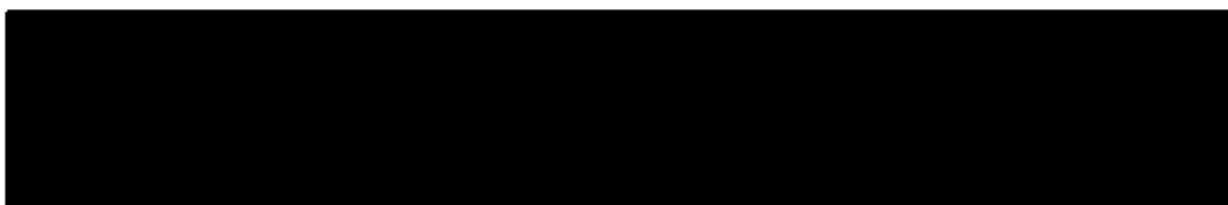
5d) Projected Changes in the Demographics of the Population Insurance



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



5f) Other Projected Changes



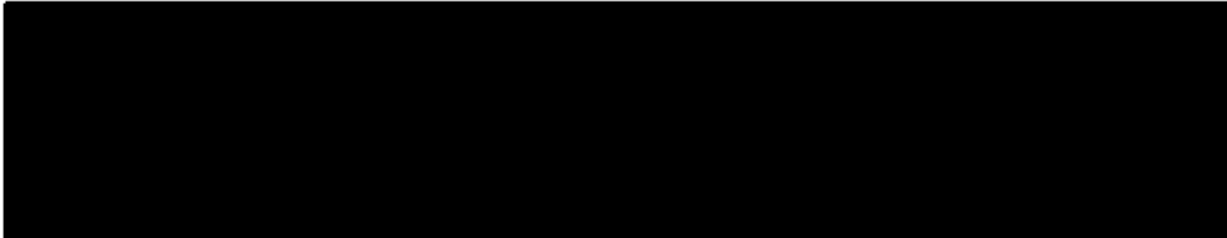
6) Credibility Manual Rate Adjustment

6a) Methodology Used to Develop the Credibility Manual Rate




7) **Credibility**

7a) **Credibility Methodology**



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

The 2023 Illinois experience is assigned  weighting.

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. QHBPC 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 QHBPC 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 [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]

[REDACTED] Appendix C includes the development details for the induced demand factors and the historical induced demand 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 the following benefits: \$0 Virtual Visits for Primary Care Physician (PCP), Behavioral Health (BH), and Urgent Care benefits; adding a 6th Value Tier on the Rx Benefit; and maximum Insulin cost sharing. Two HSA plans have aggregate deductibles, which also have adjustments 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 historical experience. The adjustments for plan cost sharing are derived from QHBPC 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 QHBPC'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] 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] premium is for profit and risk.



c. Taxes and Fees

██████ the premium is for Premium Tax and the PCORI and the Risk Adjustment Fees both combine for ██████ 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	QUARTZ ONE ACHIEVE PLUS GOLD G403 HMO - IL		
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: QUARTZ ONE ACHIEVE PLUS GOLD G403 HMO - IL	
(4) Network: Quartz One Achieve Plus	
(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 2025	

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 QHBPC’s small group single risk pool and the 2025 CMS age factors. The data source for the projected population is the March 2024 enrollment for QHBPC’s 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		



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56	



57	[REDACTED]
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) QHBPC 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 – Two networks will be offered in 2025 [REDACTED]

Network Name	Network Factor
[REDACTED]	



- 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

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

22) Last Five Year's RBC

	Financial Year
[REDACTED]	

23) Federal Medical Loss Ratio Requirements

23a) Projected Federal MLR

Incurring Claims PMPM	[REDACTED]
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.

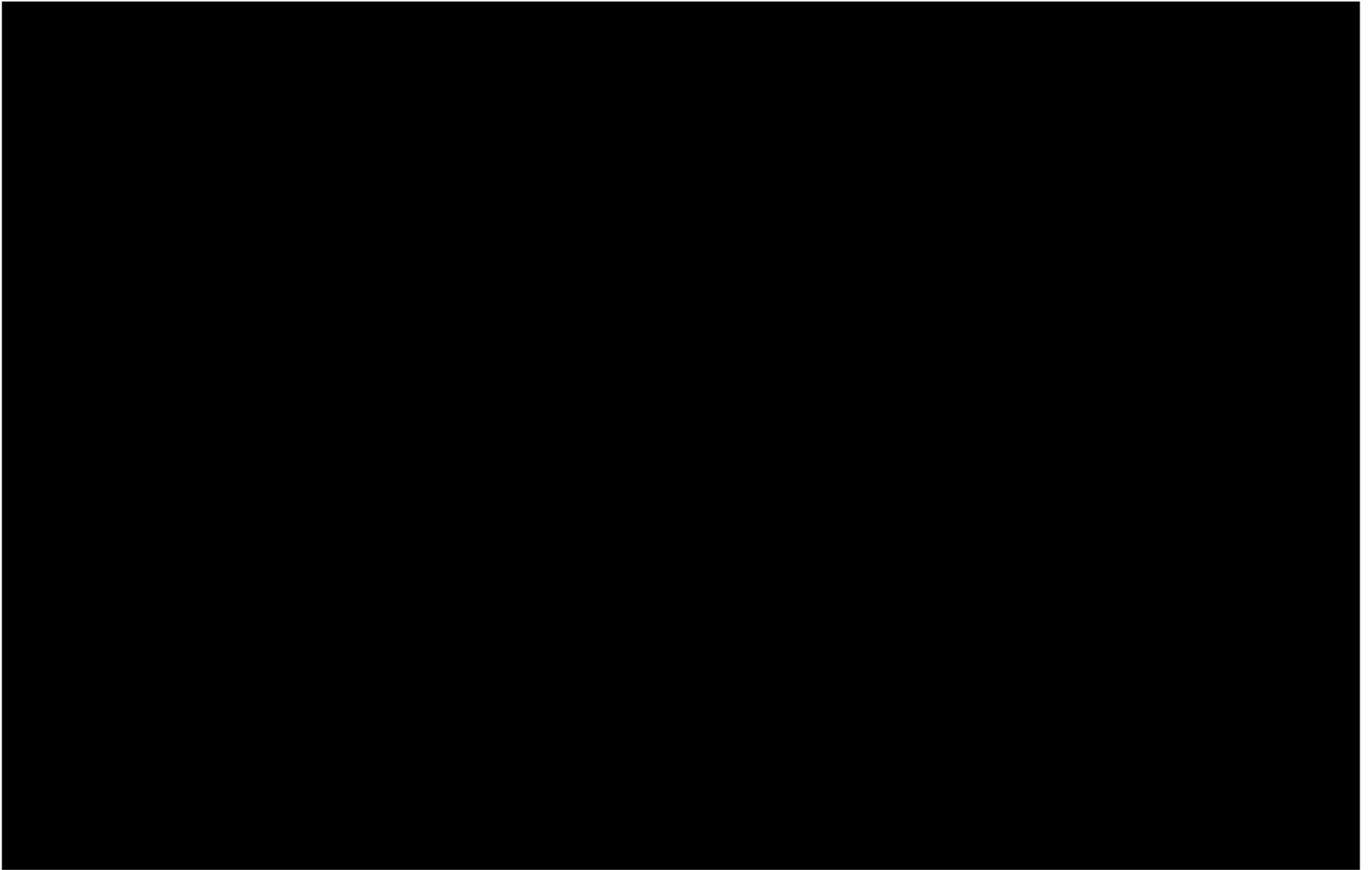


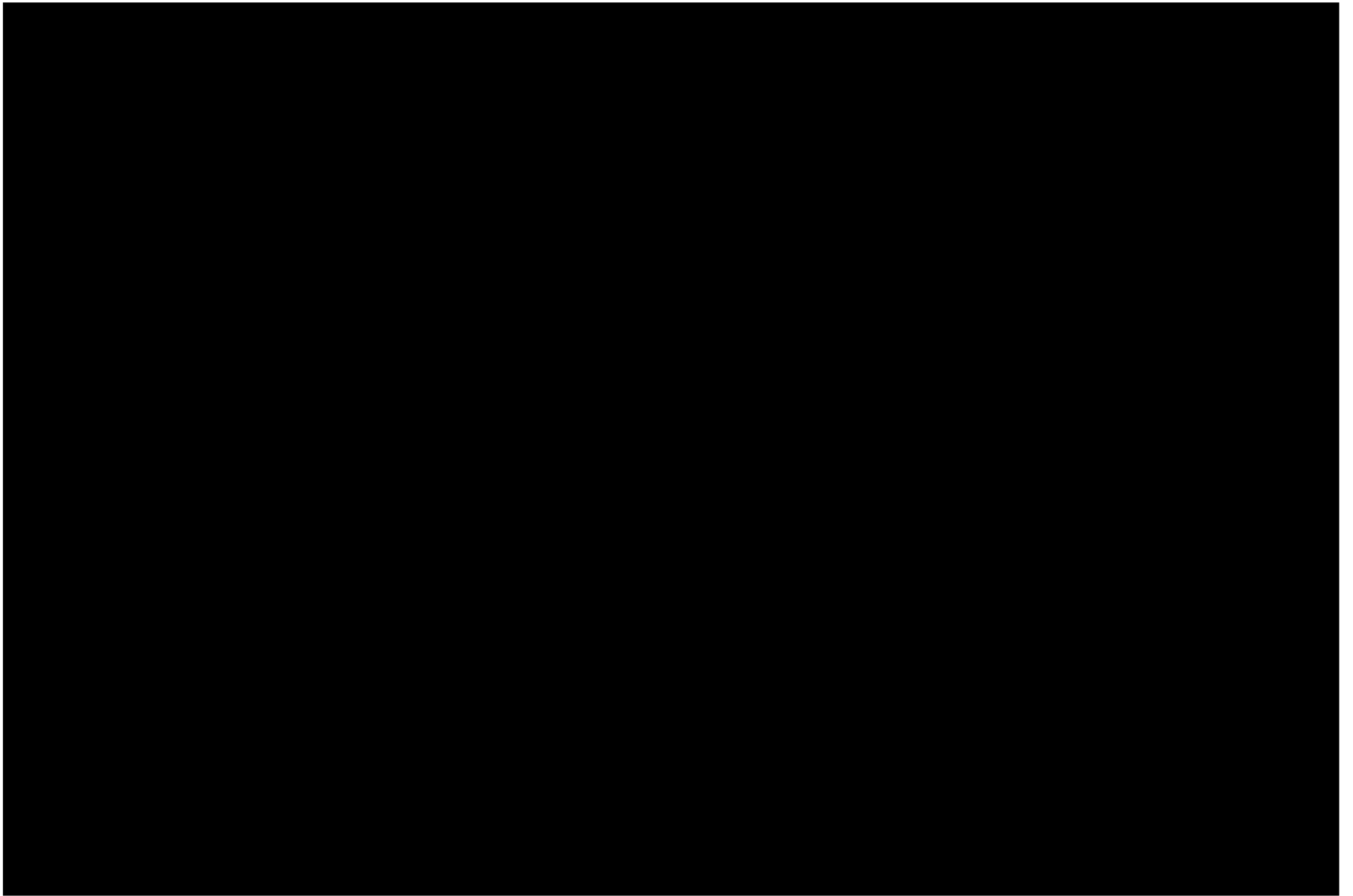
I, Bradlee Wienholtz, am an employee of Quartz Health Solutions.

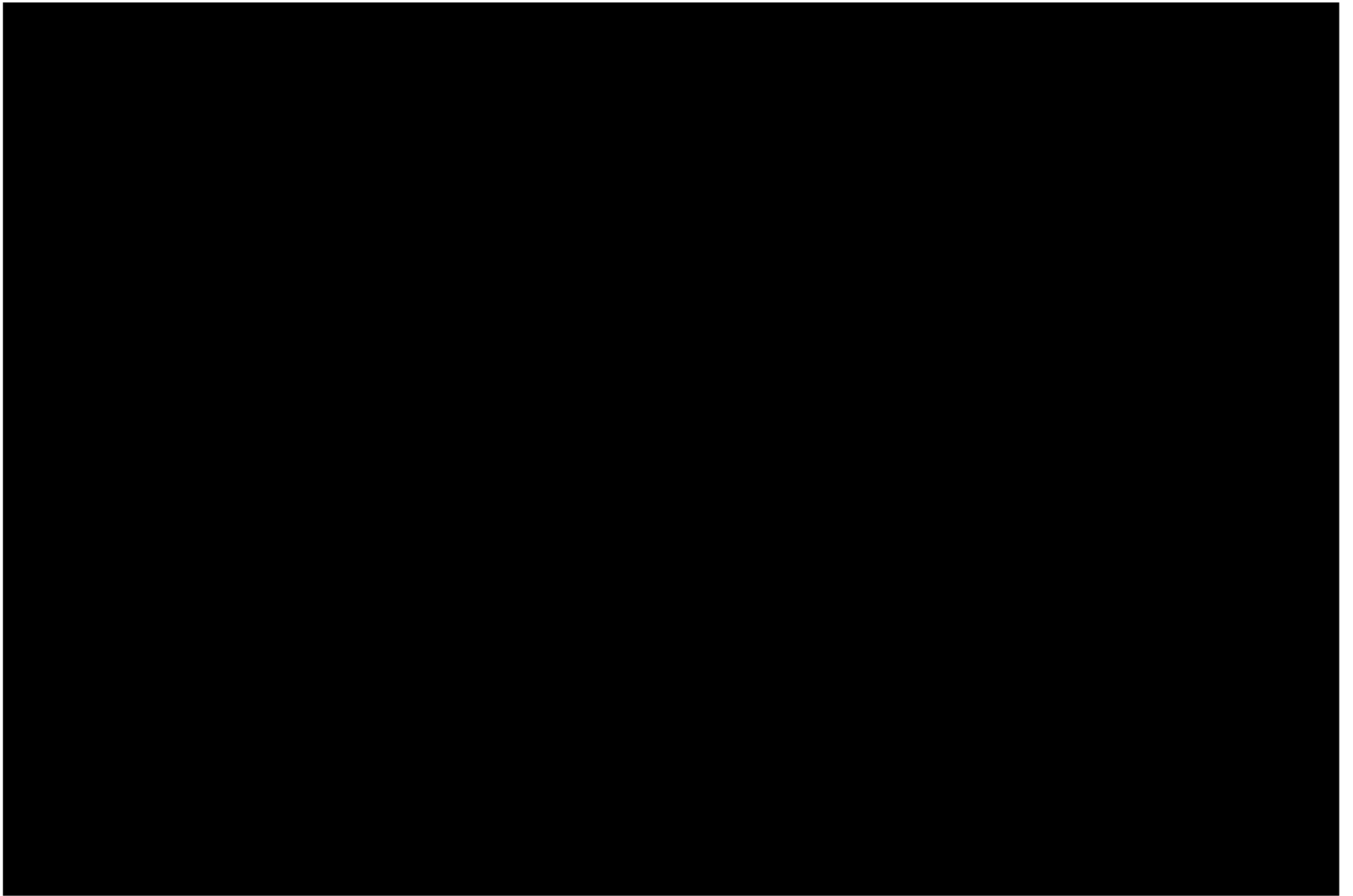
I certify that, to the best of my knowledge and judgment:

- This filing is intended to support Quartz Health Benefit Plans 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 Benefit Plans 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

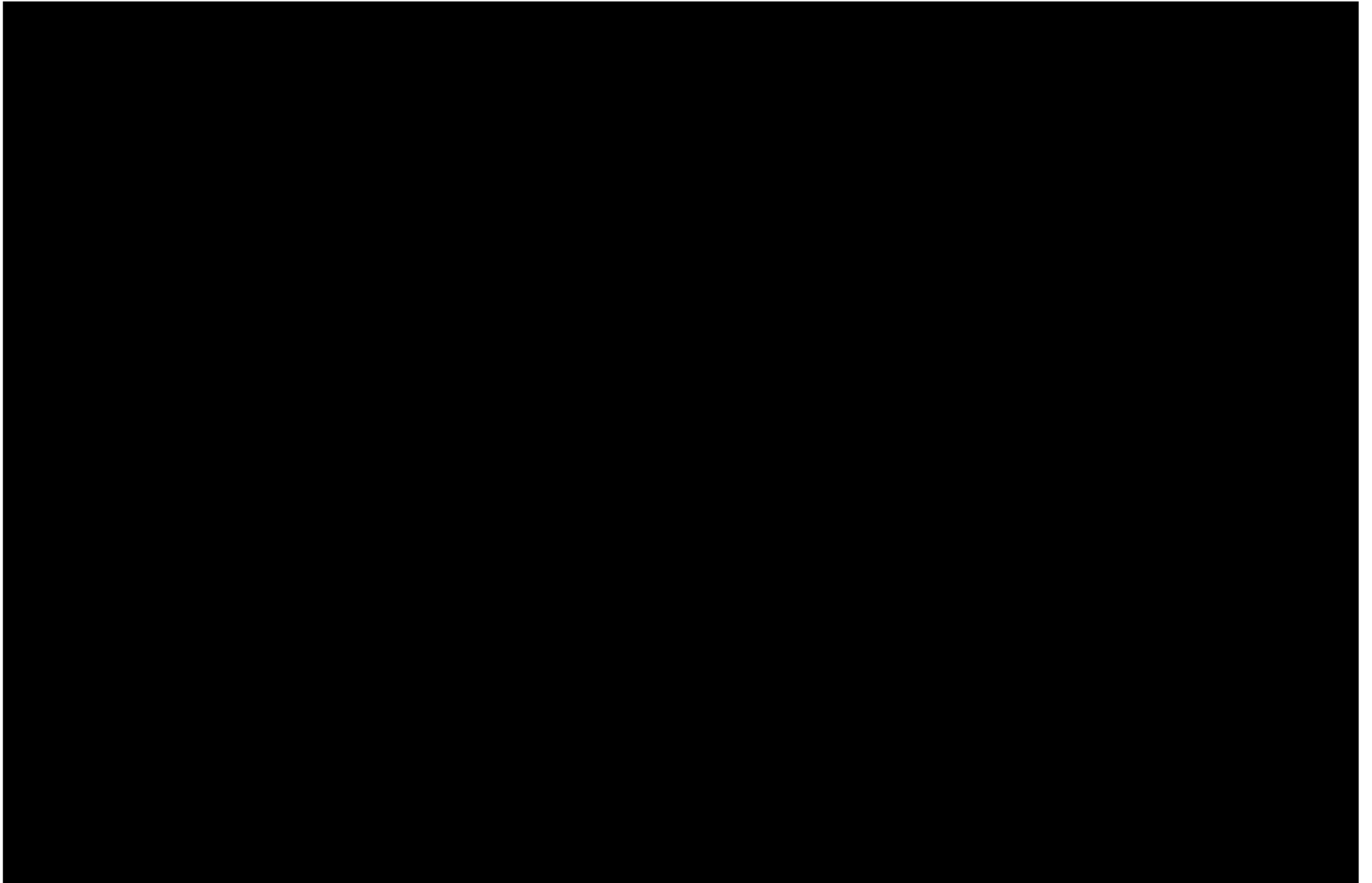


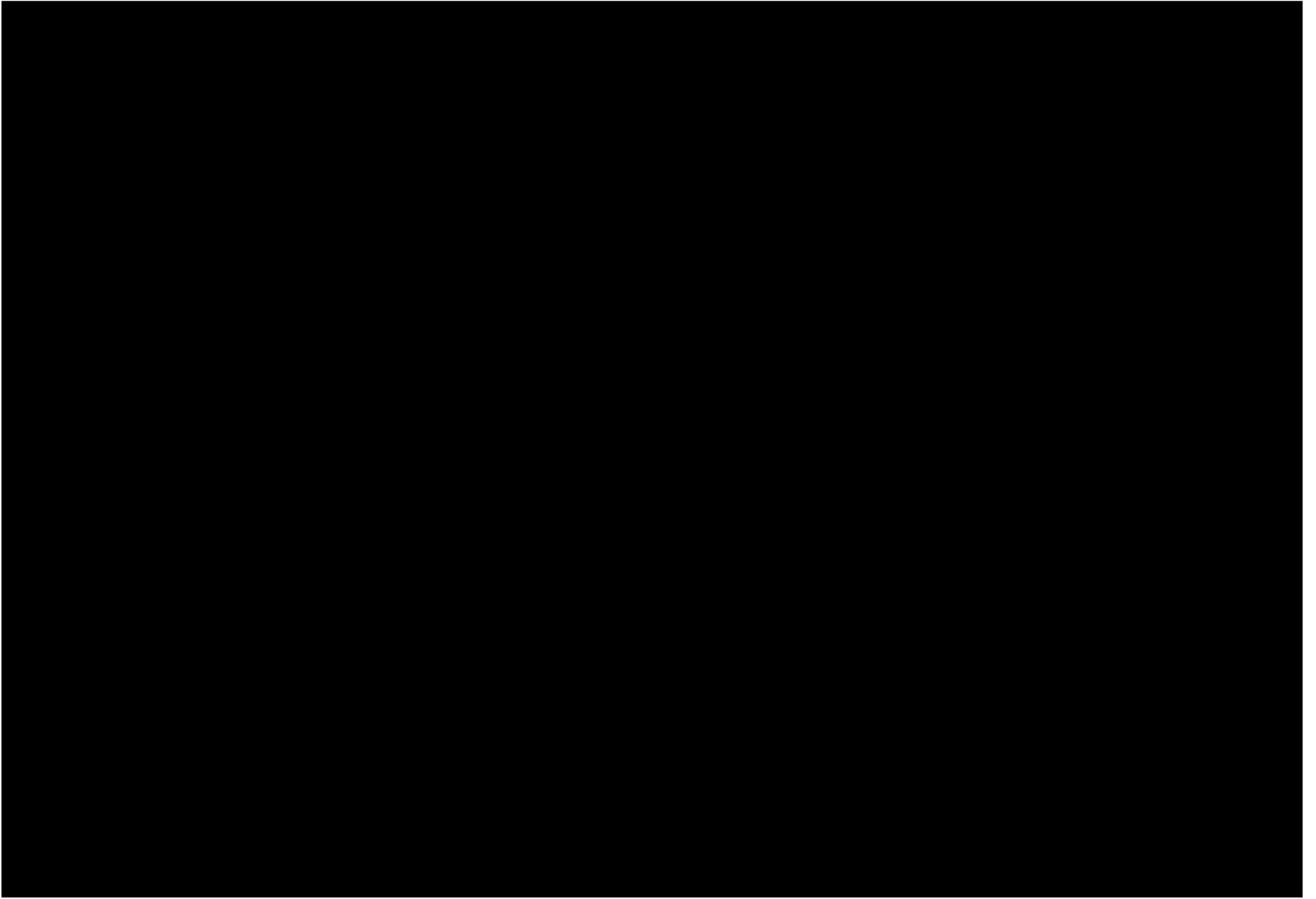




Appendix B

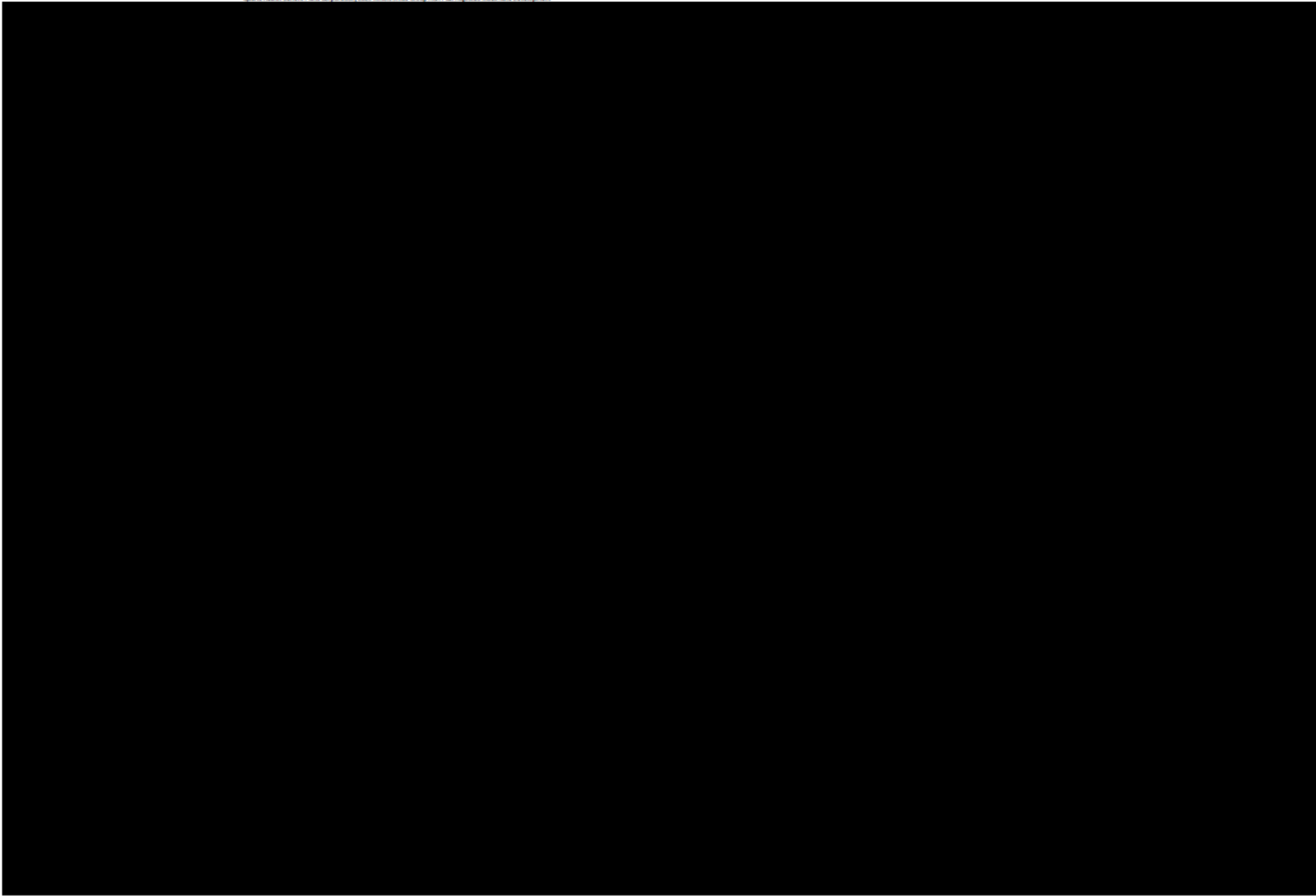
Quartz Health Benefit Plans Corporation, 2025 Illinois Small Group ACA Manual Rate Development





Appendix C

Qara's Health Benefit Plan 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 Benefit Plans 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 Benefit Plans 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 Benefit Plans 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

5/29/2024

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 Benefit Plans 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 Benefit Plans 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 Benefit Plans 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



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 Standards?

HSA/IRA Options: HSA/IRA Employer Contribution? Annual Contribution Amount: _____
 Tiered Network Option: Tiered Network Plan? 1st Tier Utilization: _____
 2nd Tier Utilization: _____

Desired Metal Tier: **Platinum**

	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 (\$)	\$4,000.00					
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MA/SHD)	<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"/>		\$38.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$38.00	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$7.35	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$28.75	<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"/>		50%	<input type="checkbox"/>	<input type="checkbox"/>		

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: _____
 Issue HIOS ID: _____
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actual Value: 80.00%
 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: 0.2188 seconds
 Final 2025 AV Calculator

Platinum P502

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

Desired Metal Tier: **Platinum**

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 (\$)	\$1,000.00				
MOOP if Separate (\$)					

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

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

Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum:
 Set a Maximum Number of Days for Charging an IP Copy?
 # 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

Status/Error Messages: Calculation Successful.
 Actuarial Value: 91.68%
 Metal Tier: Platinum
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.125 seconds
 Final 2025 AV Calculator

Platinum P503

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

Desired Metal Tier: **Platinum**

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 (\$)					

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

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

Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum:
 Set a Maximum Number of Days for Charging an IP Copy?
 # 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

Status/Error Messages: Calculation Successful.
 Actuarial Value: 93.30%
 Metal Tier: Platinum
 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

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?

HSA/HRA Options
 Tiered Network Option

HSA/HRA Employer Contribution?
 Tiered Network Plan?
 Annual Contribution Amount:
 1st Tier Utilization:
 2nd Tier Utilization:

Desired Metal Tier: **Platinum**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	50.00	50.00				
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	53,500.00					
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		
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"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SLD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$2,000.00	<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"/>		\$33.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$33.00	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$7.38	<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"/>		\$39.79	<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?	<input type="checkbox"/>	Plan Description:
Specialty Rx Coinsurance Maximum:		Name:
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID:
# Days (1-30):		Issuer HIOS ID:
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	AVC Version: 2025_1a
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):		

Output

Status/Error Messages: Calculation Successful.
 Actual Value: 89.36%
 Metal Tier: Platinum
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1133 seconds
 Final 2025 AV Calculator

Platinum P505

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?

HSA/HRA Options
 Tiered Network Option

HSA/HRA Employer Contribution?
 Tiered Network Plan?
 Annual Contribution Amount:
 1st Tier Utilization:
 2nd Tier Utilization:

Desired Metal Tier: **Platinum**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	50.00				
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%				
MOOP (\$)	54,000.00					
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		
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/SLD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<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"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<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"/>		\$0.00	<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"/>		\$0.00	<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"/>		\$7.38	<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"/>		\$39.79	<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?	<input type="checkbox"/>	Plan Description:
Specialty Rx Coinsurance Maximum:		Name:
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID:
# Days (1-30):		Issuer HIOS ID:
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	AVC Version: 2025_1a
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):		

Output

Status/Error Messages: Calculation Successful.
 Actual Value: 89.36%
 Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.1328 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**

HSA/HRA Options			Tiered Network Option		
HSA/HRA Employer Contribution?	<input type="checkbox"/>		Tiered Network Plan?	<input type="checkbox"/>	
Annual Contribution Amount:	\$0.00		1st Tier Utilization:		
			2nd Tier Utilization:		

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 (\$)	\$7,000.00				
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 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 type="checkbox"/>	<input type="checkbox"/>		\$200.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$38.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>		\$38.00	<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"/>			<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"/>		\$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"/>		\$39.79	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<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"/>			<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 HDS ID: _____
 Issue HDS ID: _____
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 79.00%

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**

HSA/HRA Options			Tiered Network Option		
HSA/HRA Employer Contribution?	<input type="checkbox"/>		Tiered Network Plan?	<input type="checkbox"/>	
Annual Contribution Amount:	\$0.00		1st Tier Utilization:		
			2nd Tier Utilization:		

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 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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$38.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>		\$38.00	<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"/>			<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"/>		\$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"/>		\$39.79	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<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"/>			<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 HDS ID: _____
 Issue HDS ID: _____
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 81.17%

Metal Tier: Gold

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

Calculation Time: 0.1406 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 MOOP 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:		2nd Tier Utilization:	

Desired Metal Tier: **Gold**

	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%				
MOOP (\$)	\$3,750.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?
Medical									
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. MN/SUO)	<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									
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"/>		\$28.79	<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"/>		50%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: # Days (1-30):
 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):

Output
 Calculate

Status/Error Messages: Calculation Successful.
 Actual Value: 79.98%
 Metal Tier: Gold
 Additional Notes:
 Calculation Time: 0.2773 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 MOOP 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:		2nd Tier Utilization:	

Desired Metal Tier: **Gold**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,600.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$8,000.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?
Medical									
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"/>
All Inpatient Hospital Services (inc. MN/SUO)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$4,000.00	<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"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$50.00	<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"/>		\$25.00	<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									
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"/>		\$38.79	<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"/>		50%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: # Days (1-30):
 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):

Output
 Calculate

Status/Error Messages: Calculation Successful.
 Actual Value: 81.37%
 Metal Tier: Gold
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.1172 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 MCOOP for Medical and Drug Spending?
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Gold**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$1,000.00			
Coinsurance (%; Insurer's Cost Share)		80.00%			
MCOOP (\$)		\$5,000.00			
MCOOP 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	
Medical									
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
All Inpatient Hospital Services (exc. MN/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Speech Therapy	<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"/>			
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	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Drugs									
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialty Drugs (i.e., high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Plan Description Name:
Specialty Rx Coinsurance Maximum:		Plan HROS ID:
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HROS ID:
# Days (1-10):		AVC Version: 2025_1a
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):		

Output

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

Additional Notes:

Calculation Time: 0.1719 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 MCOOP for Medical and Drug Spending?
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: **Gold**

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

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)		100.00%			
MCOOP (\$)		\$1,300.00			
MCOOP 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	
Medical									
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
All Inpatient Hospital Services (exc. MN/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Speech Therapy	<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"/>			
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	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Drugs									
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialty Drugs (i.e., high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Plan Description Name:
Specialty Rx Coinsurance Maximum:		Plan HROS ID:
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HROS ID:
# Days (1-10):		AVC Version: 2025_1a
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):		

Output

Status/Error Messages: Calculation Successful.
 Actual Value: 80.12%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.3125 seconds
Final 2025 AV Calculator

GOLD G420

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?

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: **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)	100.00%	100.00%				
MOOP (\$)	\$8,000.00					
MOOP if Separate (\$)						

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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 type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHI/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$4,000.00	<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"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$50.00	<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"/>		\$25.00	<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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$29.79	<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"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		50%	<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 (1-365):
 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: 79.80%
 Metal Tier: Gold
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.1094 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?

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: **Silver**

	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)	60.00%	100.00%				
MOOP (\$)	\$8,000.00					
MOOP if Separate (\$)						

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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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input 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"/>
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 type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$64.71	<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"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		40%	<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 (1-365):
 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: 70.59%
 Metal Tier: Silver
 Additional Notes:
 Calculation Time: 0.1094 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**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00				
Coinurance (%; Insurer's Cost Share)	50.00%	100.00%				
MOOP (\$)		\$9,200.00				
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, 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"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MR/SUO)	<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"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<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"/>		\$50.00	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$69.63	<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"/>
Specialty Drugs (i.e., high cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$600.00	<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/Coinurance 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.

Actual Value: 70.60%

Metal Tier: Silver

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

Calculation Time: 0.3055 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				
Coinurance (%; Insurer's Cost Share)	80.00%	100.00%				
MOOP (\$)		\$8,500.00				
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, 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"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$900.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MR/SUO)	<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"/>		\$67.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<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"/>		\$67.00	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$69.63	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$0%	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e., high cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$0%	<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/Coinurance 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: Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.

Actual Value: 69.47%

Metal Tier: Silver

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

Calculation Time: 0.1328 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 (\$)	\$4,000.00	\$0.00				
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%				
MOOP (\$)	\$7,200.00					
MOOP if Separate (\$)						

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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. MH/SLUD)	<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"/>		\$54.71	<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 (1-10):

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.
 Actuarial Value: 70.00%
 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 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 (\$)	\$7,000.00	\$0.00				
Coinsurance (% Insurer's Cost Share)	50.00%	100.00%				
MOOP (\$)	\$8,500.00					
MOOP if Separate (\$)						

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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. MH/SLUD)	<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"/>		\$46.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$115.00	<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"/>		\$46.00	<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"/>		\$14.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$69.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		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 (1-10):

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.
 Actuarial Value: 69.86%
 Metal Tier: Silver Off-Exchange and Small Group Market
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.3008 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 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 (\$)			\$5,250.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$5,250.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?
Medical									
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/SUD)	<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									
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?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.90%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.3281 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 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 (\$)			\$5,750.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$5,750.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?
Medical									
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/SUD)	<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									
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?	<input type="checkbox"/>	Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):	

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.
 Actuarial Value: 69.47%
 Metal Tier: Silver Off-Exchange and Small Group Market

Additional Notes:

Calculation Time: 0.3438 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 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 (\$)	\$2,300.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%			
MOOP (\$)	\$9,000.00				
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$59.68	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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 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

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.09%
 Metal Tier: Silver

Additional Notes:
 Calculation Time: 0.1488 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 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 (\$)	\$8,100.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	50.00%	100.00%			
MOOP (\$)	\$9,200.00				
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$170.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$22.14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$99.47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$347.45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$700.00	<input checked="" type="checkbox"/>	<input checked="" 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?
 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

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.51%
 Metal Tier: Bronze
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.3633 seconds
 Final 2025 AV Calculator

Bronze B202

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copy per Day?

Apply Skilled Nursing Facility Copy 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
		\$7,250.00			
		100.00%			
		\$7,250.00			

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Type of Benefit	Tier 1			Tier 2			Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copy, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copy, if separate
Medical	<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"/>		
All Inpatient Hospital Services (inc. MW/SUD)	<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 E.g.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Speech Therapy	<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"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	50.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<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"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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

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: Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value: 63.3%

Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.3086 seconds

Final 2025 AV Calculator

Bronze B203

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copy per Day?

Apply Skilled Nursing Facility Copy 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
		\$4,600.00			
		50.00%			
		\$7,500.00			

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Type of Benefit	Tier 1			Tier 2			Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copy, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copy, if separate
Medical	<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"/>		
All Inpatient Hospital Services (inc. MW/SUD)	<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 E.g.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Speech Therapy	<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"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	50.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<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"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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

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: Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value: 64.2%

Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1836 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?

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 (\$)		\$9,200.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$9,200.00			
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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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%	50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	50.00	<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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-30):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-30):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-30):	

Plan Description:

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 59.65%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.3906 seconds

Final 2025 AV Calculator

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?

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:	

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

	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 (\$)		\$5,500.00				
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2					
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2
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"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<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"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input 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 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 type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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"/>		\$20.79	<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 checked="" type="checkbox"/>		50%	<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.
 Actuarial Value: 90.04%
 Metal Tier: Platinum
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.0977 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

	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 (\$)						

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

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

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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 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"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MB/SU/D)	<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"/>		\$17.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$42.00	<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"/>		\$17.00	<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"/>		\$148.91	<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"/>

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: 91.81%
 Metal Tier: Platinum
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.1016 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

	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 (\$)						

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

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

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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 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"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MB/SU/D)	<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"/>		\$11.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$21.00	<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"/>		\$11.00	<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 (1-10):
 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: 91.81%
 Metal Tier: Platinum
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.1211 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**

	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 (\$)	\$3,500.00					
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		
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 type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All inpatient Hospital Services (inc. MHI/SUE)	<input type="checkbox"/>	<input type="checkbox"/>		\$2,500.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$17.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$42.00	<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"/>		\$17.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input 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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input 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"/>		\$7.36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<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"/>		50%	<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? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum: _____
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-30): _____
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10): _____
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10): _____

Plan Description:
 Name: Platinum
 Plan MOID ID: _____
 Issuer MOID ID: _____
 AVC Version: 2025_1a

Output: Calculate

Status/Error Messages: Calculation Successful.
 Actual Value: 91.53%

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: 0.1016 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 (\$)	\$7,000.00					
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		
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 type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All inpatient Hospital Services (inc. MHI/SUE)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$22.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$42.00	<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"/>		\$22.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input 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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input 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"/>		\$7.36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<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"/>		50%	<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? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum: _____
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-30): _____
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10): _____
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10): _____

Plan Description:
 Name: Gold
 Plan MOID ID: _____
 Issuer MOID ID: _____
 AVC Version: 2025_1a

Output: Calculate

Status/Error Messages: Calculation Successful.
 Actual Value: 81.03%

Metal Tier: Gold

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

Calculation Time: 0.1367 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?

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

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

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 (\$)						

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

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: 0.1406 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 MOOP for Medical and Drug Spending?
 Indicate if Plan Meets CSR 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:

Desired Metal Tier: **Gold**

	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)	90.00%	100.00%				
MOOP (\$)	\$3,750.00					
MOOP if Separate (\$)						

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

Status/Error Messages: Calculation Successful.
 Actuarial Value: 79.98%
 Metal Tier: Gold
 Additional Notes:

Calculation Time: 0.2578 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 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 (\$)	\$1,700.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$8,000.00					
MOOP if Separate (\$)						

HSA/HRA Options
 HSA/HRA Employer Contribution?
 Annual Contribution Amount:
 Tiered Network Option
 Tiered Network Plan?
 1st Tier Utilization:
 2nd Tier Utilization:

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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"/>				
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>				
All Inpatient Hospital Services (inc. MK's/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$4,000.00	<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"/>		\$17.00	<input type="checkbox"/>	<input type="checkbox"/>				
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$42.00	<input type="checkbox"/>	<input type="checkbox"/>				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$17.00	<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 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"/>				
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"/>		50%	<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:
 AWC Version: 2025_1a

Output

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

Additional Notes:
 Calculation Time: 0.1055 seconds
 Final 2025 AV Calculator

Gold G420

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 (\$)	\$2,500.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$8,000.00					
MOOP if Separate (\$)						

HSA/HRA Options
 HSA/HRA Employer Contribution?
 Annual Contribution Amount:
 Tiered Network Option
 Tiered Network Plan?
 1st Tier Utilization:
 2nd Tier Utilization:

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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"/>				
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>				
All Inpatient Hospital Services (inc. MK's/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$4,000.00	<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"/>		\$13.00	<input type="checkbox"/>	<input type="checkbox"/>				
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$26.00	<input type="checkbox"/>	<input type="checkbox"/>				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$13.00	<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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>				
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>				
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$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 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"/>				
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"/>		50%	<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:
 AWC Version: 2025_1a

Output

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

Additional Notes:
 Calculation Time: 0.1055 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?

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

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

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,700.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%				
MOOP (\$)	\$8,000.00					
MOOP if Separate (\$)						

Occupational and Physical Therapy
 Preventive Care/Screening/Immunization
 Laboratory Outpatient and Professional Services
 X-rays and Diagnostic Imaging
 Skilled Nursing Facility
 Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
 Outpatient Surgery Physician/Surgical Services

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 type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHI/SUDI)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	\$33.00	<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"/>	<input type="checkbox"/>	\$78.00	<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"/>	<input type="checkbox"/>	\$33.00	<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"/>	<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"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100% \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100% \$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>
Generic	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	\$54.71	<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"/>	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"/>	<input type="checkbox"/>	40%	<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?
 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

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.59%
 Metal Tier: Silver

Additional Notes:
 Calculation Time: 0.1328 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?

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

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

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)	50.00%	100.00%				
MOOP (\$)	\$9,000.00					
MOOP if Separate (\$)						

Occupational and Physical Therapy
 Preventive Care/Screening/Immunization
 Laboratory Outpatient and Professional Services
 X-rays and Diagnostic Imaging
 Skilled Nursing Facility
 Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
 Outpatient Surgery Physician/Surgical Services

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 type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHI/SUDI)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	\$33.00	<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"/>	<input type="checkbox"/>	\$78.00	<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"/>	<input type="checkbox"/>	\$33.00	<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"/>	<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"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100% \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100% \$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$14.76	<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"/>	\$69.63	<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"/>	\$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"/>	<input type="checkbox"/>	\$400.00	<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?
 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

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.34%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.1055 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?

HSA/HRA Options: HSA/HRA Employer Contribution? Tiered Network Option: Tied Network Plan?
 Annual Contribution Amount: 1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier:

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

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:

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.01%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.1289 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?

HSA/HRA Options: HSA/HRA Employer Contribution? Tied Network Option: Tied Network Plan?
 Annual Contribution Amount: 1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier:

Tier 1 Plan Benefit Design	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
MOOP (\$)	\$7,000.00		
MOOP if Separate (\$)			

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:

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.01%
 Metal Tier: Silver

Additional Notes:
 Calculation Time: 0.1289 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 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 (\$)	\$7,500.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%				
MOOP (\$)	\$9,200.00					
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"/>			<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"/>	\$31.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	\$73.00		<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 type="checkbox"/>	<input type="checkbox"/>	\$31.00		<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"/>	\$14.76		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	\$69.63		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

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

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.54%
 Metal Tier: Silver
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.2852 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 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 (\$)	\$2,500.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	90.00%	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		
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"/>		\$5,000.00	<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 type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input 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"/>	<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"/>		\$500.00	<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 type="checkbox"/>	<input type="checkbox"/>	\$14.76		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	\$59.68		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

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

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.09%
 Metal Tier: Silver
 Additional Notes:
 Calculation Time: 0.0977 seconds
 Final 2025 AV Calculator

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?

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 (\$)					

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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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MN/SUD)	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
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"/>		\$39.79	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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?
 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 HIQS ID:
 Issuer HIQS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value: 89.63%

Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.1094 seconds

Final 2025 AV Calculator

Calculation Successful.

89.63%

Platinum

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

0.1094 seconds

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?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution? (L)		Tiered Network Plan? (L)	
Annual Contribution Amount:		Set Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: **Platinum**

	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	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"/>		\$100.00	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<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"/>		\$50.00	<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"/>		\$30.00	<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"/>		\$24.45	<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 (1-30)
 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

Status/Error Messages: Calculation Successful.
 Actuarial Value: 91.56%
 Metal Tier: Platinum
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.1016 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?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution? (L)		Tiered Network Plan? (L)	
Annual Contribution Amount:		Set Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: **Platinum**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$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?	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. 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 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"/>		\$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"/>		\$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"/>		\$0%	<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"/>		\$0%	<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 (1-30)
 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

Status/Error Messages: Calculation Successful.
 Actuarial Value: 91.28%
 Metal Tier: Platinum
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.1016 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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	50.00	50.00			
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%			
MOOP (\$)	53,500.00				
MOOP if Separate (\$)					

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

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

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

Options for Additional Benefits Design Limits:

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

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 89.55%
 Metal Tier: Platinum
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.1172 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?

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

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 (\$)	\$6,500.00				
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"/> AI	<input checked="" type="checkbox"/> AI			<input checked="" type="checkbox"/> AI	<input checked="" type="checkbox"/> AI			<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> AI	<input checked="" type="checkbox"/> AI			<input checked="" type="checkbox"/> AI	<input checked="" type="checkbox"/> AI			<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" 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"/>	Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10): <input type="text"/>

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 79.19%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 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?

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: **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 Copay applies only after deductible?	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 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 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 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"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 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 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 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 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 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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

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

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

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.92%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.1289seconds
 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 MOOP 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: **Gold**

	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%				
MOOP (\$)	\$3,750.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1 Copay applies only after deductible?	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 checked="" 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 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 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 checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 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 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 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 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 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 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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

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

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

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 79.98%
 Metal Tier: Gold

Additional Notes:
 Calculation Time: 0.2695seconds
 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 MDOF 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 (\$)	\$1,600.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%			
MDOF (\$)		\$5,000.00			
MDOF if Separate (\$)					

HSA/HRA Options

HSA/HRA Employer Contribution?

Annual Contribution Amount: _____

Tiered Network Option

Tiered Network Plan?

1st Tier Utilization: _____

2nd Tier Utilization: _____

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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 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"/>		\$600.00	<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"/>		\$4,000.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$30.00	<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"/>
Generic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$7.36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<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"/>		10%	<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 Changing 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 HHS ID: _____

Issuer HHS ID: _____

AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actual Value: 81.00%

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 G405

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: **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%			
MDOF (\$)		\$5,000.00			
MDOF if Separate (\$)					

HSA/HRA Options

HSA/HRA Employer Contribution?

Annual Contribution Amount: _____

Tiered Network Option

Tiered Network Plan?

1st Tier Utilization: _____

2nd Tier Utilization: _____

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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 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 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 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"/>
Generic	<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 type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<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"/>			<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 Changing 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 HHS ID: _____

Issuer HHS ID: _____

AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actual Value: 80.32%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1602 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 (\$)		\$3,300.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
MOOP (\$)		\$3,300.00			
MOOP if Separate (\$)					

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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All <input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
All inpatient Hospital Services (inc. MH/SLUD)	<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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All <input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 (1-30):
 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: Calculation Successful.

Status/Error Messages:
 Actual Value: 80.12%
 Metal Tier: Gold

Additional Notes:
 Calculation Time: 0.295 seconds
 Final 2025 AV Calculator

Gold G420

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 (\$)	\$2,500.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%			
MOOP (\$)		\$8,000.00			
MOOP if Separate (\$)					

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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All <input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
All inpatient Hospital Services (inc. MH/SLUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$4,000.00	<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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<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"/>		\$30.00	<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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All <input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$7.38	<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"/>		\$39.79	<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"/>		50%	<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 (1-30):
 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: Calculation Successful.

Status/Error Messages:
 Actual Value: 79.50%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:
 Calculation Time: 0.125 seconds
 Final 2025 AV Calculator

Gold G420

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate MCOF for Medical and Drug Spending?
 Indicate if Plan Meets CSR 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:

Desired Metal Tier: **Gold**

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

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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 type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$4,000.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>
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"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$39.79	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" 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.
 Actuarial Value: 79.50%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.125 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 MCOF for Medical and Drug Spending?
 Indicate if Plan Meets CSR 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:

Desired Metal Tier: **Silver**

	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)	60.00%	100.00%				
MCOF (\$)	\$8,000.00					
MCOF if Separate (\$)						

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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 type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$64.71	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" 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.
 Actuarial Value: 70.50%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1133 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**

	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)	50.00%	100.00%				
MOOP (\$)	\$9,700.00					
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	Copy applies only after deductible?	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"/>		\$900.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. Mx/SUO)	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<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"/>		\$60.00	<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"/>			<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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$14.76	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-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"/>
Specialty Drugs (i.e., High-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$448.91	<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 (1-30):

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 RHOS ID:

AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.08%

Metal Tier: Silver

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

Calculation Time: 0.1328 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)	50.00%	100.00%				
MOOP (\$)	\$8,500.00					
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	Copy applies only after deductible?	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"/>		\$900.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. Mx/SUO)	<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"/>		\$160.00	<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 type="checkbox"/>	<input 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 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 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 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"/>		\$0%	<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"/>		\$0%	<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"/>		\$0%	<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 (1-30):

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 RHOS 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.

Actuarial Value: 68.86%

Metal Tier: Silver

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

Calculation Time: 0.1172 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
\$4,500.00	\$0.00				
70.00%	100.00%				
\$7,000.00					

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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 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. Mx/SLUD)	<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"/>		\$7.00	<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"/>		\$64.71	<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:

Status/Error Messages: Calculation Successful.

Actual Value: 70.00%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1211 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 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
\$7,000.00	\$0.00				
50.00%	100.00%				
\$8,500.00					

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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 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. Mx/SLUD)	<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"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$115.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$55.00	<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 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"/>		\$69.63	<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:

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

Actual Value: 69.49%

Metal Tier: Silver Off-Exchange and Small Group Market

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

Calculation Time: 0.3125 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 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 (\$)			\$5,250.00				
Coinsurance (% Insurer's Cost Share)			100.00%				
MOOP (\$)			\$5,250.00				
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MN/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<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"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<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"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<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"/>
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 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"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<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"/>	<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"/>	<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"/>
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?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.

Actual Value: 70.90%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.3516 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 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 (\$)			\$5,750.00				
Coinsurance (% Insurer's Cost Share)			100.00%				
MOOP (\$)			\$5,750.00				
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MN/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<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"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<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"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<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"/>
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 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"/>	AI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AI		<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"/>	<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"/>	<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"/>
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?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

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: 0.3516 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 MOOP 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: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$2,500.00	\$0.00	
Coinsurance (% Insurer's Cost Share): 90.00%	100.00%	
MOOP (\$): \$9,000.00		
MOOP if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$5,000.00	<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 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 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 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 type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$14.75	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$59.68	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input 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?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.09%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1094 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 MDOP 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 (\$)	\$9,100.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	50.00%	100.00%			
MDOP (\$)		\$9,200.00			
MDOP 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 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 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 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"/>	\$60.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	\$170.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	\$60.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 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 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 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 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 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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$22.14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$99.47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$347.45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$700.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name:	
Specialty Rx Coinsurance Maximum:		Plan HOS ID:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HOS ID:	
# Days (1-10):		AVC Version:	2025_1a
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>		
# Visits (1-10):			
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays (1-10):			

Plan Description:

Name: **2025_1a**

Plan HOS ID: **2025_1a**

Issuer HOS ID: **2025_1a**

AVC Version: **2025_1a**

Output

Calculate

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

Actual Value: 64.09%

Metal Tier: Bronze

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

Calculation Time: 0.3633 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 MDOP 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 (\$)	\$7,250.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	50.00%	100.00%			
MDOP (\$)		\$7,250.00			
MDOP 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 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 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 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 checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 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 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 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 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 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 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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name:	
Specialty Rx Coinsurance Maximum:		Plan HOS ID:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HOS ID:	
# Days (1-10):		AVC Version:	2025_1a
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>		
# Visits (1-10):			
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays (1-10):			

Plan Description:

Name: **2025_1a**

Plan HOS ID: **2025_1a**

Issuer HOS ID: **2025_1a**

AVC Version: **2025_1a**

Output

Calculate

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

Actual Value: 69.53%

Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.3047 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?

HSA/HRA Options: HSA/HRA Employer Contribution? Annual Contribution Amount:
 Tiered Network Option: Tiered Network Plan? 1st Tier Utilization:
 2nd Tier Utilization:

Desired Metal Tier: **Bronze**

Type of Benefit	Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Copay, if different	Medical	Drug	Combined	Copay, if different
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$4,600.00		<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"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Speech Therapy	<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"/>		
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
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<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"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. High-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:
 Set a Maximum on Specialty Rx Coinsurance Payments?
 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: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.23%
 Metal Tier: Bronze

Additional Notes:
 Calculation Time: 0.1484 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?

HSA/HRA Options: HSA/HRA Employer Contribution? Annual Contribution Amount:
 Tiered Network Option: Tiered Network Plan? 1st Tier Utilization:
 2nd Tier Utilization:

Desired Metal Tier: **Bronze**

Type of Benefit	Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Copay, if different	Medical	Drug	Combined	Copay, if different
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$9,200.00		<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"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Speech Therapy	<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"/>		
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
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<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"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. High-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:
 Set a Maximum on Specialty Rx Coinsurance Payments?
 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.
 Actuarial Value: 59.65%
 Metal Tier: Bronze

Additional Notes:
 Calculation Time: 0.3906 seconds
Final 2025 AV Calculator



Proposed Preliminary Part II Justification Language

Company Legal Name: Quartz Health Benefit Plans Corporation

State: Illinois

HIOS Issuer ID: 85773

Market: Small Group

Product: Small Group Product One

Effective Date: January 1, 2025 through December 31, 2025

Part II – Preliminary Justification

This justification is intended to comply with the requirements of Section 2794 of the Public Health Service Act as added by Section 1003 of the Patient Protection and Affordable Care Act. This justification may not be appropriate for purposes or scopes beyond those described above and, therefore, should not be used for other purposes.

Scope and Range of Rate Increase

Quartz Health Benefit Plans Corporation (Quartz) is requesting an average rate increase of 11.69%. Quartz members would receive premium increases ranging from 8.97% - 16.92%, depending on their plan selection. As of March 2024, there are 500 individuals that will be impacted by this increase. Additionally, premium rates may change for individual contracts by an amount outside of the filed rates due to changes occurring at the contract level. These contract level changes may include changes in various characteristics, such as age, benefit plan, and tobacco user status.

Financial Experience of the Product

For the experience period, this product had a loss ratio of 94.04%. The proposed rate increase is needed in order to maintain a target projected loss ratio of 84.97%. Please note that this MLR calculation is purely an estimate and not meant to be a true measure for purpose of calculating the Federal or State MLR rebates. The products contained in this filing represent only a subset of Quartz's Small Group business.

Changes in Medical Service Costs

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.

Changes in Benefits



Quartz has made some minor cost sharing changes to current plan designs to maintain compliance within the federally mandated benefit ranges.

Administrative Costs and Anticipated Margins

Administrative Costs as a percentage of premium are decreasing. This has reduced the overall needed rate increase. Quartz's overall anticipated margin has remained constant, as a percent of premium, year over year and therefore not contributing to the requested rate increase.