



## Contact Information

### **Company Information**

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HIOS Issuer ID:	77566
NAIC Number:	95521

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## **ACTUARIAL MEMORANDUM**

### **2022 Vermont Individual Exchange Filing**

#### **Purpose and Scope of Filing**

This memorandum details the methods and assumptions underlying the proposed 2022 premium rates for the State of Vermont's Individual ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2022 and 12/31/2022. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 17.0%, with increases ranging from 10.4% to 20.9%.

#### **Market/Benefits**

All benefit plans included in this rate filing are available to everyone eligible to purchase coverage in the individual market.

A description of benefits is included in Exhibit 1 of the rate filing. As in 2021, MVP has filed Silver plans to be sold off exchange known as "reflective" Silver plans. These plans are equivalent to the corresponding on exchange plan with the exception of a \$5 copay or 5% coinsurance change to the ambulance benefit or a modification to the deductible/maximum out of pocket for the plan which has no cost sharing after the deductible.

Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2021 to 2022. As noted in the rate filing document, design changes from the previous year's plan design are shaded in gray.

All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the DVHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP previously contracted Milliman to determine an actuarially equivalent visit limit, and the claim data in the experience period represents this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing contain two benefits in excess of the EHBs: a wellness benefit and an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit is filed as a mandatory rider, form: FRVT366.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 11,101 policyholders, 11,101 subscribers and 15,371 members based on February 2021 membership.

#### **Unmerging of Risk Pools**

Historically the state of Vermont has been a merged market, meaning small employer group and individual data was used to derive a single set of premiums that applied to both small group and individual. In 2022, the market is being unmerged. This results in two sets of premium rates derived from small group and individual data separately.

### Experience Period Claims

MVP historical claim data was the basis of the premium rate development. All ACA compliant Individual data is included in the experience period data set. The claim data is assumed to be fully credible.

The experience period for the historical claims is incurred dates of service between 1/1/19 and 12/31/19, paid through 2/28/21. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/21. MVP chose to use 2019 claims experience instead of 2020 due to COVID-19. 2020 claim experience was significantly impacted by the COVID-19 pandemic, and MVP does not believe that 2020 is representative of future years and therefore decided to use 2019 with an additional year of trend.

Per ASOP #26 “premium rates are actuarially sound if, for business in the state for which the certification is being prepared and for the period covered by the certification, projected premiums in the aggregate, including expected reinsurance cash flows, governmental risk adjustment cash flows, and investment income, are adequate to provide for all expected costs, including health benefits, health benefit settlement expenses, marketing and administrative expenses, and the cost of capital.” MVP believes that the reduction in claims due to the COVID-19 pandemic would cause premiums developed on 2020 data to not be actuarially sound. Additionally, MVP has concerns that risk adjustment results could be skewed in 2020 due to suppressed utilization and the impact of COVID-19 diagnoses on risk scores.

Please see Exhibit 3 for a summary of MVP’s experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP’s experience period data are discussed below.

Line 1 of Exhibit 3 provides the member months for the experience period for the rating pool.

Line 2 of Exhibit 3 provides the experience period fee for service medical claim expense on a “per member per month” (PMPM basis). This includes all claims for medical services paid by MVP for the rating pool during the experience period.

Line 3 of Exhibit 3 provides the FFS claims paid by MVP for pediatric dental services provided to members in the rating pool during the experience period.

Lines 4a and 4b are reductions to FFS claims expenses due to the CSR subsidy program. Line 4a reflects the payments made to MVP by the federal government to cover the difference between the plan’s filed cost sharing and the member’s actual cost sharing under the program. Even though the federal subsidies were discontinued in October 2017, MVP is capturing the full amount of the reduction to claim expense in the filing and adding it back only on specific plans which will be discussed later. Because the state CSR program is still projected to continue in the rating period, MVP is reflecting these recoveries as a reduction to claim expense.

Line 5 reflects the assumption for claims Incurred but not Reported (IBNR) as of the latest date the claims data was paid through. We have completed the claims using an IBNR factor of -0.004% which is our best estimate of ultimate liabilities as of 3/31/21; due to claim activity, including claim reversals, between 2/28/21 and 3/31/21, MVP’s incurred estimate decreased which is driving a negative IBNR factor. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Note that the model used to calculate IBNR for this block of business includes all Vermont business, so the paid and incurred claims below will not match the paid and incurred claims in the filing. Please see the following table comparing incurred and paid claim amounts by month for the experience period.

<b>Incurred Month</b>	<b>Paid Claims</b>	<b>Incurred Claims</b>	<b>IBNR Factor</b>
201912	\$11,619,415	\$11,621,687	1.000
201911	\$11,371,801	\$11,373,275	1.000
201910	\$12,071,113	\$12,071,619	1.000
201909	\$11,233,790	\$11,234,620	1.000
201908	\$10,906,039	\$10,906,522	1.000
201907	\$11,097,035	\$11,097,410	1.000
201906	\$10,580,539	\$10,580,696	1.000
201905	\$12,105,143	\$12,095,529	0.999
201904	\$11,336,370	\$11,335,589	1.000
201903	\$11,679,575	\$11,679,100	1.000
201902	\$9,475,793	\$9,475,683	1.000
201901	\$11,012,331	\$11,012,231	1.000
<b>Total</b>	<b>\$134,488,944</b>	<b>\$134,483,961</b>	<b>1.000</b>

Line 6 reflects medical plus dental fee-for-service (FFS) claims, completed with IBNR. The formula is the sum of lines 2 and 4 multiplied by line 5, then adding line 3. MVP is assuming that dental claims are fully complete with two months of run-out, and therefore IBNR is not applied to these claims.

Line 7 provides the experience period incurred pharmacy claims for the rating pool. Pharmacy claims include any claims which are paid through the pharmacy portion of the member's benefits.

Experience period Rx rebates are reflected in line 8 of Exhibit 3.

Line 9 of Exhibit 3 reflects MVP's ultimate liability for pharmacy claims during the experience period, which nets manufacturer rebates from the incurred claims paid by MVP.

Lines 10 to 12 account for volatility in high cost claims. Claims in excess of \$100,000 are being removed from the claim projection and replaced by a pooling charge. The pooling charge of 12.6% was determined by computing the annual average cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for the experience period as well as the two preceding calendar years (2019, 2018, 2017). Please see the following table for the high cost claim percentage by year:

<b>Time Period</b>	<b>High Cost Claim %</b>
CY2017	14.0%
CY2018	10.1%
CY2019	13.8%
<b>Average</b>	<b>12.6%</b>

Line 12 of Exhibit 3 reflects MVP's experience period FFS claim expense for the rating pool, and is calculated by summing the medical and dental FFS incurred claims completed with IBNR (line 6 of Exhibit 3), the pharmacy incurred claims net of rebates (line 9 of Exhibit 3) and the impact of pooling (sum of lines 10 and 11 of Exhibit 3).

Line 13 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

<b>Summary of Experience Period Non-FFS and Capitation Amounts</b>	
Other Medical Expenses not in claim warehouse	\$1.15
Net Reinsurance Expense	\$0.67
Medical Home and PCP Incentive	\$3.92
Total Non-FFS and Capitation Amounts	\$5.75

\*Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.15% of paid claims) are not reflected in figures above. Line 13 of Exhibit 3 = line 12 of Exhibit 3 \* 1.149% + the applicable value shown above.

Line 14 of Exhibit 3 represents MVP’s best estimate of the costs incurred to cover members in the rating pool during the experience period after making the adjustments described above.

**Market-Wide Adjustments to Experience Period Claims**

Several adjustments to the experience period incurred claim costs were necessary to adjust for items not captured in the experience period. The adjustments are explained below.

*Line 15- Adjustment for Pharmacy Benefit Carve-in*

For plans that are considered Qualified High-Deductible Health Plans (QHDHPs), certain drugs are classified as preventive and are not subject to the member’s deductible. MVP will be classifying antidepressants and antipsychotic/antimanic agents as “preventive” effective January 1, 2020.

Quantifying the effect of this benefit change takes place in two steps. First, MVP analyzed 2019 pharmacy claims that fall under those categories. In the experience period, QHDHP members spent \$19,869 under their deductible for these drugs, which was then converted to a PMPM amount of \$0.12 reflected on line 15.

The second step was to adjust the benefit actuarial values to ensure that this load was only applied to QHDHPs. MVP adjusted the historical data in its benefit relativity model to capture these drugs as preventive before the benefit AVs were calculated. This loads the cost of covering the preventive drugs discussed above onto just the QHDHPs, as those plans have a higher relativity in the rating period than they did in the experience period.

*Line 16- Adjustment for Medical Safe Harbor Coverage on QHDHP’s*

In July of 2019, the Internal Revenue Service released IRS Notice 2019-45, which allowed for the coverage of specific medical services and items before the deductible on QHDHPs. MVP analyzed the claim cost for QHDHPs from the entire commercial population for the services not currently covered under the Safe Harbor provision and found that the additional claim expense will be worth \$0.06 for the individual rating pool.

The benefit actuarial values were then adjusted in a similar manner to the adjustment described in line 15 above, to ensure that the additional claim cost was reflected specifically on the QHDHP benefit designs for 2022.

*Line 17- Adjustment for Insulin Cap*

The state of Vermont has mandated that insulin cost share for a 30-day supply be capped at \$100 per member starting in 2022. MVP analyzed historical insulin utilization by member and determined this mandate would result in an additional \$0.14 PMPM.

*Line 18- Adjustment for COVID-19 Booster Shots*

It has been widely publicized that COVID-19 vaccination booster shots will likely be needed in the future, and Moderna’s CEO recently commented that they expect FDA approval for a COVID booster shot by Fall 2021. As a result, MVP has built in \$1.14 PMPM to cover the additional cost of these booster shots. This figure was derived from MVP’s Individual

market flu vaccine cost as we think it is appropriate to assume the same cost and uptake rate of the flu vaccine for the COVID-19 booster shots.

*Line 19- Adjustment for Telehealth Utilization Increase*

MVP analyzed the shift from in person visits to telehealth as a result of the COVID-19 pandemic across our VT population. Prior to the pandemic, telehealth costs were approximately \$0.10 PMPM vs. 3Q/4Q 2020 telehealth costs exceeding \$17 PMPM in MVP's exchange block of business. While the initial result in 2Q 2020 was a reduction to in person visits and an increase to telehealth visits with an overall reduction to cost, MVP's 3Q/4Q 2020 data indicates an overall net increase to cost as in-person visits are approaching pre-pandemic levels and telehealth visits have not subsided enough to offset the increase to in-person costs. The result is an overall to cost that MVP projects at \$1.89 PMPM.

*Line 20- Adjustment for National High Cost Reinsurance Pool*

In the 2022 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual market issuers in 2022 will be 0.31%. MVP has not had any claimants above \$1 million in this block of business since 2014 and does not anticipate any claimants for the rating period, so the net load for MVP would be the full 0.31% shown on line 20.

**Medical Trend Factors**

The development of annual medical paid claim trend factors for 2020, 2021 and 2022 is illustrated in Exhibit 2a.

For VT providers whose contractual reimbursement changes are governed by the GMCB, MVP is reflecting the GMCB's most recently approved budgeted changes as the unit cost trend for 2020 and 2021. For 2022 unit cost changes, MVP is assuming the 2021 approved hospital budget changes. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total allowed unit cost trend is 3.5% for 2020, 5.1% for 2021, and 5.7% for 2022.

MVP analyzed historical medical utilization trends for its VT block of business and determined that the data has been too volatile in recent years to use for medical utilization trend purposes. MVP attributes this volatility to the significant membership growth for this block of business. During the 2020 filing, "L&E [Lewis & Ellis Actuaries and Consultants] performed a series of independent trend calculations using market wide utilization data from 2015 to 2018" and found that "After assessing all the market wide results, L&E believes that a reasonable range for market wide utilization trend to be 1% to 4%" (L&E Actuarial Memo, SERFF # MVPH-131934219, page 7). Because MVP believes that their data still lacks necessary stability and L&E's view of utilization trend encompasses the entire market, MVP has built in a 1% annual utilization trend for this filing.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP’s entire book of business (consistent with the data in MVP’s benefit relativity model). Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 5.8%. The annual paid leveraging factor is 0.5% which results in an average annual paid FFS medical trend of 6.4%. This can be found on line 22 of Exhibit 3.

**Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP’s PBM was determined using MVP’s Vermont commercial data by drug class. The forecasts provided by MVP’s PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers. In addition to the market trend data provided by the PBM, MVP is also reflecting its best estimate of known contract changes for 2020, 2021 and 2022. Those contract changes are reflected in the unit cost trends shown on Exhibit 2a.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2020, 2021, and 2022 can be found in Exhibit 2b.

To project rebates, MVP has taken the experience period rebates as a percentage of the experience period allowed claims (22.0%) and applied that percentage to the rating period allowed claims. This represents MVP’s best estimate of future rebates that will be shared between the PBM and MVP.

The average annual allowed Rx trend in this filing is 15.2%, and the average annual paid Rx trend net of Rx rebates is 16.6% which can be found in line 23 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 24 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 24, the following calculation is performed: [ line 6 \* line 22 + line 9 \* line 23 ] / [ line 6 + line 9 ]. The annual trend is then applied for 36 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 26 of Exhibit 3.

**Paid Claim Surcharges, Capitation, and Non-FFS PMPM Projection**

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 27 and 28 of Exhibit 3 represent MVP’s best estimate of these costs in the projection period. A summary of the expenses driving the capitation and non-FFS expenses in line 28 can be found below. Expenses captured in the “Other Medical Expense not in warehouse” line include: student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

Summary of Rating Period Non-FFS and Capitation Amounts	
Other Medical Expenses not in claim warehouse	\$1.49
Net Reinsurance Expense	\$0.67
Medical Home and PCP Incentive	\$3.92
<b>Total Non-FFS and Capitation Amounts</b>	<b>\$6.09</b>

MVP is assuming that the VT paid claim surcharge will remain unchanged in 2022 and equal 0.999%. The NYS HCRA surcharge of 0.15% is also unchanged.

### **Federal Risk Adjustment Program**

Based on the Final Risk Transfer results for 2019 provided by CMS rerun for the unmerged market by L&E, MVP would've paid \$12,568,228 into the individual market transfer pool for 2019. This is \$74.41 on a PMPM basis or 18.2% of experience period claims prior to market-wide adjustments. To calculate line 30 of Exhibit 3, MVP applied this risk adjustment payment as a percentage of claim expense to line 29 of Exhibit 3, which is the best estimate of the rating period claim expense. This results in an estimated payment of \$93.53 PMPM or \$15,798,325 using experience period membership.

### **Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates**

Line 31 of Exhibit 3 represents MVP's projected paid index rate after adjustments for 2022. This is the starting net claim cost that will be used to set 2022 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 7. The plan specific net claim cost for each plan is computed as follows on Exhibit 7:

$$\text{Adjusted Claim Cost For Pricing (see Exhibit 7)} = \frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 31 of Exhibit 3)}}{[\text{Avg Inforce Actuarial Value} * \text{Induced Utilization Factor}]}$$

$$\text{Plan Specific Net Claim Cost PMPM (see Exhibit 7)} = \text{Adjusted Claim Cost for Pricing} * \text{Benefit Actuarial Value} * \text{Plan Induced Utilization Factor}$$

The Plan Specific Gross Claim Cost PMPM for each plan is derived by adjusting the Plan Specific Net Claim Cost PMPM which account for Benefits in Excess of EHBs, PMPM non-claim expense loads, and percent of premium non-claim expense loads.

### **Actuarial Values and Induced Utilization Factors**

The AV Metal Level for each plan was determined using the Federally prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP's in-house benefit relativity model. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design.

The induced utilization factors used to set premium rates and compute the average in-force induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The experience period actuarial value times induced demand factor (0.7492) can be found in Exhibit 7.

### **Non-Claim Expense Plan Level Adjustments**

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non-Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and summarized in Exhibit 5.

#### *Federal Taxes PMPM based*

A total of \$0.46 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.24 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.22 PMPM for the Patient Centered Outcome Research Fee.



*State Taxes PMPM Based*

\$1.52 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP’s behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc., and the Office of the Health Care Advocate. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP’s growth in market share from 2019 to 2022.

*State Taxes Premium based – VT Vaccine Assessment*

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP’s rates are \$12.02 per covered child and \$1.70 per covered adult for January to March 2022, followed by an estimate of the same \$12.02 per covered child and \$1.70 per covered adult thereafter. Based on a blend of MVP’s child and adult membership in the projection period, the total PMPM costs are \$2.27 for 2022. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.33%.

*General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$47.10 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). MVP is making additional administrative investments in the state for 2022 and expect admin to be aligned with our proposed administrative costs.

Based on an analysis of MVP’s historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP’s total administrative expense was spent on QI. Therefore, \$2.83 PMPM of the \$47.10 PMPM administrative expense is attributable to QI.

MVP charged \$42.17 PMPM for the merged individual and small group market in 2021. When multiplied by our combined February 2021 enrollment, the available administrative expense PMPM change is only \$0.03. Please see the table below.

<b>Summary of 2022 Administrative Expenses</b>		
	<b>Proposed Admin PMPM</b>	<b>Enrollment as of February 2021</b>
Individual	\$47.10	15,371
Small Group	\$38.75	21,858
Combined	\$42.20	37,229

*Contribution to Reserves/Risk Charge*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2022. This charge is added to premium rates to meet statutory reserve requirements for MVP’s VT block of business and protect against adverse experience relative to pricing assumptions.

*Bad Debt Expense*

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk.

**Rider FRVT366 (Wellness Benefit in Addition to EHBs)**

Members purchasing a non-standard plan will receive MVP’s Member Wellness Incentive (Form: FRVT366). This is an enhancement to the current wellness benefit whereby primary subscribers can earn up to \$600 in wellness-related

rewards and/or be reimbursed for wellness-related activities. MVP projects the net cost of this benefit to equal \$0.88 PMPM which is unchanged from the prior year

**Acupuncture Allowance (Benefit in Addition to EHBs)**

MVP is adding a \$500 acupuncture allowance to its benefits in 2022. MVP’s 2019 acupuncture claims for our New York members were studied and used to derive the \$0.52 PMPM additional cost for this benefit.

**Catastrophic Plan Adjustment**

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan.

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.604 and is reflected in the “Induced Utilization Factor” adjustment of Exhibit 7 for this plan.

<b>Catastrophic Plan Level Adjustment</b>	
	<b>HHS Age Factor</b>
Ages 0-29, Meeting Subscriber Qualifications	1.044
Single Risk Pool Total	1.727
Catastrophic Adjustment	0.604

**Per Contract Premium Rates**

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 7 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2021. The SCF = weighted average contract size / weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

**Silver CSR Loading**

As stated previously, the Federal government has cancelled reimbursement of incurred claims under the CSR program effective October 2017. However, members are still eligible for the reduced cost sharing plans in the program, which will have to be covered by increasing premiums. The state of Vermont’s solution to this problem was to create two sets of Silver plans: one set for non-CSR members with premiums that do not reflect the CSR defunding and one set for CSR members which reflect the CSR defunding in the premium. This was done so that the second-lowest cost Silver plan on the exchange would have an increased premium, which is the plan used to determine how much lower-income members will receive in premium subsidies through the federal Advance Premium Tax Credits (APTC) program. That way, premium increases for CSR defunding will be met with corresponding increases in APTC subsidies and the net policyholder premium increase will be minimized.

Total subsidies under the federal CSR program were \$5,265,578 during the experience period. In order to determine the expected federal subsidy outlay during the rating period, experience period federal CSR dollars by CSR level are re-weighted based on actual February 2021 membership as this calculation reflects MVP’s best estimate of the members expected to enroll in on-Exchange Silver plans during the rating period. Please see the following table which details this calculation:

CSR Level	Federal CSR Dollars	CSR Membership, Experience Period	Federal CSR PMPM	Projected CSR Member Months	Projected CSR Dollars
Non-CSR APTC	\$0	6,063	\$0.00	6,204	\$0
73% CSR	\$0	4,714	\$0.00	4,464	\$0
77% CSR	\$306,674	14,043	\$21.84	12,948	\$282,761
87% CSR	\$3,413,514	32,536	\$104.91	27,540	\$2,889,359
94% CSR	\$1,545,390	10,973	\$140.84	10,992	\$1,548,066
TOTAL	\$5,265,578	68,329	\$77.06	62,148	\$4,720,185
				Projected CSR PMPM	\$75.95

This amount was then completed with IBNR and trended at 1.4% for 36 months to get to a trended CSR load of \$79.25 PMPM for the rating period. The 1.4% trend reflects the allowed trend for claims between the average CSR deductible and the average deductible of the non-subsidized plan. This amount can be found in line 8 of Exhibit 6 of the rate filing as well as in the rate buildup of the on-exchange Silver plans.

#### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.5%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.5%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2022:

<b>Target Loss Ratio for 2022 VT Exchange</b>	
A) Claims Expense	\$608.53
B) Taxes/Assessments	\$4.20
C) Quality Improvement	\$2.83
D) Premium	\$672.61
E) Traditional Loss Ratio = A) / D)	90.5%
F) Federal Loss Ratio = [A) + C] / [D) - B]	91.5%

MVP does not anticipate having to rebate members for 2019 or 2020 per the ACA minimum MLR requirements.

#### **Actuarial Dataset, Rate Increase Exhibit, URRT, and Federal Memorandum**

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2021, the Federal URRT, and the Federal Actuarial Memorandum.

#### *Projection Period Enrollment*

MVP's projection period membership equals the February 2021 enrollment of the population eligible to purchase these products, or 15,371 members. On Worksheet 2 of the URRT, members are mapped based on their February 2021 benefit to the same benefits for 2022.

### **Actuarial Certification**

I, Christopher Pontiff, am an Associate of the Society of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be shown in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2022 plan year after this filing is submitted, including but not limited to changes to the enforcement of the individual mandate, changes to rules around selling across state lines or association groups, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2022 plan year.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP #26, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.



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Christopher Pontiff, ASA  
Leader, Actuarial  
MVP Health Care, Inc.

05/07/2021  
Date

Please provide Company specific inputs for any cells shaded in blue.

**Instructions:**

- The issuer must complete the Actuarial Memorandum Dataset Supplement and submit with the filing.
- Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum.
- This includes cells where the spreadsheet contains sample input (red entries are just proxy values that help illustrate what should be provided).
- This document applies to all issuers, new and existing.
- Please submit in Excel format under the Supporting Documentation Tab in the Form/Rate Filing.
- Remember to scroll to the right - there is information requested through Column N.

**Purpose, Scope, and Reason for Rate Increase**

Insurance Company Name	MVP Health Plan, Inc.
HICS ID	17199
SERFF Filing Number	W074-13024950
Date of Submission	07/02/21
Proposed Effective Date	1/1/2022
Average Annual Premium	
Before Rate Change	\$7,054
After Rate Change	\$8,250

	Amount in SERFF's Rate Review Detail Section	Explanation for differences
Proposed Overall Rate Change	17.03%	N/A
Proposed Minimum Rate Change	10.89%	N/A
Proposed Maximum Rate Change	20.97%	N/A

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

The minimum rate change is for the catastrophic plan which has a lower increase than the other plans due to a change in the catastrophic adjustment factor. Excluding this plan would bring the range of rate increases to within 10%.

**Relationship of Proposed Rate Scale to Current Rate Scale:**

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing
Base Period Experience	1.000	1.034	1.034
Impact of R0 Benefit Carry-In	1.001	1.000	1.000
Adjustment for National Rereinsurance	1.000	1.003	1.003
Adjustment for Safe Harbor Coverage on QHE	1.000	1.000	1.000
Adjustment for COVID-19 Immunization Cost	1.000	1.003	1.003
Adjustment for Insulin Cap	1.000	1.000	1.000
Adjustment for Telehealth Utilization Increase	1.000	1.005	1.005
Pricing Trend	1.134	1.243	1.088
Risk Adjustment Recoveries	1.142	1.182	1.034
Experience Period Benefit and AV Change	0.957	1.000	1.045
SG&A	1.055	1.058	0.993
Taxes and Fees (PMPM Basis)	1.003	1.002	0.999
Taxes and Fees (% of Premium Basis)	1.003	1.003	1.000
Margin	1.009	1.019	1.010
Single Conversion Factor	1.027	1.048	0.956
CBS Defunding	1.050	1.043	0.985
Benefit Mix Impact	0.997	1.000	1.003
<b>Total Rate Change</b>			1.170
If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B18			
1.170			
N/A			

e.g. previous filing experience period index rate compared to the current filing experience index rate

The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075\*2 / 1.08\*2)

**Annual Rate Change Distribution**

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, if applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	0	0	0
Increase of 5.01% to 10.00%	0	0	0
Increase of 10.01% to 14.99%	3,350	4,224	0
Increase of 15.00% or more	7,751	11,347	0
Total	11,101	15,571	0

**History of Rate Changes**

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2018	4.74%	6.45%
2019	10.89%	6.63%
2020	8.45%	10.66%
2021	7.90%	2.70%

**Retention**

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	11/20/18 - 12/31/2018	11/20/18 - 12/31/2018	11/20/19 - 12/31/2019		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$1.06	\$1.06	\$1.06	301.43%	6.93%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$30.80	\$42.17	\$47.10	18.34%	11.69%
Profit/Risk Margin	\$8.68	\$5.19	\$3.07	35.02%	152.07%
Total	\$50.54	\$51.34	\$64.43	27.48%	25.50%
Variable	\$25.38	\$24.58	\$32.20	27.26%	31.43%
Non-Variable	\$25.16	\$26.76	\$32.23	27.71%	20.06%
Total	\$50.54	\$51.34	\$64.43	27.48%	25.50%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	0.21%	0.89%	0.62%	197.24%	-10.45%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	7.81%	7.32%	6.85%	-12.37%	-6.46%
Profit/Risk Margin	1.92%	0.96%	1.92%	0.00%	111.11%
Total	9.92%	8.91%	9.38%	-5.61%	5.11%
Variable	4.98%	4.27%	4.70%	-5.77%	10.08%
Non-Variable	4.94%	4.64%	4.67%	-5.44%	0.55%
Total	9.92%	8.91%	9.36%	-5.61%	5.11%
Check	TRUE	TRUE	TRUE		

**Trend & Projection Assumptions**

Incurred or Allowed Basis?  Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Historical Experience (ACA Only):

Monthly Trend Analysis Based on Experience Date Time Period Used for Rate Development (ACA Only)	Monthly Incurred Claims \$			Annualized Rolling 6 Mo		Average Age/Gender			Normalized Monthly Incurred Claims \$		Normalized Rolling 12	Normalized Annualized	Normalized Annualized
	Month	Member Months	PMPM*	Rolling 12 Mo Trend	Trend	Trend	Average Benefit Factor	Factor	Other Factor	PMPM*	Mo Trend	Rolling 6 Mo Trend	Rolling 3 Mo Trend
Jan-2018	10,878	\$368.99	\$33.85				1.00	1.00	1.00	\$246.99			
Feb-2018	10,670	\$281.85					1.00	1.00	1.00	\$282.52			
Mar-2018	10,751	\$350.72					1.00	1.00	1.00	\$328.10			
Apr-2018	10,667	\$314.24					1.00	0.99	1.00	\$317.28			
May-2018	10,747	\$348.27					1.00	0.99	1.00	\$351.32			
Jun-2018	10,803	\$376.65				118.10%	1.00	0.99	1.00	\$381.13			124.51%
Jul-2018	10,958	\$392.58				114.57%	1.00	0.99	1.00	\$398.08			120.52%
Aug-2018	10,977	\$441.49				124.04%	1.00	0.99	1.00	\$448.38			130.38%
Sep-2018	11,044	\$340.06				67.10%	1.00	0.99	1.00	\$354.87			71.01%
Oct-2018	11,092	\$471.03				62.26%	1.00	0.98	1.00	\$480.25			65.82%
Nov-2018	11,150	\$512.98				46.62%	1.00	0.98	1.00	\$503.14			49.83%
Dec-2018	11,057	\$438.75			88.84%	109.22%	1.00	0.98	1.00	\$450.22		93.09%	114.86%
Jan-2019	14,224	\$459.48			71.71%	55.16%	0.97	0.98	1.00	\$482.16		77.72%	65.25%
Feb-2019	14,480	\$385.99			38.52%	-22.99%	0.97	0.98	1.00	\$373.48		42.24%	-15.88%
Mar-2019	14,338	\$423.81			40.63%	-42.48%	0.97	0.98	1.00	\$448.50		47.59%	-35.89%
Apr-2019	14,350	\$429.03			19.27%	-45.72%	0.97	0.98	1.00	\$462.57		26.10%	-41.45%
May-2019	14,351	\$505.22			5.26%	-40.08%	0.97	0.98	1.00	\$502.98		12.00%	-65.30%
Jun-2019	14,201	\$413.12			-1.45%	-40.22%	0.97	0.98	1.00	\$435.80		5.17%	-62.18%
Jul-2019	14,100	\$452.67			-2.16%	-65.95%	0.97	0.98	1.00	\$462.57		26.10%	-41.45%
Aug-2019	14,008	\$398.50			3.85%	-24.95%	0.97	0.98	1.00	\$479.43		9.65%	-37.44%
Sep-2019	13,929	\$397.41			-3.02%	-28.30%	0.97	0.97	1.00	\$422.09		0.71%	-24.83%
Oct-2019	13,843	\$477.57			5.52%	-35.88%	0.97	0.97	1.00	\$507.33		6.58%	-24.42%
Nov-2019	13,755	\$448.48			-1.86%	-19.52%	0.97	0.97	1.00	\$477.38		0.26%	22.36%
Dec-2019	13,529	\$462.59		15.70%	3.85%	52.83%	0.97	0.97	1.00	\$493.12	20.70%	5.68%	55.34%
Jan-2020	15,814	\$430.61		9.47%	2.54%	22.23%	0.97	0.97	1.00	\$458.40	13.74%	4.08%	23.38%
Feb-2020	15,923	\$429.08		9.71%	1.35%	-1.45%	0.97	0.97	1.00	\$458.23	13.67%	2.78%	-1.31%
Mar-2020	15,815	\$378.27		8.45%	1.44%	-37.13%	0.97	0.97	1.00	\$461.47	9.85%	2.47%	-37.44%
Apr-2020	15,662	\$363.91		-1.94%	-1.53%	-48.97%	0.97	0.97	1.00	\$445.62	4.95%	-12.61%	-48.75%
May-2020	15,333	\$408.41		-3.11%	-12.20%	-49.92%	0.97	0.96	1.00	\$437.19	-0.50%	-11.38%	-49.19%
Jun-2020	15,271	\$502.03		-0.04%	-6.91%	-30.54%	0.97	0.96	1.00	\$504.71	2.50%	-5.13%	-34.10%
Jul-2020	15,342	\$510.98		0.07%	1.88%	218.60%	0.97	0.96	1.00	\$547.98	2.39%	3.03%	228.97%
Aug-2020	15,311	\$520.60		3.28%	6.87%	369.74%	0.97	0.96	1.00	\$558.51	5.45%	8.10%	368.18%
Sep-2020	15,415	\$502.02		4.98%	11.61%	19.33%	0.97	0.96	1.00	\$539.36	6.58%	21.10%	83.35%
Oct-2020	15,004	\$519.64		5.14%	84.13%	8.65%	0.97	0.96	1.00	\$559.17	6.92%	56.60%	9.58%
Nov-2020	14,875	\$445.14		8.07%	62.93%	-33.01%	0.97	0.96	1.00	\$480.08	7.80%	65.50%	-32.27%
Dec-2020	14,507	\$554.98		7.26%	42.70%	-3.76%	0.97	0.96	1.00	\$599.12	6.63%	44.95%	-2.04%

Last Month in Experience Period  
Add more rows if needed.  
If applicable, please provide an explanation for the Other normalization factor.

N/A

The Department is requesting each carrier provide additional trend exhibits, in excel with working formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the trend development. Please state where in the filing it is located.

Please see the tabs "Med Trends by Category" and "Rx Trend by Category" for the historical incurred claims by Med category (P/O/P/PHY) and Rx category (Generic/Brand/Specialty).

**Solvency**

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	417,812,602	417,812,602
Authorized Control Level	97,834,795	97,834,795
RB-C Ratio	429.36%	429.36%

**Loss Ratio**

Time Period	Period Beginning Date	Period End Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year 4	1/1/2016	12/31/2016	44,803	15,184,762	18,709,587	81.2%
Historical Year 3	1/1/2017	12/31/2017	70,780	32,322,078	35,139,766	92.0%
Historical Year 2	1/1/2018	12/31/2018	130,601	57,901,556	59,053,181	98.3%
Historical Year 1	1/1/2019	12/31/2019	168,909	82,453,588	88,374,377	93.3%
Historical Year 0	1/1/2020	12/31/2020	181,165	96,178,407	106,178,764	90.5%
<b>Historical Totals</b>			608,238	285,656,204	306,983,465	92.0%
<b>Interim Time Period</b>	1/1/2021	2/28/2021	30,672	16,207,073	18,020,774	89.9%
<b>Future Year 1</b>	1/1/2022	12/31/2022	184,452	114,808,874	126,899,439	90.5%

Anticipated Pricing Loss Ratio (no adjustments)	90.5%
Anticipated LR using Federally-prescribed MLR methodology	91.5%

**Note:**  
The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.  
The interim time period the time periods available in the current year.  
The future year should represent the 12 months immediately following the rate effective date.

**Consumer Adjusted Premium Rate Development**

Section III of WS2 of the 2022 URRT requires that the issuer provide the Actuarial Value and cost-sharing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRT. (Add additional columns as needed to include all plans shown on the URRT). Please see the example below.

**Actuarial value and Cost-Sharing Design of the Plan** (add additional columns as needed to include all plans shown in Section III of WS2 of the 2022 URRT)

Plan ID (Standard Component ID)	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040024	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	77566VT0040025	77566VT0040026	77566VT0040011	77566VT0040015
(From Line 3.1 of the URRT)																		
AV and Cost-Sharing Design of Plan	1.032	0.837	0.882	0.858	0.853	0.831	0.835	0.809	0.756	0.733	0.736	0.711	0.626	0.631	0.654	0.639	0.619	0.389
Paid/Allowed Ratio (Cost-Sharing only)	0.897	0.780	0.808	0.784	0.724	0.708	0.711	0.692	0.724	0.708	0.710	0.692	0.622	0.626	0.645	0.632	0.618	0.809
Used Induced utilization factor	-1.150	-1.074	-1.090	-1.080	-1.179	-1.174	-1.169	-1.044	-1.036	-1.028	-1.028	-1.007	-1.009	-1.009	-1.015	-1.011	-1.005	-0.606
Calculated	1.032	0.837	0.882	0.858	0.853	0.831	0.835	0.809	0.756	0.733	0.736	0.711	0.626	0.631	0.654	0.639	0.619	0.389
(This value should equal value on Row 192)																		

In the text box, please state where in the filing it is located.

Please see the columns "Benefit Actuarial Value" and "Induced Utilization Factor" on Exhibit 7 of the rate filing. In addition, note that this value in the URRT also includes the value of the CSR load on the On Exchange Silver plan. For the purpose of induced utilization in this file, the CSR loading is included.

**Risk Adjustment**

Time Period	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
1/1/2020					
1/1/2021					
Total Risk adjustment (Dollar amount)	(\$5,486,081)	(\$12,427,941)	(\$17,252,086)		-4.75%
Membership Member Months	181,165	181,165	181,165	0.17%	-4.73%
PMPM	(\$29.58)	(\$68.18)	(\$95.53)		11.12%
Premium	\$108,176,742	\$114,198,805	\$128,899,432		28.92%
As a % of Premium	-5%	-11%	-14%		28.92%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

The current rate filing uses unmerged risk adjustment while the previous rate filings were merged. This is driving the large variance.

Expected Incurred Claims	A-to-E Claims Ratio
16,392,292	92.6%
31,612,467	102.2%
52,434,501	109.3%
79,889,161	103.1%
93,933,707	101.4%
274,310,718	103.0%
16,390,650	98.9%
114,808,874	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
141,633	601,688	84.6%
280,028	241,118	93.4%
497,590	939,456	98.7%
672,258	179,044	94.3%
464,045	1,754,278	92.5%
2,056,454	3,715,484	93.8%
75,612	123,244	91.0%
521,261	784,879	91.4%

**Trend & Projection Assumptions For Inpatient Claims**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>(1)</sup>: **Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend
	Jan-2018	10,678	\$25.92				1.00	1.00	1.00	\$25.92			
	Feb-2018	10,670	\$39.49				1.00	1.00	1.00	\$39.58			
	Mar-2018	10,751	\$80.19				1.00	1.00	1.00	\$60.44			
	Apr-2018	10,667	\$32.42				1.00	0.99	1.00	\$32.68			
	May-2018	10,747	\$44.87				1.00	0.99	1.00	\$45.26			
	Jun-2018	10,803	\$73.12			106.22%	1.00	0.99	1.00	\$73.99			112.34%
	Jul-2018	10,925	\$81.33			419.23%	1.00	0.99	1.00	\$82.51			435.26%
	Aug-2018	10,977	\$93.70			960.93%	1.00	0.99	1.00	\$95.16			993.08%
	Sep-2018	11,084	\$44.38			347.25%	1.00	0.99	1.00	\$45.12			356.64%
	Oct-2018	11,092	\$77.08			34.55%	1.00	0.98	1.00	\$78.59			37.20%
	Nov-2018	11,150	\$130.10			5.82%	1.00	0.98	1.00	\$132.92			8.33%
	Dec-2018	11,057	\$65.74		217.51%	141.80%	1.00	0.98	1.00	\$67.46		225.35%	148.27%
	Jan-2019	14,224	\$150.86		202.31%	652.38%	0.97	0.98	1.00	\$158.31		214.53%	709.96%
	Feb-2019	14,285	\$56.58		90.07%	50.86%	0.97	0.98	1.00	\$59.46		98.75%	66.19%
	Mar-2019	14,336	\$73.29		123.94%	10.98%	0.97	0.98	1.00	\$77.21		135.19%	23.95%
	Apr-2019	14,350	\$74.52		74.59%	-89.13%	0.97	0.98	1.00	\$78.61		84.43%	-88.39%
	May-2019	14,351	\$91.98		6.94%	-45.51%	0.97	0.98	1.00	\$97.03		13.88%	-43.53%
	Jun-2019	14,201	\$66.78		8.80%	-52.01%	0.97	0.98	1.00	\$70.44		16.07%	-51.25%
	Jul-2019	14,100	\$84.64		-39.90%	101.20%	0.97	0.98	1.00	\$89.64		-36.89%	103.55%
	Aug-2019	14,006	\$65.31		-26.65%	-33.27%	0.97	0.98	1.00	\$69.18		-23.53%	-32.41%
	Sep-2019	13,929	\$62.67		-35.21%	-30.95%	0.97	0.97	1.00	\$66.56		-32.83%	-29.59%
	Oct-2019	13,843	\$82.08		-31.42%	-44.71%	0.97	0.97	1.00	\$87.23		-29.35%	-43.63%
	Nov-2019	13,755	\$80.97		-23.61%	39.50%	0.97	0.97	1.00	\$96.84		-22.00%	-42.36%
	Dec-2019	13,529	\$94.58	28.71%	-12.84%	149.93%	0.97	0.97	1.00	\$100.85	34.11%	-11.20%	154.20%
	Jan-2020	15,974	\$89.44		23.17%	242.77%	0.97	0.97	1.00	\$105.54	6.47%	25.02%	245.80%
	Feb-2020	15,923	\$108.74	7.67%	41.02%	176.61%	0.97	0.97	1.00	\$115.62	11.32%	42.97%	176.82%
	Mar-2020	15,815	\$69.81	5.93%	49.89%	16.93%	0.97	0.97	1.00	\$74.35	9.19%	51.70%	16.27%
	Apr-2020	15,625	\$83.25	2.91%	45.09%	-29.26%	0.97	0.97	1.00	\$88.82	5.86%	46.65%	-28.97%
	May-2020	15,333	\$114.02	0.78%	58.73%	-40.86%	0.97	0.96	1.00	\$122.06	3.51%	60.21%	-39.86%
	Jun-2020	15,271	\$183.65	13.65%	87.29%	247.72%	0.97	0.96	1.00	\$196.88	16.61%	88.96%	257.57%
	Jul-2020	15,342	\$91.85	13.97%	70.73%	387.38%	0.97	0.96	1.00	\$98.50	16.65%	72.68%	399.91%
	Aug-2020	15,331	\$87.78	19.28%	34.30%	244.90%	0.97	0.96	1.00	\$94.17	21.79%	36.10%	250.65%
	Sep-2020	15,215	\$98.83	21.32%	45.28%	-71.14%	0.97	0.96	1.00	\$106.08	23.72%	47.40%	-70.88%
	Oct-2020	15,004	\$48.02	17.34%	30.77%	-86.69%	0.97	0.96	1.00	\$51.68	19.38%	32.76%	-86.59%
	Nov-2020	14,805	\$63.30	18.15%	1.98%	-88.66%	0.97	0.96	1.00	\$68.17	19.79%	3.47%	-88.55%
Last Month in Experience Period	Dec-2020	14,507	\$70.08	12.84%	-50.64%	-82.12%	0.97	0.96	1.00	\$75.66	14.22%	-49.95%	-81.80%

**Trend & Projection Assumptions For Outpatient Claims**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>(1)</sup>: **Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend
	Jan-2018	10,678	\$119.21				1.00	1.00	1.00	\$119.21			
	Feb-2018	10,670	\$137.55				1.00	1.00	1.00	\$137.88			
	Mar-2018	10,751	\$140.62				1.00	1.00	1.00	\$141.21			
	Apr-2018	10,667	\$148.84				1.00	0.99	1.00	\$150.04			
	May-2018	10,747	\$158.41				1.00	0.99	1.00	\$159.80			
	Jun-2018	10,803	\$155.01			83.07%	1.00	0.99	1.00	\$156.85			88.44%
	Jul-2018	10,925	\$157.16			47.50%	1.00	0.99	1.00	\$159.45			51.52%
	Aug-2018	10,977	\$183.71			50.52%	1.00	0.99	1.00	\$186.56			54.75%
	Sep-2018	11,084	\$157.65			35.18%	1.00	0.99	1.00	\$160.28			38.41%
	Oct-2018	11,092	\$202.62			78.55%	1.00	0.98	1.00	\$206.58			82.56%
	Nov-2018	11,150	\$195.25			57.33%	1.00	0.98	1.00	\$199.47			60.69%
	Dec-2018	11,057	\$191.30		60.13%	95.15%	1.00	0.98	1.00	\$196.30		64.31%	100.43%
	Jan-2019	14,224	\$171.53		49.78%	7.87%	0.97	0.98	1.00	\$180.00		54.92%	14.70%
	Feb-2019	14,285	\$170.99		31.77%	-16.82%	0.97	0.98	1.00	\$179.70		37.33%	-8.92%
	Mar-2019	14,336	\$198.28		36.20%	-30.00%	0.97	0.98	1.00	\$206.79		43.09%	-21.72%
	Apr-2019	14,350	\$186.46		19.12%	-0.42%	0.97	0.98	1.00	\$196.69		26.06%	7.55%
	May-2019	14,351	\$236.45		20.18%	85.50%	0.97	0.98	1.00	\$249.44		27.96%	93.88%
	Jun-2019	14,201	\$197.86		13.62%	76.19%	0.97	0.98	1.00	\$208.72		21.32%	78.56%
	Jul-2019	14,100	\$202.83		17.47%	75.57%	0.97	0.98	1.00	\$214.82		24.24%	77.62%
	Aug-2019	14,006	\$181.14		22.84%	-21.99%	0.97	0.98	1.00	\$191.88		28.65%	-21.02%
	Sep-2019	13,929	\$180.93		11.87%	-31.41%	0.97	0.97	1.00	\$192.16		16.07%	-30.04%
	Oct-2019	13,843	\$220.93		21.37%	-30.16%	0.97	0.97	1.00	\$234.80		24.83%	-28.76%
	Nov-2019	13,755	\$195.96		4.56%	11.30%	0.97	0.97	1.00	\$208.59		6.78%	13.58%
	Dec-2019	13,529	\$196.99	19.82%	3.26%	39.54%	0.97	0.97	1.00	\$210.04	25.04%	5.05%	41.80%
	Jan-2020	15,974	\$191.19	17.62%	-4.09%	0.55%	0.97	0.97	1.00	\$202.92	22.29%	-2.65%	1.47%
	Feb-2020	15,923	\$176.57	15.92%	-6.86%	-21.08%	0.97	0.97	1.00	\$187.74	20.10%	-5.57%	-20.96%
	Mar-2020	15,815	\$159.24	10.72%	-8.52%	-45.71%	0.97	0.97	1.00	\$169.59	14.30%	-7.41%	-45.97%
	Apr-2020	15,625	\$113.09	5.10%	-29.23%	-64.79%	0.97	0.97	1.00	\$120.67	8.15%	-28.48%	-64.67%
	May-2020	15,333	\$161.81	-2.29%	-28.77%	-64.78%	0.97	0.96	1.00	\$173.21	0.26%	-28.12%	-64.25%
	Jun-2020	15,271	\$223.96	-2.68%	-24.04%	-19.32%	0.97	0.96	1.00	\$242.25	-0.30%	-23.43%	-17.09%
	Jul-2020	15,342	\$231.62	-3.12%	-16.48%	299.51%	0.97	0.96	1.00	\$248.02	-0.94%	-15.52%	269.01%
	Aug-2020	15,331	\$231.62	-0.69%	-6.61%	534.78%	0.97	0.96	1.00	\$248.41	1.35%	-5.34%	546.55%
	Sep-2020	15,215	\$230.13	0.69%	10.32%	270.28%	0.97	0.96	1.00	\$247.00	2.56%	11.99%	273.67%
	Oct-2020	15,004	\$276.92	2.26%	74.48%	102.22%	0.97	0.96	1.00	\$297.98	3.96%	77.37%	104.03%
	Nov-2020	14,805	\$179.88	1.55%	91.19%	-0.74%	0.97	0.96	1.00	\$193.72	3.02%	94.29%	0.35%
Last Month in Experience Period	Dec-2020	14,507	\$243.28	3.21%	84.01%	4.36%	0.97	0.96	1.00	\$262.64	4.54%	86.97%	6.18%



**Trend & Projection Assumptions For Physician Claims**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>(1)</sup>: Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gen Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend
	Jan-2018	10,678	\$75.73				1.00	1.00	1.00	\$75.73			
	Feb-2018	10,670	\$77.42				1.00	1.00	1.00	\$77.60			
	Mar-2018	10,751	\$92.19				1.00	1.00	1.00	\$92.58			
	Apr-2018	10,667	\$97.15				1.00	0.99	1.00	\$97.93			
	May-2018	10,747	\$109.25				1.00	0.99	1.00	\$110.21			
	Jun-2018	10,803	\$106.64			164.94%	1.00	0.99	1.00	\$107.91			172.73%
	Jul-2018	10,925	\$102.93			103.84%	1.00	0.99	1.00	\$104.43			109.25%
	Aug-2018	10,977	\$108.42			28.63%	1.00	0.99	1.00	\$110.11			32.18%
	Sep-2018	11,084	\$95.15			-8.25%	1.00	0.99	1.00	\$96.74			-6.07%
	Oct-2018	11,092	\$126.53			15.04%	1.00	0.98	1.00	\$129.00			17.66%
	Nov-2018	11,150	\$120.34			33.88%	1.00	0.98	1.00	\$122.94			36.79%
	Dec-2018	11,057	\$114.58		43.05%	93.59%	1.00	0.98	1.00	\$117.57		46.72%	98.81%
	Jan-2019	14,224	\$103.56		29.43%	7.45%	0.97	0.98	1.00	\$108.67		33.82%	14.20%
	Feb-2019	14,285	\$92.34		10.01%	-34.47%	0.97	0.98	1.00	\$97.04		14.56%	-28.32%
	Mar-2019	14,336	\$110.01		13.67%	-48.68%	0.97	0.98	1.00	\$115.90		19.31%	-42.61%
	Apr-2019	14,350	\$113.86		0.53%	-21.60%	0.97	0.98	1.00	\$120.11		6.37%	-15.28%
	May-2019	14,351	\$126.85		0.00%	68.67%	0.97	0.98	1.00	\$133.81		6.46%	76.48%
	Jun-2019	14,201	\$103.13		-5.39%	59.79%	0.97	0.98	1.00	\$108.79		1.03%	61.96%
	Jul-2019	14,100	\$111.77		-2.52%	36.56%	0.97	0.98	1.00	\$118.37		3.10%	38.13%
	Aug-2019	14,006	\$102.74		6.84%	-32.73%	0.97	0.98	1.00	\$108.83		12.00%	-31.88%
	Sep-2019	13,929	\$104.59		0.89%	-25.89%	0.97	0.97	1.00	\$111.08		4.80%	-24.40%
	Oct-2019	13,843	\$122.17		6.45%	-13.86%	0.97	0.97	1.00	\$129.83		9.55%	-12.16%
	Nov-2019	13,755	\$109.59		-1.97%	25.67%	0.97	0.97	1.00	\$116.65		0.16%	28.21%
	Dec-2019	13,529	\$112.66	6.89%	4.18%	35.78%	0.97	0.97	1.00	\$120.12	11.56%	5.99%	37.98%
	Jan-2020	15,974	\$106.28	4.78%	-0.23%	-1.68%	0.97	0.97	1.00	\$112.80	8.97%	1.28%	-0.76%
	Feb-2020	15,923	\$94.55	3.99%	-6.25%	-25.73%	0.97	0.97	1.00	\$100.53	7.83%	-4.95%	-25.60%
	Mar-2020	15,815	\$86.63	0.57%	-10.42%	-51.46%	0.97	0.97	1.00	\$92.26	3.92%	-9.34%	-51.70%
	Apr-2020	15,625	\$79.50	-4.02%	-25.49%	-63.53%	0.97	0.97	1.00	\$78.43	-1.14%	-24.70%	-63.39%
	May-2020	15,333	\$79.49	-9.15%	-29.00%	-65.25%	0.97	0.96	1.00	\$85.10	-6.70%	-28.37%	-64.74%
	Jun-2020	15,271	\$115.38	-7.84%	-29.79%	-24.58%	0.97	0.96	1.00	\$123.70	-5.51%	-29.25%	-22.54%
	Jul-2020	15,342	\$122.19	-7.51%	-24.55%	139.37%	0.97	0.96	1.00	\$131.04	-5.38%	-23.70%	145.62%
	Aug-2020	15,331	\$111.37	-6.38%	-17.61%	349.01%	0.97	0.96	1.00	\$119.48	-4.42%	-16.51%	357.55%
	Sep-2020	15,215	\$110.66	-6.38%	-5.00%	172.36%	0.97	0.96	1.00	\$118.77	-4.62%	-3.58%	175.05%
	Oct-2020	15,004	\$115.77	-6.67%	27.61%	28.79%	0.97	0.96	1.00	\$124.58	-5.12%	29.68%	29.89%
	Nov-2020	14,805	\$106.76	-6.22%	53.43%	-16.82%	0.97	0.96	1.00	\$114.98	-4.87%	55.93%	-15.89%
Last Month in Experience Period	Dec-2020	14,507	\$125.71	-5.16%	55.10%	4.48%	0.97	0.96	1.00	\$135.71	-3.96%	57.65%	6.35%

Trend & Projection Assumptions For RX Generic Claims

Historical Experience (ACA Only): 1 Basis<sup>(1)</sup>: Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "

Table with 14 columns: Month, Member Months, Monthly Incurred Claims \$, PMPM\*, Rolling 12 Mo Trend, Annualized Rolling 6 Mo Trend, Annualized Rolling 3 Mo Trend, Average Benefit Factor, Average Age/Gender Factor, Other Factor, Monthly Incurred Claims \$, Normalized Rolling 12 Mo Trend, Annualized Rolling 6 Mo Trend, Annualized Rolling 3 Mo Trend. Rows include months from Jan-2018 to Dec-2020.

Trend & Projection Assumptions For RX Brand Claims

Historical Experience (ACA Only): 1 Basis<sup>(1)</sup>: Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "

Table with 14 columns: Month, Member Months, Monthly Incurred Claims \$, PMPM\*, Rolling 12 Mo Trend, Annualized Rolling 6 Mo Trend, Annualized Rolling 3 Mo Trend, Average Benefit Factor, Average Age/Gender Factor, Other Factor, Monthly Incurred Claims \$, Normalized Rolling 12 Mo Trend, Annualized Rolling 6 Mo Trend, Annualized Rolling 3 Mo Trend. Rows include months from Jan-2018 to Dec-2020.

Trend & Projection Assumptions For RX Specialty Claims

Historical Experience (ACA Only): 1 Basis<sup>(1)</sup>; Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Incurred Claims \$ PMPM*	Annualized			Average Benefit Factor	Average Age/Gender Factor	Other Factor	Monthly Incurred Claims \$ PMPM*	Normalized 12 Mo Trend	Annualized 6 Mo Trend	Annualized 3 Mo Trend
				Rolling 12 Mo Trend	Rolling 6 Mo Trend	Rolling 3 Mo Trend							
Jan-2018	10,678	\$28.19				1.00	1.00	1.00	\$26.19				
Feb-2018	10,670	\$25.66				1.00	1.00	1.00	\$25.72				
Mar-2018	10,751	\$27.00				1.00	1.00	1.00	\$27.11				
Apr-2018	10,667	\$27.24				1.00	0.99	1.00	\$27.46				
May-2018	10,747	\$26.03				1.00	0.99	1.00	\$26.26				
Jun-2018	10,803	\$30.88				29.86%	1.00	0.99	1.00	\$31.24			33.78%
Jul-2018	10,925	\$40.22				119.40%	1.00	0.99	1.00	\$40.81			125.77%
Aug-2018	10,977	\$41.30				285.58%	1.00	0.99	1.00	\$41.94			296.72%
Sep-2018	11,084	\$37.85				304.22%	1.00	0.99	1.00	\$38.48			313.70%
Oct-2018	11,092	\$45.57				170.60%	1.00	0.98	1.00	\$46.47			176.20%
Nov-2018	11,150	\$46.91				80.38%	1.00	0.98	1.00	\$47.92			84.16%
Dec-2018	11,057	\$44.10				146.62%	1.00	0.98	1.00	\$45.25		153.10%	76.24%
Jan-2019	14,224	\$27.35				82.62%	0.97	0.98	1.00	\$28.70		88.18%	-23.12%
Feb-2019	14,285	\$27.19				33.86%	0.97	0.98	1.00	\$28.57		38.73%	-68.15%
Mar-2019	14,336	\$32.90				14.16%	0.97	0.98	1.00	\$34.66		19.24%	-81.20%
Apr-2019	14,350	\$43.01				-4.34%	0.97	0.98	1.00	\$45.37		0.89%	-30.12%
May-2019	14,351	\$34.51				-27.48%	0.97	0.98	1.00	\$36.40		-22.94%	84.98%
Jun-2019	14,201	\$32.43				-40.51%	0.97	0.98	1.00	\$34.21		-36.46%	153.52%
Jul-2019	14,100	\$39.69				-23.36%	0.97	0.98	1.00	\$42.04		-18.68%	15.45%
Aug-2019	14,006	\$32.54				-7.21%	0.97	0.98	1.00	\$34.47		-2.34%	-18.24%
Sep-2019	13,929	\$35.30				-0.29%	0.97	0.97	1.00	\$37.49		3.99%	-6.73%
Oct-2019	13,843	\$36.91				-5.49%	0.97	0.97	1.00	\$39.23		-2.49%	-5.05%
Nov-2019	13,755	\$38.10				7.84%	0.97	0.97	1.00	\$40.56		10.34%	25.82%
Dec-2019	13,629	\$41.23				0.06%	0.97	0.97	1.00	\$43.96	4.39%	30.49%	38.42%
Jan-2020	15,974	\$29.00				0.60%	0.97	0.97	1.00	\$30.78	4.64%	3.66%	10.75%
Feb-2020	15,923	\$39.20				3.81%	0.97	0.97	1.00	\$41.68	7.70%	4.96%	-5.61%
Mar-2020	15,815	\$48.20				6.50%	0.97	0.97	1.00	\$51.33	10.17%	15.60%	0.04%
Apr-2020	15,625	\$42.73				2.60%	0.97	0.97	1.00	\$45.59	5.80%	28.55%	118.12%
May-2020	15,333	\$40.52				2.41%	0.97	0.96	1.00	\$43.37	5.40%	26.51%	117.84%
Jun-2020	15,271	\$48.37				6.00%	0.97	0.96	1.00	\$51.86	8.93%	23.63%	67.73%
Jul-2020	15,342	\$45.16				7.23%	0.97	0.96	1.00	\$48.43	9.90%	56.91%	15.42%
Aug-2020	15,331	\$46.48				12.39%	0.97	0.96	1.00	\$49.86	14.92%	55.72%	30.71%
Sep-2020	15,215	\$42.85				14.63%	0.97	0.96	1.00	\$45.99	16.92%	32.77%	10.39%
Oct-2020	15,004	\$43.77				17.98%	0.97	0.96	1.00	\$47.10	20.03%	27.60%	-1.84%
Nov-2020	14,805	\$42.42				20.76%	0.97	0.96	1.00	\$45.68	22.52%	27.12%	-27.00%
Dec-2020	14,507	\$50.68				23.21%	0.97	0.96	1.00	\$54.72	24.73%	21.82%	8.78%

Last Month in Experience Period



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**ACTUARIAL CERTIFICATION  
FEDERAL ACTUARIAL VALUE ADJUSTMENT  
VERMONT EXCHANGE  
*Gold 3 HDHP Plus*  
*Silver 2 HDHP Plus*  
*Silver 2 HDHP Plus II***

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2022 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 204,000 covered MVP commercial members. The data reflects claims paid for 2019 incurred dates, paid as of December 31st, 2020. MVP combines data from all its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

The methodology of MVP's benefit pricing tool is consistent with the methodology underlying the Federal calculator with regard to the following factors: continuance tables that reflect membership enrolled for a full 12 months, out of network costs are not considered in the actuarial values, and the model reflects the anticipated utilization of the standard population buying products at these metal levels without consideration for induced demand.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold 3 HDHP Plus were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Aggregate Family Deductible
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus and Silver 2 HDHP II Plus were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 73%, 77% and 87% cost-sharing reduction plans were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Silver 2 HDHP Plus 94% cost-sharing reduction plan was determined to not fit the Federal Calculator:

- Safe harbor prescription drug benefits excluded from the plan deductible

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

Plan Description	MVP determined AV	Federal AV before/after adjustment
Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	76.13%	78.74%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	75.39%	77.97%
Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	69.18%	69.09%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	71.07%	70.99%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	71.98%	71.85%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	73.33%	73.20%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	75.91%	75.78%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	76.70%	76.57%
Silver 2 HDHP Plus 87% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	84.93%	87.34%
Silver 2 HDHP Plus 87% CSR including the secondary Rx OOP max and the safe harbor drug benefit	85.07%	87.48%
Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit	91.64%	93.76%
Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit	91.65%	93.77%
Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	69.11%	69.01%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	71.01%	70.91%

Actuarial Adjustment factor for Gold 3 Plan:  $0.9903 = 75.39\% / 76.13\%$   
Final Federal AV for Gold 3 Plan:  $78.74\% \times 0.9903 = 77.97\%$

Actuarial Adjustment factor for Silver 2 Plan:  $1.0275 = 71.08\% / 69.18\%$   
Final Federal AV for Silver 2 Plan:  $69.09\% \times 1.0275 = 70.99\%$

Actuarial Adjustment factor for Silver 2 73% Plan:  $1.0188 = 73.33\% / 71.98\%$   
Final Federal AV for Silver 2 73% Plan:  $71.85\% \times 1.0188 = 73.20\%$

Actuarial Adjustment factor for Silver 2 77% Plan:  $1.0104 = 76.70\% / 75.91\%$   
Final Federal AV for Silver 2 77% Plan:  $75.78\% \times 1.0104 = 76.57\%$

Actuarial Adjustment factor for Silver 2 87% Plan:  $1.0016 = 85.07\% / 84.93\%$   
Final Federal AV for Silver 2 87% Plan:  $87.34\% \times 1.0016 = 87.48\%$

Actuarial Adjustment factor for Silver 2 94% Plan:  $1.0001 = 91.65\% / 91.64\%$   
Final Federal AV for Silver 2 94% Plan:  $93.76\% \times 1.0001 = 93.77\%$

Actuarial Adjustment factor for Silver 2 II Plan:  $1.0275 = 71.01\% / 69.11\%$   
Final Federal AV for Silver 2 II Plan:  $69.01\% \times 1.0275 = 70.91\%$

#### CERTIFICATION

I, Matthew Lombardo, Senior Leader, Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2022 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

The final actuarial values reported for each of these benefit plans, those from the Federal Calculator alone, and the adjusted plans, meet the required actuarial values for each respective metal level as outlined in 45 CFR 156.140(b).



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Matthew Lombardo, FSA, MAAA  
Senior Leader, Actuarial Services  
MVP Health Care

3/10/2021  
Date

**User Inputs for Plan Parameters**

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

[MVP VT Plus] Bronze 1

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		
	Medical	Drug	Combined
Deductible (\$)	\$7,250.00	\$700.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	40.00%	
MOOP (\$)	\$8,400.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
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?
<b>Medical</b>	<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 type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" 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"/>	<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 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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"/>		\$19.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 (1-10):	
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:** [MVP VT Plus] Bronze 1  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]  
**AVC Version:** 2022\_1b  
  
**Generic:** \$25  
**VBID:** \$3

**Output**

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

62.61%

Bronze

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

Additional Notes:

Calculation Time:

0.0791 seconds

**Draft 2022 AV Calculator**



User Inputs for Plan Parameters

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

[MVP VT Plus] Bronze 5

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		
Medical	Drug	Combined
Deductible (\$)		\$7,850.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$7,850.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
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?
<b>Medical</b>	<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 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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"/>		\$27.00	<input type="checkbox"/>	<input 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 (1-10):	
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 checked="" type="checkbox"/>
# Copays (1-10):	3

Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$35  
 VBID \$3

Output

Calculate

Status/Error Messages:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

Actuarial Value:

64.94%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.2031 seconds

Draft 2022 AV Calculator

**User Inputs for Plan Parameters**

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

[MVP VT Plus] Gold 2

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		
	Medical	Drug	Combined
Deductible (\$)	\$700.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,500.00	\$1,400.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
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?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input 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 type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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 type="checkbox"/>		\$80.00	<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"/>	<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"/>
<b>Drugs</b>	<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"/>		\$11.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 (1-10):
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:** [MVP VT Plus] Gold 2  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]  
**AVC Version:** 2022\_1b  
  
**Generic** \$15  
**VBID** \$1

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 81.87%  
 Metal Tier: Gold

**Additional Notes:**

Calculation Time: 0.1001 seconds

**Draft 2022 AV Calculator**

**User Inputs for Plan Parameters**

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

[MVP VT Plus] Gold 3 HDHP

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		
Medical	Drug	Combined
Deductible (\$)		\$3,200.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,200.00
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?	Copay applies only after deductible?
<b>Medical</b>	<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 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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"/>		\$10.00	<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"/>		\$15.00	<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"/>	5%		<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"/>	5%		<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 (1-10):	
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: [MVP VT Plus] Gold 3 HDHP  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

**Output**

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.74%                      0.9903                      77.98%

Metal Tier:

Gold                      AV Adj                      Final AV

Additional Notes:

Calculation Time:

0.2344 seconds

Draft 2022 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Reflective Silver 1 II

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,750.00	\$750.00
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)		
MOOP if Separate (\$)	\$6,950.00	\$1,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" 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"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<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 type="checkbox"/>		\$60.00	<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"/>		\$150.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input 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"/>		\$4.00	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input checked="" type="checkbox"/> 3

Plan Description:

Name: [MVP VT Plus] Reflective Silver 1 II  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

Output

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 70.71%  
 Silver

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:

0.0977 seconds

Draft 2022 AV Calculator

**User Inputs for Plan Parameters**

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

[MVP VT Plus] Reflective Silver 2 HDHP

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		
	Medical	Drug	Combined
Deductible (\$)			\$5,100.00
Coinsurance (%; Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,100.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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?
<b>Medical</b>	<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 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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: <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:** [MVP VT Plus] Reflective Silver 2 HDHP  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]  
**AVC Version:** 2022\_1b

**Output**

Status/Error Messages:

Calculation Successful.

Actuarial Value:

69.01%                      1.0275                      70.91%

Metal Tier:

Silver                      AV Adj                      Final AV

Additional Notes:

Calculation Time:

0.2695 seconds

**Draft 2022 AV Calculator**

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 1 CSR 73

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		
Medical	Drug	Combined
Deductible (\$)	\$1,300.00	\$450.00
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)		
MOOP if Separate (\$)	\$5,500.00	\$1,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		
MOOP (\$)		
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?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input 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 type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 type="checkbox"/>		\$150.00	<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"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<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 type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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 type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 (1-10):	
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 checked="" type="checkbox"/>
# Copays (1-10):	3

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2022 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.81%

Silver

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

0.0312 seconds

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 1 CSR 77

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		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$200.00
Coinsurance (%; Insurer's Cost Share)	70.00%	60.00%
MOOP (\$)		
MOOP if Separate (\$)	\$5,500.00	\$1,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
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?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input 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 type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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 type="checkbox"/>		\$100.00	<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"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<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 type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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 type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 (1-10):	
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 checked="" type="checkbox"/>
# Copays (1-10):	3

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 77  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 77.65%

Actuarial Value:

Metal Tier:

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

Additional Notes:

Calculation Time:

0.0898 seconds

Draft 2022 AV Calculator

**User Inputs for Plan Parameters**

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

[MVP VT Plus] Silver 1 CSR 87

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$100.00	\$100.00
Coinsurance (% , Insurer's Cost Share)	90.00%	60.00%
MOOP (\$)		
MOOP if Separate (\$)	\$2,500.00	\$650.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		
MOOP (\$)		
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?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input 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 type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$7.00	<input checked="" 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"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input 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"/>		\$4.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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"/>			<input checked="" 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):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input checked="" type="checkbox"/> 3

**Plan Description:**  
**Name:** [MVP VT Plus] Silver 1 CSR 87  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]  
**AVC Version:** 2022\_1b

**Output**

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 88.00%  
 Metal Tier: Gold  
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).  
 Additional Notes:  
 Calculation Time: 0.1094 seconds  
**Draft 2022 AV Calculator**



User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 1 CSR 94

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		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	95.00%	
MOOP (\$)		
MOOP if Separate (\$)	\$1,450.00	\$350.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
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?
<b>Medical</b>	<input type="checkbox"/> All	<input 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"/>		\$25.00	<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 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"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<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"/>		\$5.00	<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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$7.00	<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 type="checkbox"/>		\$10.00	<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"/>		\$10.00	<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 type="checkbox"/>		\$40.00	<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input 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"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input 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 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 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 (1-10):	
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: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2022 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.93%

Platinum

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

0.0938 seconds

**User Inputs for Plan Parameters**

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

[MVP VT Plus] Silver 1

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		
	Medical	Drug	Combined
Deductible (\$)	\$1,750.00	\$750.00	
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$6,950.00	\$1,400.00	

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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 type="checkbox"/>		\$150.00	<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"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,400.00	<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 type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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 type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 (1-10):
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 checked="" type="checkbox"/>	# Copays (1-10): 3

**Plan Description:**

Name: [MVP VT Plus] Silver 1  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Generic \$5  
 VBID \$1

**Output**

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.71%

Metal Tier:

Silver

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:  
**Draft 2022 AV Calculator**

0.0938 seconds

**User Inputs for Plan Parameters**

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

[MVP VT Plus] Silver 2 HDHP CSR 73

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 (\$)			\$4,250.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$4,250.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
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?
<b>Medical</b>	<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 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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 (1-10):	
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: [MVP VT Plus] Silver 2 HDHP CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

**Output**

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 Actuarial Value: 71.85% 1.0188 73.20%  
 Metal Tier: AV Adj Final AV

Additional Notes:

Calculation Time: 0.2617 seconds

Draft 2022 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 2 HDHP CSR 77

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 (\$)		\$3,250.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,250.00
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?	Copay applies only after deductible?
<b>Medical</b>	<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 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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 (1-10):	
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: [MVP VT Plus] Silver 2 HDHP CSR 77  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 Actuarial Value: 75.78% 1.0104 76.57%  
 Metal Tier: AV Adj Final AV

Additional Notes:

Calculation Time: 0.2383 seconds

Draft 2022 AV Calculator

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 2 HDHP CSR 87

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
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?	
<b>Medical</b>	<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 checked="" 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 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"/>
<b>Drugs</b>	<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 checked="" type="checkbox"/> All
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? 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):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP 87  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.34%      1.0016      87.48%  
 Metal Tier: Gold      AV Adj      Final AV

Additional Notes:

Calculation Time: 0.2227 seconds

Draft 2022 AV Calculator

**User Inputs for Plan Parameters**

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

[MVP VT Plus] Silver 2 HDHP CSR 94

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 Platinum

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$550.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$550.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
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?
<b>Medical</b>	<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 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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 (1-10):	
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: [MVP VT Plus] Silver 2 HDHP CSR 94  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

**Output**

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 93.76% 1.0001 0.937703286  
 Metal Tier: Platinum AV Adj Final AV

Additional Notes:

Calculation Time: 0.2305 seconds

**Draft 2022 AV Calculator**

User Inputs for Plan Parameters

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

[MVP VT Plus] Silver 2 HDHP

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,075.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,075.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
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?	
<b>Medical</b>	<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 checked="" 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 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"/>
<b>Drugs</b>	<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 checked="" type="checkbox"/> All
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? 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):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

Output

Status/Error Messages:

Actuarial Value:  
Metal Tier:

Calculation Successful.

69.09% 1.0275 70.99%  
 Silver AV Adj Final AV

Additional Notes:

Calculation Time:

0.2891 seconds

Draft 2022 AV Calculator



**User Inputs for Plan Parameters**

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

[MVP VT] Secure

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		
Medical	Drug	Combined
Deductible (\$)		\$9,100.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<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 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<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 (1-10):
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 checked="" type="checkbox"/>	# Copays (1-10): 3

**Plan Description:**

Name: [MVP VT] Secure  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b  
 Generic  
 VBID

**Output**

Calculate

Status/Error Messages:

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

Actuarial Value:

62.53%

Metal Tier:

Additional Notes:

Calculation Time:

0.2305 seconds

**Draft 2022 AV Calculator**

MVP Health Care Derivation of 2022 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members in Individual Market as of February 2021

	GOLD		NON-STANDARD PLANS SILVER				BRONZE		PLATINUM	GOLD		STANDARD PLANS SILVER				BRONZE		Catastrophic	Total Annual Premium	Average PMPM	Average Annual Premium	
	HDHP	Non-HDHP	On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	Non-HDHP	No RX OOP		On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	HDHP	Non-HDHP	No RX OOP						
<b>2022 Proposed Rates</b>																						
Single Rate	\$801.51	\$822.89	\$758.83	\$673.79	\$781.72	\$695.79	\$593.82	\$610.83	\$951.83	\$782.32	\$796.37	\$711.33	\$776.92	\$691.75	\$602.57	\$598.34	\$622.64	\$374.43				
Couple Rate	\$1,603.02	\$1,645.78	\$1,517.66	\$1,347.58	\$1,563.44	\$1,391.58	\$1,187.64	\$1,221.66	\$1,903.66	\$1,564.64	\$1,592.74	\$1,422.66	\$1,553.84	\$1,383.50	\$1,205.14	\$1,196.68	\$1,245.28	\$748.86				
Adult and Child(ren) Rate	\$1,546.91	\$1,588.18	\$1,464.54	\$1,300.41	\$1,508.72	\$1,342.87	\$1,146.07	\$1,178.90	\$1,837.03	\$1,509.88	\$1,536.99	\$1,372.87	\$1,499.46	\$1,335.08	\$1,162.96	\$1,154.80	\$1,201.70	\$722.65				
Family Rate	\$2,252.24	\$2,312.32	\$2,132.31	\$1,893.35	\$2,196.63	\$1,955.17	\$1,668.63	\$1,716.43	\$2,674.64	\$2,198.32	\$2,237.80	\$1,998.84	\$2,183.15	\$1,943.82	\$1,693.22	\$1,681.34	\$1,749.62	\$1,052.15	\$126,899,439	\$687.98	\$8,255.77	
<b>2021 Approved Rates</b>																						
Single Rate	\$682.62	\$699.13	\$665.71	\$574.15	\$678.71	\$585.06	\$491.30	\$508.70	\$798.23	\$673.78	\$681.45	\$589.88	\$669.38	\$577.81	\$502.90	\$497.28	\$521.66	\$339.18				
Couple Rate	\$1,365.24	\$1,398.26	\$1,331.42	\$1,148.30	\$1,357.42	\$1,170.12	\$982.60	\$1,017.40	\$1,596.46	\$1,347.56	\$1,362.90	\$1,179.76	\$1,338.76	\$1,155.62	\$1,005.80	\$994.56	\$1,043.32	\$678.36				
Adult and Child(ren) Rate	\$1,317.46	\$1,349.32	\$1,284.82	\$1,108.11	\$1,309.91	\$1,129.17	\$948.21	\$981.79	\$1,540.58	\$1,300.40	\$1,315.20	\$1,138.47	\$1,291.90	\$1,115.17	\$970.60	\$959.75	\$1,006.80	\$654.62				
Family Rate	\$1,918.16	\$1,964.56	\$1,870.65	\$1,613.36	\$1,907.18	\$1,644.02	\$1,380.55	\$1,429.45	\$2,243.03	\$1,893.32	\$1,914.87	\$1,657.56	\$1,880.96	\$1,623.65	\$1,413.15	\$1,397.36	\$1,465.86	\$953.10	\$108,432,076	\$587.86	\$7,054.33	
<b>2022 Proposed Rate Increases</b>																						
Single Rate	17.4%	17.7%	14.0%	17.4%	15.2%	18.9%	20.9%	20.1%	19.2%	16.1%	16.9%	20.6%	16.1%	19.7%	19.8%	20.3%	19.4%	10.4%				
Couple Rate	17.4%	17.7%	14.0%	17.4%	15.2%	18.9%	20.9%	20.1%	19.2%	16.1%	16.9%	20.6%	16.1%	19.7%	19.8%	20.3%	19.4%	10.4%				
Adult and Child(ren) Rate	17.4%	17.7%	14.0%	17.4%	15.2%	18.9%	20.9%	20.1%	19.2%	16.1%	16.9%	20.6%	16.1%	19.7%	19.8%	20.3%	19.4%	10.4%				
Family Rate	17.4%	17.7%	14.0%	17.4%	15.2%	18.9%	20.9%	20.1%	19.2%	16.1%	16.9%	20.6%	16.1%	19.7%	19.8%	20.3%	19.4%	10.4%				
<b>February 2021 Contracts</b>																						
Single Rate	456	152	2,598	168	53	40	544	491	315	904	293	49	183	42	592	897	281	7				
Couple Rate	166	58	579	47	24	23	113	81	131	326	72	11	57	18	155	208	48	0				
Adult and Child(ren) Rate	21	5	81	3	3	4	15	15	19	39	8	3	6	2	13	18	6	0				
Family Rate	90	18	85	43	4	10	45	21	35	74	7	10	8	17	104	72	15	0				
<b>Total</b>	<b>733</b>	<b>233</b>	<b>3,343</b>	<b>261</b>	<b>84</b>	<b>77</b>	<b>717</b>	<b>608</b>	<b>500</b>	<b>1,343</b>	<b>380</b>	<b>73</b>	<b>254</b>	<b>79</b>	<b>864</b>	<b>1,195</b>	<b>350</b>	<b>7</b>				
2022 Proposed PMPY Revenue	\$8,667.77	\$9,394.68	\$8,963.83	\$7,173.92	\$9,150.39	\$7,370.53	\$6,756.40	\$7,099.62	\$10,603.21	\$9,002.20	\$9,379.81	\$7,587.60	\$9,104.68	\$7,126.22	\$6,674.32	\$6,848.96	\$7,248.37	\$4,493.16				
2021 Approved PMPY Revenue	\$7,382.06	\$7,981.76	\$7,863.83	\$6,113.04	\$7,944.61	\$6,197.57	\$5,589.95	\$5,912.57	\$8,892.14	\$7,753.22	\$8,026.26	\$6,292.12	\$7,844.42	\$5,952.44	\$5,570.34	\$5,692.17	\$6,072.82	\$4,070.16				
																			<b>17.03%</b>	<b>Total Revenue Change</b>		



**MVP Health Care -- 2022 Individual Exchange Rate Filing**

MVP Health Plan, Inc. 2022 Vermont Individual Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2021 to 2022 Benefits

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index Rate

Exhibit 3 -- Index Rate Development

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- Calculation of CSR Defunding Load

Exhibit 7 -- 2022 Premium Rates

**Exhibit 1 -- Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits										Pharmacy								
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-P-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%	
FRVT-HMO-G-001-S (2022)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded	
FRVT-HMO-G-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, V BID = \$1 #	
FRVT-HMOH-G-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Acareate	0%	Acareate	Acareate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible	
FRVT-HMO-S-003-S (2022)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
FRVT-HMOH-S-004-S (2022)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Acareate	30%	Stacked	Acareate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-S-002-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	\$0 / 0% / 0%, Subject to Med Deductible \$750/\$1500 Ded then \$5/50%/50%, V BID = \$1 #	
FRVT-HMO-S-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	50%	\$1400 (Fac)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$750/\$1500 Ded then \$5/50%/50%, V BID = \$1 #
VT-HMO-S-003-S II (2022)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
VT-HMOH-S-004-S II (2022)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800**	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-S-002-N II (2022)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	\$0 / 0% / 0%, Subject to Med Deductible \$750/\$1500 Ded then \$5/50%/50%, V BID = \$1 #	
VT-HMO-S-001-N II (2022)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	50%	\$1400 (Fac)	\$105	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$750/\$1500 Ded then \$5/50%/50%, V BID = \$1 #
FRVT-HMO-B-002-S (2022)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$1100/\$2200 Ded then \$15/\$85/60%
FRVT-HMOH-B-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,400	\$2,800	Integrated	\$1240%/60%, Subject to Med Deductible	
FRVT-HMO-B-004-S (2022)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible, V BID = \$3 #	
FRVT-HMO-B-005-N (2022)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, V BID = \$3 #	
FRVT-HMO-B-001-N (2022)	HMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, V BID = \$3 #
FRVT-HMO-C-001-N (2022)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible	

Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits										Pharmacy								
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-S3-001-S (2022)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,750	\$13,500	\$1,250	\$2,500	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded	
FRVT-HMO-S3-002-S (2022)	HyHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,200	\$2,200	Embedded	40%	Embedded	Embedded	\$2,200	\$4,400	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$200 / \$400 Brand Ded	
FRVT-HMO-S3-003-S (2022)	HyHMO	Silver	Standard	On Exchange	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%	
FRVT-HMO-S3-004-S (2022)	HyHMO	Silver	Standard	On Exchange	\$25 No DD	\$50 No DD	50%	\$250	50%	\$100 No DD	\$2,600	\$5,200	Embedded	50%	Embedded	Embedded	\$6,000	\$12,000	\$1,100	\$2,200	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded	
FRVT-HMOH-S4-001-S (2022)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,750	\$3,500	Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400*	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible	
FRVT-HMOH-S4-002-N (2022)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Acareate	0%	Acareate	Acareate	\$1,400	\$2,800	\$1,400	\$2,800	Integrated	\$0 / \$0 / 0% Subject to Med Deductible	
FRVT-HMOH-S4-003-S (2022)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible	
FRVT-HMOH-S4-004-S (2022)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400**	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible	
FRVT-HMOH-S2-001-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,250	\$8,500	Embedded	0%	Embedded	Aggregate	\$4,250	\$8,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-S2-002-N (2022)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,500	\$3,000	Embedded	0%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-S2-003-N (2022)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Embedded	0%	Embedded	Embedded	\$550	\$1,100	\$550	\$1,100	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-S2-004-N (2022)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S1-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	50%	\$1400 (Fac)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2,800	Separate	\$450/900 Ded then \$5/50%/50%, V BID = \$1 #
FRVT-HMO-S1-002-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$10 No DD	\$30	10%	\$50	10%	\$100 (Phys)	\$50	\$100	\$200	Embedded	10%	Embedded	Embedded	\$2,500	\$5,000	\$650	\$1,300	Separate	\$5 / 20% / 40%, \$100 / \$200 Ded, V BID = \$1 #
FRVT-HMO-S1-003-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10	5%	\$25	5%	\$20 (Phys)	\$25	\$0	\$200	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, V BID = \$1 #
FRVT-HMO-S1-004-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	30%	\$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2,800	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, V BID = \$1 #

Form ID	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	In-Network Benefits										Pharmacy								
					PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.		Med OOP Type	Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-PA2-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%	
FRVT-HMO-GA2-001-S (2022)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded	
FRVT-HMO-GA2-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, V BID = \$1 #	
FRVT-HMOH-GA2-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible	
FRVT-HMO-GA2-003-S (2022)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
FRVT-HMOH-SA2-004-S (2022)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800**	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-SA2-002-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	\$0 / 0% / 0%, Subject to Med Deductible \$750/\$1500 Ded then \$5/50%/50%, V BID = \$1 #	
FRVT-HMO-GA2-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	50%	\$1400 (Fac)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$750/\$1500 Ded then \$5/50%/50%, V BID = \$1 #
FRVT-HMO-BA2-002-S (2022)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$1100/\$2200 Ded then \$15/\$85/60%
FRVT-HMOH-BA2-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Acareate	50%	Stacked	Acareate	\$7,100	\$14,200*	\$1,400	\$2,800	Integrated	\$1240%/60%, Subject to Med Deductible	
FRVT-HMO-BA2-004-S (2022)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible, V BID = \$3 #	
FRVT-HMO-BA2-005-N (2022)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$3 #	
FRVT-HMO-BA2-001-N (2022)	HyHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, V BID = \$3 #

**Exhibit 1a – Comparison of 2021 to 2022 Benefits by Plan**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Form ID	Product Type	Metal Level	Standard/Non-Standard	In-Network Benefits											Pharmacy							
				PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type		Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-P-001-S (2021)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%	
FRVT-HMO-P-001-S (2022)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%	
FRVT-HMO-G-001-S (2021)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$100	\$200	Embedded	30%	Embedded	Embedded	\$5,200	\$10,400	\$1,400	\$2,800	Separate	\$12/\$55/50% \$100/\$300 Brand Ded	
FRVT-HMO-G-001-S (2022)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded	
FRVT-HMO-G-002-N (2021)	HyHMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, V BID = \$1 #	
FRVT-HMO-G-002-N (2022)	HyHMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, V BID = \$1 #	
FRVT-HMOH-G-003-N (2021)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$9,000	\$9,000	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible	
FRVT-HMOH-G-003-N (2022)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$9,200	\$9,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible	
FRVT-HMO-S-003-S (2021)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
FRVT-HMO-S-003-S (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
FRVT-HMOH-S-004-S (2021)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-S-004-S (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
FRVT-HMOH-S-002-N (2021)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMOH-S-002-N (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
FRVT-HMO-S-001-N (2021)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$300 (Phys)	\$100	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, V BID = \$1 #	
FRVT-HMO-S-001-N (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys) \$1,400 (Fac)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, V BID = \$1 #	
VT-HMO-S-003-S II (2021)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
VT-HMO-S-003-S II (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded	
VT-HMOH-S-004-S II (2021)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-S-004-S II (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800*	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible	
VT-HMOH-S-002-N II (2021)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMOH-S-002-N II (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible	
VT-HMO-S-001-N II (2021)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$1,400 (Fac) \$300 (Phys)	\$105	\$1,500	\$3,000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, V BID = \$1 #	
VT-HMO-S-001-N II (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys) \$1,400 (Fac)	\$105	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$500/\$1000 Ded then \$5/50%/50%, V BID = \$1 #	
FRVT-HMO-B-002-S (2021)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	50%	\$100	\$6,250	\$12,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	\$1,400	\$2,800	Integrated	\$1000/\$2000 Ded then \$15/\$85/80%
FRVT-HMO-B-002-S (2022)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$1100/\$2200 Ded then \$15/\$85/80%
FRVT-HMOH-B-003-S (2021)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,900	\$13,800*	N/A	\$2,800	Integrated	\$12/40%/60%, Subject to Med Deductible	
FRVT-HMOH-B-003-S (2022)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200*	\$1,400	\$2,800	Integrated	\$12/40%/60%, Subject to Med Deductible	
FRVT-HMO-B-004-S (2021)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,400	\$16,800	Embedded	0%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-B-004-S (2022)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible	
FRVT-HMO-B-005-N (2021)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, V BID = \$3 #	
FRVT-HMO-B-005-N (2022)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, V BID = \$3 #	
FRVT-HMO-B-001-N (2021)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/100/60%, \$700/\$1400 Ded, V BID = \$3 #
FRVT-HMO-B-001-N (2022)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/100/60%, \$700/\$1400 Ded, V BID = \$3 #
FRVT-HMO-C-001-N (2021)	HMO	Catastrophic	Standard	\$0**	\$0	0%	0%	0%	0%	\$0	\$8,550	\$17,100	Embedded	0%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2022)	HMO	Catastrophic	Standard	\$0**	\$0	0%	0%	0%	0%	\$0	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
Subsidized Cost-Sharing Benefits (Non AI/AN)				In-Network Benefits											Pharmacy							
Coplan	Product Type	Metal Level	Standard/Non-Standard	PCP	SCP	IP (Med/Surg)	ER	OP Surg	Amb	Med Ded Single	Med Ded Family	Deductible Type	Coins.	Med OOP Type		Rx OOP Type	Med OOP Max Single	Med OOP Max Family	Rx OOP Max Single	Rx OOP Max Family	OOP Max Type	
FRVT-HMO-S3-001-S (2021)	HyHMO	Silver	Standard	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,750	\$13,500	\$1,250	\$2,500	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded	
FRVT-HMO-S3-001-S (2022)	HyHMO	Silver	Standard	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,750	\$13,500	\$1,250	\$2,500	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded	
FRVT-HMO-S3-002-S (2021)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$100	\$200	Embedded	40%	Embedded	Embedded	\$2,200	\$4,400	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$200 / \$400 Brand Ded	
FRVT-HMO-S3-002-S (2022)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$100	\$200	Embedded	40%	Embedded	Embedded	\$2,200	\$4,400	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$200 / \$400 Brand Ded	
FRVT-HMO-S3-003-S (2021)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	40%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%	
FRVT-HMO-S3-003-S (2022)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	40%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%	
FRVT-HMO-S3-004-S (2021)	HyHMO	Silver	Standard	\$25 No DD	\$50 No DD	50%	\$250	50%	\$100 No DD	\$2,600	\$5,200	Embedded	50%	Embedded	Embedded	\$6,000	\$12,000	\$1,100	\$2,200	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded	
FRVT-HMOH-S4-001-S (2021)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,750	\$3,500	Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400*	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible	
FRVT-HMOH-S4-001-S (2022)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,750	\$3,500	Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400*	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible	
FRVT-HMOH-S4-002-S (2021)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Aggregate	0%	Aggregate	Aggregate	\$1,400	\$2,800	\$1,400	\$2,800	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible	
FRVT-HMOH-S4-002-S (2022)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Aggregate	0%	Aggregate	Aggregate	\$1,400	\$2,800	\$1,400	\$2,800	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible	
FRVT-HMOH-S4-003-S (2021)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible	
FRVT-HMOH-S4-003-S (2022)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0%, Subject to Med Deductible	
FRVT-HMOH-S4-004-S (2021)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Stacked	Aggregate	\$4,400	\$8,800*	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible	
FRVT-HMOH-S4-004-S (2022)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Stacked	Aggregate	\$4,400	\$8,800*	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50%, Subject to Med Deductible	

**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Experience Period: January 1, 2019 - December 31, 2019  
Rating Period: January 1, 2022 - December 31, 2022

	2020	2021	2022	Total
Months of Trend	12	12	12	36

**Medical Trend Summary****2020 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.4%	4.9%	1.0%	6.0%
OP	50.3%	4.3%	1.0%	5.3%
PHY	28.3%	0.9%	1.0%	1.9%
OTR	0.0%	0.0%	0.0%	0.0%
<b>Medical Total</b>		<b>3.5%</b>	<b>1.0%</b>	<b>4.5%</b>

**2021 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.7%	6.3%	1.0%	7.3%
OP	50.7%	6.0%	1.0%	7.1%
PHY	27.6%	2.4%	1.0%	3.4%
OTR	0.0%	0.0%	0.0%	0.0%
<b>Medical Total</b>		<b>5.1%</b>	<b>1.0%</b>	<b>6.1%</b>

**2022 Annual Trend**

	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.9%	6.4%	1.0%	7.5%
OP	51.2%	6.2%	1.0%	7.3%
PHY	26.9%	4.3%	1.0%	5.3%
OTR	0.0%	0.0%	0.0%	0.0%
<b>Medical Total</b>		<b>5.7%</b>	<b>1.0%</b>	<b>6.8%</b>

Annual Allowed Medical Trend **5.8%**

**Leveraging Impact - Fee-For-Service Medical Claims**

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$455.64	\$10.32	\$10.12	\$48.10	\$387.10
36 Months of Trend:	1.185	1.185	1.030	1.064	<b>1.204</b>
Projection Period:	\$539.79	\$12.23	\$10.43	\$51.20	\$465.93
Allowed Trend (Annual)	5.8%				
Paid Trend (Annual)	6.4%				
<b>Leveraging (Annual)</b>	<b>0.5%</b>				

**Rx Trend Summary**

	2020 Trend		2021 Trend		2022 Trend		Annualized Trend	
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	6.0%	10.0%	-3.8%	2.2%	-2.8%	2.6%	-0.3%	4.9%
Brand	11.7%	6.3%	8.1%	4.8%	4.1%	2.6%	7.9%	4.6%
Specialty	5.8%	20.1%	5.3%	10.2%	6.8%	12.0%	5.9%	14.0%

<b>Exhibit 2b -- Rx Trend Development</b>
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MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

<b>Rx Claim Information</b>	<b>Generic</b>	<b>Brand</b>	<b>Specialty</b>	<b>Total</b>
Experience Period Scripts / 1000	11,446	676	102	12,225
Experience Period Allowed Cost per Script	\$16.66	\$418.78	\$4,209.51	\$74.02
Experience Period Deductible Per Script	\$2.36	\$18.81	\$53.31	\$3.69
Experience Period Copay Per Script	\$2.76	\$11.43	\$9.89	\$3.30
Experience Period Coinsurance Per Script	\$1.04	\$25.31	\$39.61	\$2.70
Experience Period Paid Cost Per Script	\$10.51	\$363.23	\$4,106.69	\$64.33
Experience Period Allowed PMPM	\$15.89	\$23.58	\$35.94	\$75.41
Experience Period Deductible PMPM	\$2.25	\$1.06	\$0.46	\$3.76
Experience Period Copay PMPM	\$2.63	\$0.64	\$0.08	\$3.36
Experience Period Coinsurance PMPM	\$0.99	\$1.43	\$0.34	\$2.75
Experience Period Paid PMPM	\$10.03	\$20.45	\$35.06	\$65.54
Experience Period Rx Rebates PMPM				(\$16.61)
Annual Util Trend	1,049	1,046	1,140	1,049
Annual Unit Cost Trend	0.997	1.079	1.059	1.098
Annual Allowed Trend	1.046	1.129	1.208	1.152
Annual Deductible Trend	1.021	1.021	1.021	1.082
Annual Paid Trend	1.039	1.134	1.208	1.162
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.166
Months of Trend	36	36	36	36
Projected Scripts / 1000	13,206	772	152	14,130
Projected Allowed Cost per Script	\$16.51	\$526.70	\$5,004.37	\$97.99
Projected Deductible Per Script	\$2.51	\$20.02	\$56.75	\$4.05
Projected Copay Per Script	\$2.76	\$11.43	\$9.89	\$3.31
Projected Coinsurance Per Script	\$1.03	\$31.84	\$47.09	\$3.21
Projected Paid Cost Per Script	\$10.22	\$463.42	\$4,890.64	\$87.43
Projected Allowed PMPM	\$18.17	\$33.90	\$63.31	\$115.39
Projected Deductible PMPM	\$2.76	\$1.29	\$0.72	\$4.77
Projected Copay PMPM	\$3.04	\$0.74	\$0.13	\$3.90
Projected Coinsurance PMPM	\$1.13	\$2.05	\$0.60	\$3.77
Projected Paid PMPM	\$11.25	\$29.82	\$61.88	\$102.95
Projected Rx Rebates				(\$25.42)
Net Projected Paid PMPM				\$77.53

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/19 - 12/31/19

Completed Through: 3/31/21

	<b>ACA Compliant Individual</b>
1 Member Months	168,909
2 FFS Paid Medical Claims	\$387.96
3 FFS Paid Pediatric Dental Claims	\$0.80
4a Federal CSR Payments	(\$31.37)
4b State CSR Payments	(\$2.57)
5 IBNR Factor	1.000
6 FFS Incurred Paid Medical Claims	\$354.82
7 FFS Incurred Rx Claims	\$65.54
8 Experience Period Rx Rebates	(\$16.61)
9 FFS Incurred Rx Claims (Net of Rebates)	\$48.92
10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$54.73)
11 Pooling Charge	\$50.35
12 FFS Experience Period Claim Expense After Pooling Adjustment	\$399.36
13 Experience Period Capitation and Non-FFS Medical Costs	\$10.34
<b>14 Adjusted Experience Period Claim Expense</b>	<b>\$409.70</b>
<b>Market-Wide Adjustments to Experience Period Claims</b>	
15 Adjustment for pharmacy benefit carve-in	\$0.12
16 Adjustment for Safe Harbor Coverage on QHDHP's	\$0.06
17 Adjustment for Insulin Cap	\$0.14
18 Adjustment for COVID-19 Booster Shots	\$1.14
19 Adjustment for Telehealth Utilization Increase	\$1.89
20 Adjustment for National High Cost Reinsurance Pool	\$1.24
<b>21 Experience Period Claim Expense After All Adjustments</b>	<b>\$414.29</b>
22 Annual FFS Medical projection factor	1.064
23 Annual FFS Rx projection factor	1.166
24 Annual FFS Claim trend projection factor	1.076
25 Months of Trend	36
26 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$503.12
27 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.78
28 Projection Period Capitation and Non-FFS Medical Costs	\$6.09
<b>29 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>	<b>\$514.99</b>
<b>Federal Reinsurance and Risk Adjustment Programs</b>	
30 Federal Risk Adjustment Program Impact	\$93.53
<b>31 Paid Index Rate PMPM After Adjustments for Federal Programs</b>	<b>\$608.53</b>



<b>Exhibit 4 -- Conversion Factor and Tier Ratios</b>
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MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Tier	Contract Type	Subscribers	Members	Avg Contract	
				Size	Load Factor
4	Single	8,065	8,068	1.000	1.000
4	Double	2,117	4,236	2.001	2.000
4	Parent/Child(ren)	261	613	2.349	1.930
4	Family	658	2,454	3.729	2.810

<b>Single Conversion Factor</b>	<b>1.049</b>
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<b>Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges</b>
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MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

<b>% of Premium Retention Components</b>	
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Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	1.50%
<b>Total % of Premium Retention Components</b>	<b>1.90%</b>

<b>PMPM Retention Components</b>	
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General Administrative Load	\$47.10
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<b>% of Premium Taxes and Assessments</b>	
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Premium Tax	0.00%
VT Vaccine Pilot	0.33%
<b>Total % of Premium Taxes/Assessments</b>	<b>0.33%</b>

<b>% of Paid Claim Taxes and Assessments</b>	
--	--

Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.150%
<b>Total % of Paid Claim Taxes/Assessments</b>	<b>1.149%</b>

<b>PMPM Taxes and Assessments</b>	
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HHS Risk Adjustment User Fee	\$0.24
PCORI Fee	\$0.22
18 VSA 9374(h) Billback	\$1.52
<b>Total PMPM Taxes/Assessments</b>	<b>\$1.98</b>

<b>Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans</b>
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MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

<b>Derivation of Projected CSR Load</b>
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1) Projection Period Federal CSR Dollars	\$4,720,185	
2) Projection Period Member Months, CSR Plans	62,148	
3) Projection Period Federal CSR PMPM	\$75.95	= 1) / 2)
4) IBNR Factor	1.000	
5) Federal CSR PMPM with IBNR	\$75.95	= 3) * 4)
6) Annual Trend Factor	1.014	
7) Months of Trend	36	
8) Trended Federal CSR PMPM	\$79.25	= 5) * 6) ^ [ 7) / 12 ]

Exhibit 7 -- 2022 Exchange Premium Rates

2022 Adjusted Paid Claim Cost (Exhibit 3, Line 31)	\$608.53
Benefit Relativity * Induced Demand Reflected in Index Rate	0.7492
Adjusted Claim Cost for Pricing	\$812.21

Coplan	Product Type	Metal Level	Standard/Non-Standard	On/Off Exchange	Federal and State Combined Subsidy	Benefit Actuarial Value	Induced Utilization Factor*	Net Claim Cost PMPM	Bad Debt / CTR (% of Premium)	Administrative Expense (PMPM)	% of Premium Taxes and Assessments	PMPM Taxes and Assessments	Benefits in Excess of EHB's**	CSR Loading	Gross Claim Cost PMPM	Single***	Double	Parent/Child (ren)	Family	Increase over 2021 Single Rate	Increase over 2021 Double Rate	Increase over 2021 P/C Rate	Increase over 2021 Family Rate	
FRVT-HMO-P-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.897	1.150	\$837.97	\$17.24	\$47.10	\$2.99	\$1.98	\$0.00	\$0.00	\$907.29	\$951.83	\$1,903.66	\$1,837.03	\$2,674.64	19.2%	19.2%	19.2%	19.2%	
FRVT-HMO-G-001-S (2022)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.780	1.074	\$680.00	\$14.17	\$47.10	\$2.46	\$1.98	\$0.00	\$0.00	\$745.71	\$782.32	\$1,564.64	\$1,509.88	\$2,198.32	16.1%	16.1%	16.1%	16.1%	
FRVT-HMO-G-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.809	1.090	\$716.40	\$14.90	\$47.10	\$2.59	\$1.98	\$1.40	\$0.00	\$784.38	\$822.89	\$1,645.78	\$1,588.18	\$2,312.32	17.7%	17.7%	17.7%	17.7%	
FRVT-HMOH-G-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.794	1.080	\$696.48	\$14.52	\$47.10	\$2.52	\$1.98	\$1.40	\$0.00	\$764.00	\$801.51	\$1,603.02	\$1,546.91	\$2,252.24	17.4%	17.4%	17.4%	17.4%	
FRVT-HMOH-S-003-S (2022)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37	\$1,592.74	\$1,536.99	\$2,237.80	16.9%	16.9%	16.9%	16.9%	
FRVT-HMOH-S-004-S (2022)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92	\$1,553.84	\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%	
FRVT-HMOH-S-002-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$0.00	\$79.25	\$745.14	\$781.72	\$1,563.44	\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%
FRVT-HMO-S-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.692	1.028	\$577.45	\$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83	\$1,517.66	\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%	
VT-HMO-S-003-S II (2022)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.724	1.044	\$613.84	\$12.88	\$47.10	\$2.24	\$1.98	\$0.00	\$0.00	\$678.04	\$711.33	\$1,422.66	\$1,372.87	\$1,998.84	20.6%	20.6%	20.6%	20.6%	
VT-HMOH-S-004-S II (2022)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.708	1.035	\$595.59	\$12.53	\$47.10	\$2.18	\$1.98	\$0.00	\$0.00	\$659.38	\$691.75	\$1,383.50	\$1,335.08	\$1,943.82	19.7%	19.7%	19.7%	19.7%	
VT-HMOH-S-002-N II (2022)	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.710	1.036	\$597.95	\$12.60	\$47.10	\$2.19	\$1.98	\$1.40	\$0.00	\$663.23	\$695.79	\$1,391.58	\$1,342.87	\$1,955.17	18.9%	18.9%	18.9%	18.9%	
VT-HMOH-S-001-N II (2022)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.692	1.028	\$577.45	\$12.20	\$47.10	\$2.12	\$1.98	\$1.40	\$0.00	\$642.26	\$673.79	\$1,347.58	\$1,300.41	\$1,893.35	17.4%	17.4%	17.4%	17.4%	
FRVT-HMO-B-002-S (2022)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.622	1.007	\$508.54	\$10.84	\$47.10	\$1.88	\$1.98	\$0.00	\$0.00	\$570.34	\$598.34	\$1,196.68	\$1,154.80	\$1,681.34	20.3%	20.3%	20.3%	20.3%	
FRVT-HMO-B-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.626	1.009	\$512.48	\$10.91	\$47.10	\$1.90	\$1.98	\$0.00	\$0.00	\$574.37	\$602.57	\$1,205.14	\$1,162.96	\$1,693.22	19.8%	19.8%	19.8%	19.8%	
FRVT-HMO-B-004-S (2022)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.645	1.015	\$531.18	\$11.28	\$47.10	\$1.96	\$1.98	\$0.00	\$0.00	\$593.50	\$622.64	\$1,245.28	\$1,201.70	\$1,749.62	19.4%	19.4%	19.4%	19.4%	
FRVT-HMO-B-005-N (2022)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.632	1.011	\$518.77	\$11.06	\$47.10	\$1.92	\$1.98	\$1.40	\$0.00	\$582.24	\$610.83	\$1,221.66	\$1,178.90	\$1,716.43	20.1%	20.1%	20.1%	20.1%	
FRVT-HMO-B-001-N (2022)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.616	1.005	\$502.92	\$10.75	\$47.10	\$1.87	\$1.98	\$1.40	\$0.00	\$566.03	\$593.82	\$1,187.64	\$1,146.07	\$1,668.63	20.9%	20.9%	20.9%	20.9%	
FRVT-HMO-C-001-N (2022)	HMO	Catastrophic	Standard	On Exchange	Non-Subsidized	0.609	0.606	\$299.86	\$6.78	\$47.10	\$1.18	\$1.98	\$0.00	\$0.00	\$356.91	\$374.43	\$748.86	\$722.65	\$1,052.15	10.4%	10.4%	10.4%	10.4%	
FRVT-HMO-S3-001-S (2022)	HyHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37	\$1,592.74	\$1,536.99	\$2,237.80	16.9%	16.9%	16.9%	16.9%	
FRVT-HMO-S3-002-S (2022)	HyHMO	Silver	Standard	On Exchange	Subsidized (87%)	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37	\$1,592.74	\$1,536.99	\$2,237.80	16.9%	16.9%	16.9%	16.9%	
FRVT-HMO-S3-003-S (2022)	HyHMO	Silver	Standard	On Exchange	Subsidized (94%)	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37	\$1,592.74	\$1,536.99	\$2,237.80	16.9%	16.9%	16.9%	16.9%	
FRVT-HMO-S3-004-S (2022)	HyHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37	\$1,592.74	\$1,536.99	\$2,237.80	16.9%	16.9%	16.9%	16.9%	
FRVT-HMOH-S4-001-S (2022)	HDHMO	Silver	Standard	On Exchange	Subsidized (73%)	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92	\$1,553.84	\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%	
FRVT-HMOH-S4-002-S (2022)	HMO	Silver	Standard	On Exchange	Subsidized (87%)	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92	\$1,553.84	\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%	
FRVT-HMOH-S4-003-S (2022)	HMO	Silver	Standard	On Exchange	Subsidized (94%)	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92	\$1,553.84	\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%	
FRVT-HMOH-S4-004-S (2022)	HDHMO	Silver	Standard	On Exchange	Subsidized (77%)	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92	\$1,553.84	\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%	
FRVT-HMOH-S2-001-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72	\$1,563.44	\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%	
FRVT-HMOH-S2-002-N (2022)	HMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72	\$1,563.44	\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%	
FRVT-HMOH-S2-003-N (2022)	HMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72	\$1,563.44	\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%	
FRVT-HMOH-S2-004-N (2022)	HMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72	\$1,563.44	\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%	
FRVT-HMO-S1-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (73%)	0.692	1.028	\$577.45	\$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83	\$1,517.66	\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%	
FRVT-HMO-S1-002-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (87%)	0.692	1.028	\$577.45	\$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83	\$1,517.66	\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%	
FRVT-HMO-S1-003-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (94%)	0.692	1.028	\$577.45	\$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83	\$1,517.66	\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%	
FRVT-HMO-S1-004-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	Subsidized (77%)	0.692	1.028	\$577.45	\$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83	\$1,517.66	\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%	
FRVT-HMO-PA2-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	All/AN	0.897	1.150	\$837.97	\$17.24	\$47.10	\$2.99	\$1.98	\$0.00	\$0.00	\$907.29	\$951.83	\$1,903.66	\$1,837.03	\$2,674.64	19.2%	19.2%	19.2%	19.2%	
FRVT-HMO-GA2-001-S (2022)	HyHMO	Gold	Standard	On Exchange	All/AN	0.780	1.074	\$680.00	\$14.17	\$47.10	\$2.46	\$1.98	\$0.00	\$0.00	\$745.71	\$782.32	\$1,564.64	\$1,509.88	\$2,198.32	16.1%	16.1%	16.1%	16.1%	
FRVT-HMO-GA2-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	All/AN	0.809	1.090	\$716.40	\$14.90	\$47.10	\$2.59	\$1.98	\$1.40	\$0.00	\$784.38	\$822.89	\$1,645.78	\$1,588.18	\$2,312.32	17.7%	17.7%	17.7%	17.7%	
FRVT-HMOH-GA2-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	All/AN	0.794	1.080	\$696.48	\$14.52	\$47.10	\$2.52	\$1.98	\$1.40	\$0.00	\$764.00	\$801.51	\$1,603.02	\$1,546.91	\$2,252.24	17.4%	17.4%	17.4%	17.4%	
FRVT-HMO-SA2-003-S (2022)	HyHMO	Silver	Standard	On Exchange	All/AN	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37	\$1,592.74	\$1,536.99	\$2,237.80	16.9%	16.9%	16.9%	16.9%	
FRVT-HMOH-SA2-004-S (2022)	HDHMO	Silver	Standard	On Exchange	All/AN	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92	\$1,553.84	\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%	
FRVT-HMOH-SA2-002-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	All/AN	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72	\$1,563.44	\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%	
FRVT-HMO-SA2-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	All/AN	0.692	1.028	\$577.45	\$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83	\$1,517.66	\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%	
FRVT-HMO-BA2-002-S (2022)	HyHMO	Bronze	Standard	On Exchange	All/AN	0.622	1.007	\$508.54	\$10.84	\$47.10	\$1.													



March 8, 2021

Mr. Dana Houlihan  
Director, Plan Management & Enrollment Policy  
VT Health Connect  
Department of Vermont Health Access  
*Via Email Only*

**RE: STATE OF VERMONT ACTUARIAL VALUE CERTIFICATION FOR 2022 STANDARD PLAN DESIGNS**

Dear Dana:

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have plan designs that have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the Exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. In 2021, one Platinum, one Gold, two Silver, and three Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the Platinum, Gold, and Silver metal levels, with two at the Bronze level, and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. The 2021 standard plan designs are all continuing in 2022.

For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. Cost sharing reduction (CSR) plan designs were developed at each of the 73% (Federal), 77% (Vermont specific), 87% (Federal), and 94% (Federal) AV levels.

The State contracted with Wakely Consulting Group, LLC (Wakely) to assist in the development of the 2022 standard plan designs and to provide an actuarial certification of the actuarial values of the state's standard plan designs that do not fit within the parameters of the Federal calculator and require adjustment. This memo documents the approved 2022 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A. The 2022 Notice of Benefit and Payment Parameters (NBPP) and Federal Actuarial Value Calculator (AVC) Model are still in draft form. Should there be changes between the draft and final versions, the plan designs reflected here may require changes.

A list of the changes from the 2021 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – The medical deductible was increased.
- Gold – The medical deductible, pharmacy deductible, and medical Maximum Out of Pocket (MOOP) were all increased.
- Silver Deductible – The medical deductible, pharmacy deductible, and combined medical/pharmacy MOOP were increased.
- Bronze Deductible with Pharmacy Limit – The medical deductible, pharmacy deductible, and combined medical/pharmacy MOOP were all increased.
- Bronze Deductible without Pharmacy Limit – The medical deductible and combined medical/pharmacy MOOP were increased.
- Silver HDHP – The medical deductible and the embedded individual combined medical/pharmacy MOOP were increased.
- Bronze HDHP – The medical deductible, combined medical/pharmacy MOOP, and the embedded individual combined medical/pharmacy MOOP were all increased.

In addition to the standard plans, starting in 2016 the State of Vermont requests that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

## Regulatory Background

The ACA allows for a -4% to +2% de minimis range around the target AVs for each metal level. For example, any plan design that has an AV from 66% to 72% is considered a Silver plan. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Applicable plans include High Deductible Health Plans and plans that cover at least one major service, other than preventive, prior to the deductible. Of the Vermont standard plan designs, all three Bronze plans qualify for the expanded range.

The Center for Consumer Information and Insurance Oversight (CCIIO) has released the draft 2022 Actuarial Value Calculator (AVC)<sup>1</sup> that issuers must use to determine the AV of a plan. The final AVC has not yet been released. The 2022 plan designs presented in this report are compliant with the draft 2022 AVC. However, should there be changes between the draft and final versions, changes may be required in order to be in compliance with the de minimis AV range. Changes to the plan designs will be dependent on the magnitude and direction of changes between the draft and final versions of the AVC.

While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The federal HDHP minimum deductible and MOOP limits are not yet released for 2022. The 2021 minimum deductible and MOOP were \$1,400 and \$7,000, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year, on average. Should the federal HDHP minimum deductible for 2022 increase from \$1,400, both the Silver and Bronze HDHPs and associated CSR plan designs will require changes to meet this requirement. Additionally, if the MOOP limit is finalized below \$7,100, the Bronze HDHP will require changes in order to meet this requirement.

Additionally, the 2022 Notice of Benefits and Payment Parameters (NBPP)<sup>2</sup> is still in draft form. Based on the draft regulations, the single annual limit, or MOOP, is expected to be \$9,100, up from \$8,550 in 2021. Should the single annual limit not be finalized as proposed and the regulations finalize a limit below \$9,100, both the Silver and Bronze HDHPs shown in this report will require changes in order to meet this requirement. Additionally, if the final limit is finalized below \$8,700 both Bronze Deductible Plans (with and without drug limit) will also require changes in order to meet this requirement.

## CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a “CSR load” to these plans such that the Silver premiums are higher than

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<sup>1</sup> <http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html>

<sup>2</sup> <https://www.federalregister.gov/documents/2020/12/04/2020-26534/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2022-and>

they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers offer “reflective” off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts. These plans will continue in 2022.

The off-Exchange “reflective” plans will have a \$5 copay or 5% coinsurance increase on ambulance services compared to the on-Exchange plans. These differentials apply to both standard and non-standard Silver plans. A comparison of the standard Silver on and off-Exchange plan designs are shown in Appendix C. As ambulance services are not explicitly included in the AVC and the differences in cost sharing are minimal, there is no difference in the calculation of the federal AV for these plans. Unless otherwise noted, in the Appendices the cost sharing for ambulance services represents the on-Exchange plan design.

In the event there is a Silver plan approved with 100% coinsurance, the off-Exchange “reflective” plan will have a \$25 deductible and MOOP increase compared to the on-Exchange plan. Unlike the ambulance cost sharing above, this difference will impact the AV. The issuer submitting such a plan will need to ensure that both the on and off-Exchange plan designs fit within the AV requirements. Since this is for non-standard plans only, these plans are not included within this memo.

## **Chiropractic and Physical Therapy Copays**

Act No. 7<sup>3</sup> requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125%-150% of the copay applicable to services provided by a primary care provider (PCP). For 2021, S.202<sup>4</sup> was introduced which would require the copay for chiropractic services for Silver and Bronze metal level plans to be less than or equal to 125% of the PCP copay, though this bill did not pass. The 2021 plan designs were updated assuming that S.202 was passed as introduced and set the chiropractic and physical therapy copays equal to 125% of the PCP copay, rounded down to the nearest \$5 increment. Though the bill did not pass, no change to the chiropractic and physical therapy copays is included in the 2022 standard plan designs and remain aligned with the requirements and the 2021 plan designs.

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<sup>3</sup> <https://legislature.vermont.gov/Documents/2018.1/Docs/ACTS/ACT007/ACT007%20As%20Enacted.pdf>

<sup>4</sup> <https://legislature.vermont.gov/bill/status/2020/S.202>



## Limiting Out-of-Pocket Expenses for Insulin

Bill S.296<sup>5</sup>, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020, although it has not been formally signed into law. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. As this limitation has not been signed into law as of the date of this report, we have not adjusted the AVs reflected here for this change. However, we did confirm that all plan designs will continue to be within the required de minimis range should this requirement go into effect for 2022. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

## Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. Five of the standard plan designs (and the cost sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix D and including:

- ASOP No. 23 Data Quality;
- ASOP No. 25 Credibility Procedures;
- ASOP No. 41 Actuarial Communications;
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
- ASOP No. 56 Modeling.

Both Silver plans and all three Bronze plans have design features that are both significant and not supported by the AVC. The Silver cost sharing reduction plan designs have similar features.

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<sup>5</sup> <https://legislature.vermont.gov/bill/status/2020/S.296>

While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate<sup>6</sup>. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs although the family stacked AV will be higher in most instances. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that if the family MOOP is more than the proposed single limit of \$9,100, the MOOP must either be stacked or there must be an embedded individual MOOP of \$9,100. Wakely developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,400 and \$2,800 for individual and family coverage in 2021, 2022 amounts are not yet known). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,400 and \$2,800 for individual and family coverage in 2021) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,400 for individual or \$2,800 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,400 or \$2,800,

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<sup>6</sup> Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely has developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

- In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the impact to AV for this design feature is likely around 0.5%. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the Bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

Given the issuers now have credible data on the portion of claims that are preventive prescription drugs, we requested that they review the appropriateness of this adjustment for the 2022 plan designs. Both issuers indicated that 0.5% was adequate and appropriate. Wakely is relying on the issuer's assessment and continues to make sure that any AVs developed for HDHPs are at least 0.5% below the high end of the de minimis range in order to account for this increased benefit.

- Bill S.296, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020, although it has not been formally signed into law. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit.

This review found that the impact was negligible for Platinum, Gold, and Silver plans and was worth up to 0.1% for Bronze plans.

As this limitation has not been signed into law as of the date of this report, Wakely did not make a specific adjustment but did make sure that any AVs developed for Bronze plans were at least 0.1% below the high end of the de minimis range in order to account for this increased benefit. No adjustments were made to the de minimis range for the other metal levels. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the stacked and aggregate family deductible/MOOP and Vermont's prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug benefits, Wakely did not make an explicit adjustment but did allow cushion in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range. For the insulin limitations on cost sharing, Wakely did not make an explicit adjustment but did allow cushion in the Bronze AVs such that an increase of up to an additional 0.1% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.

**Table 1: Adjusted Acceptable Federal Actuarial Values**

	Plan	Adjusted Acceptable Range	Final Adjusted AV
<b>Deductible Plans</b>	Platinum	86.0%-92.0%	89.4%
	Gold	76.0%-82.0%	81.5%
	Silver	66.0%-72.0%	71.1%
	Bronze (with drug limit)	56.0%-64.9% <sup>7</sup>	63.7%
	Bronze (without drug limit)	56.0%-64.9%	64.3%
<b>HDHPs</b>	Silver - Embedded MOOP	66.0%-71.5%	70.7%
	Bronze - Embedded MOOP	56.0%-64.4%	63.2%
<b>Cost Sharing Reduction Plan Designs - Deductible Plans</b>	250-300% FPL (73% AV)	72.0%-74.0%	74.0%
	200-250% FPL (77% AV)	76.0%-78.0%	78.0%
	150-200% FPL (87% AV)	86.0%-88.0%	88.0%
	133-150% FPL (94% AV)	93.0%-95.0%	94.8%
<b>Cost Sharing Reduction Plan Designs - HDHPs</b>	250-300% FPL (73% AV)	72.0%-73.5%	73.4%
	200-250% FPL (77% AV)	76.0%-77.5%	77.3%
	150-200% FPL (87% AV)	86.0%-87.5%	87.5%
	133-150% FPL (94% AV)	93.0%-94.5%	93.7%

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV.

## Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features.

If a plan has substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to “fit” it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique

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<sup>7</sup> In 2020 and prior, the Bronze Deductible (with drug limit) plan was not eligible for the expanded de minimis range and would had an upper AV limit of 62.0%. Due to changes in the 2021 plan design (which continue for 2022), this plan now qualifies for the expanded range.

design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus for the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the model that Wakely developed and the process used to adjust the actuarial values from the AVC.

### **Vermont-Specific Adjustment Model**

Anticipating the need to quantify some of Vermont's unique plan design features, Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. This model is updated every few years to capture recent Vermont-specific data. The current model was updated for the 2020 plan designs and includes Vermont-specific ACA data incurred in 2017.

In developing the model, Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target the most appropriate population for the model and reduce the amount of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2017
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

After all filters were applied, the remaining data included allowed claims and membership for approximately 825,000 member months.

The methodology developed for the model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These amounts can differ but the model assumes the amounts are always integrated, or

that both medical and drug claims will accumulate to both deductibles, even if different amounts.

- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs.

**Table 2: Model Structures**

Options	Deductible	Costs that Accumulate		Deductible / MOOP Type
		Maximum Out-of-Pocket (MOOP) Medical	Rx	
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate
2	Medical & Rx	Medical & Rx	Rx Only	Stacked
3	Medical & Rx	Medical Only	Rx Only	Aggregate
4	Medical & Rx	Medical Only	Rx Only	Stacked
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP)

### Adjusted AV Calculations

Using the federal AV calculator and the model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The model was used to determine the revised AV.

- a. The same plan design input into the AVC was input into the model. The model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.
  - b. The model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
  - c. The plan design in the model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$9,100.
3. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit<sup>8</sup> and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.

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<sup>8</sup> Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.



2. The model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
  - a. Instead of normalizing the model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
  - b. The model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
  - c. The model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
  
3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix G includes screen shots from the AVC and the model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

### Insulin Out-of-Pocket Limit

As mentioned above, a bill has been introduced that would limit a member’s total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions. As this requirement has not been signed into law as of the date of this report, the AVs reflected here have not been adjusted for this requirement. However, we did review the impact of the requirement and determined that all plan designs presented here would continue to meet the de minimis requirements.

Since insulin drugs only represent a portion of the claims in a given drug tier and only one input can be made in the AVC for each drug tier, the value of the cost sharing limit cannot be modeled in the AVC. This statute has a larger impact on AV at the lower AV tiers where the drug deductibles are higher. The estimated impact by metal tier is shown in the table below.

**Table 3: Estimated Impact of Insulin Out-of-Pocket Limit**

Metal	Increase to AV
Bronze	0.1%
Silver	0.0%
Gold	0.0%
Platinum	0.0%

The following methodology was used to develop the impacts:

1. Both carriers, BCBS VT and MVP, provided claim level data for insulin prescriptions based on their individual and small group experience in Vermont in 2019 and 2020. The data included metal tier, allowed and paid costs, days' supply, and member cost sharing.

Each carrier also provided high level market information for 2019 and 2020, including metal tier, member months, and total allowed and paid costs for medical and pharmacy.

2. Based on the claim level data, the cost share and paid claim amounts were recalculated, assuming a limit of \$100 per prescription for a 30 day supply. The difference between the actual cost sharing in the experience data and the new cost sharing incorporating the limit was added to the paid claim costs.
3. Two AVs were calculated. The first based on the unadjusted high level allowed and paid costs. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The difference in AV between these two is the increase to AV. This was done separately for each metal level.

Based on this analysis, the impact on all metal levels except Bronze is negligible. For the Bronze plans, all plan designs presented here are more than 0.1% below the high end of the de minimis range, therefore, will continue to be within the range should this requirement be signed into law.

## HDHPs – Contingent Alternative Plans

As noted throughout this report, the federal HDHP minimum deductible and MOOP limits are not yet released for 2022. The 2021 minimum deductible and MOOP were \$1,400 and \$7,000, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year, on average. The deductible last increased for plan year 2020 and may or may not increase for 2022. Therefore, we are also providing the plan designs and adjusted actuarial values for the Silver HDHP (and associated CSR plans) and Bronze HDHP with the pharmacy deductible and pharmacy OOPM at \$1,450, rather than \$1,400. In addition, we are also providing the plan design and adjusted AV for the Bronze HDHP with the combined medical and pharmacy MOOP at \$7,050, should the MOOP limit come in below the \$7,100 assumed in the approved plan design.

Appendix H includes a summary of the plan designs for the HDHPs that will be updated if the minimum deductible increases to \$1,450 as well as screen shots from the AVC and the model for each plan design with an adjusted actuarial value.

These plan designs will only be implemented if the federal HDHP minimum deductible increases to \$1,450. Should the minimum deductible be finalized at a value other than \$1,400 or \$1,450, these plan designs will need to be re-visited. In addition, these plan designs do not contemplate changes to the MOOP limits or differences between the draft and final 2022 NBPP or AVC. Any other changes will need to be evaluated and the plan designs may require changes to meet the final requirements.

Appendix I includes a summary of the plan design for the Bronze HDHP that will be updated if the MOOP is finalized at \$7,050 and the minimum deductible does not change from \$1,400, as well as screen shots from the AVC and the model with an adjusted actuarial value.

This plan design will only be implemented if the federal HDHP MOOP increases to \$7,050 rather than \$7,100. Should the MOOP be finalized at a value other than \$7,050 or \$7,100, this plan design will need to be re-visited. In addition, this plan design does not contemplate changes to the minimum deductible nor differences between the draft and final 2022 NBPP or AVC. Any other changes will need to be evaluated and the plan designs may require changes to meet the final requirements.

## Disclosures and Limitations

**Responsible Actuary.** Julie Peper, Brittney Phillips, and Brooke Steiner are the actuaries responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Brittney and Brooke are Members of the American Academy of Actuaries and Associates of the Society of Actuaries. They meet the Qualification Standards of the American Academy of Actuaries to issue this report.

**Intended Users.** This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

**Risks and Uncertainties.** The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

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

addition, Wakely is organizationally and financially independent to the State of Vermont and any issuer in the state.

**Data and Reliance.** We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- Draft 2022 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.
- VHCURES data supplied by the state was used in the development of the HDHP model.
- Adjustment to the high-end of the de minimis AV range for HDHPs to account for prescription drugs for which the deductible is waived. This was reviewed by both issuers, BCBS VT and MVP, based on their internal experience and claims data.
- Insulin prescription claim experience. This was provided by both issuers, BCBS VT and MVP, based on their internal experience and claims data.

**Subsequent Events.** Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to:

- The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2022. The 2021 minimum deductible and MOOP are \$1,400 and \$7,000, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year on average, though neither changed from 2016 to 2017. The plan designs presented are compliant with the 2021 HDHP limits and may need to change once the 2022 HDHP limits are released, primarily if the minimum deductible is increased.
- The 2022 Notice of Benefits and Payment Parameters (NBPP) is still in draft form. Based on the draft regulations, the single annual limit is expected to be \$8,550, up from \$8,150 in 2021. The plan designs presented are compliant with the 2022 draft NBPP and may need to change if the final NBPP lowers the annual limit from the draft notice.
- The 2022 Federal AVC Model is also still in draft form. The plan designs presented are compliant with the 2022 draft Federal AVC and may need to change if there are changes to the final model from the draft version.

- Other changes to regulations passed subsequent to this report.

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

**Deviations from ASOPS.** Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. A summary of ASOP compliance is listed in Exhibit D.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact us.

Sincerely,



Julie A. Peper, FSA, MAAA  
Principal and Senior Consulting Actuary



Brittney Phillips, ASA, MAAA  
Senior Consulting Actuary

## Appendix A

### **Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2022**

I, Brittney Phillips, am associated with the firm of Wakely Consulting Group, LLC (Wakely), am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2022 on Vermont Health Connect. This certification may not be appropriate for other purposes.

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

- The draft 2022 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, one Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, Silver Deductible CSR 77%, Silver Deductible CSR 87%, and Silver Deductible CSR 94%) that will be effective as of January 1, 2022 for individual and group coverage sold on Vermont Health Connect.

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

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System

(VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

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

A handwritten signature in black ink that reads 'Brittney Phillips'.

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Brittney Phillips, ASA, MAAA  
March 8, 2021

## Appendix B – Summary of Plan Design Changes from 2021 Designs

Deductible Plans		
Plan	Platinum	Gold
<b>Changes</b>	Increase medical deductible from \$350 to \$400	Increase medical deductible from \$1,100 to \$1,200
		Increase pharmacy deductible from \$100 to \$150
		Increase medical OOPM from \$5,200 to \$5,400
Deductible Plans		
Plan	Silver	Bronze w/ Rx Limit
<b>Changes</b>	Increase medical deductible from \$3,200 to \$3,400	Increase medical deductible from \$6,250 to \$6,450
	Increase pharmacy deductible from \$350 to \$400	Increase pharmacy deductible from \$1,000 to \$1,100
	Increase combined OOPM from \$8,150 to \$8,550	Increase combined OOPM from \$8,400 to \$8,700
Deductible Plans		
Plan	Bronze w/o Rx Limit	
<b>Changes</b>	Increase medical deductible from \$8,400 to \$8,700	
	Increase combined OOPM from \$8,400 to \$8,700	
HDHPs		
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
<b>Changes</b>	Increase medical deductible from \$1,750 to \$1,850	Increase medical deductible from \$5,500 to \$5,700
	Increase embedded single OOPM from \$8,550 to \$9,100	Increase combined OOPM from \$6,900 to \$7,100
		Increase embedded single OOPM from \$8,550 to \$9,100





## Appendix C – On and Off-Exchange Reflective Silver Standard Plan Designs

Deductible/OOP Max	2022 Plan Designs - Silver Deductible Plans	
	On-Exchange	Off-Exchange
Type of Plan	Deductible	Deductible
Medical Ded	\$3,400	\$3,400
Rx Ded	\$400	\$400
Integrated Ded	No	No
Medical MOOP	\$8,550	\$8,550
Rx MOOP	\$1,400	\$1,400
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%
Outpatient	50%	50%
ER	\$250	\$250
Radiology (MRI, CT, PET)	50%	50%
Preventive	\$0	\$0
PCP Office Visit	\$35	\$35
MH/SA Office Visit	\$35	\$35
Specialist Office Visit	\$80	\$80
Chiropractic	\$45	\$45
Physical Therapy	\$45	\$45
Urgent Care	\$90	\$90
Ambulance	\$100	<b>\$105</b>
Rx Generic	\$15	\$15
Rx Preferred Brand	\$60	\$60
Rx Non-Preferred Brand	50%	50%
Rx Specialty	50%	50%
Actuarial Value		
2022 Federal AVC, Adjusted if Necessary	<b>71.1%</b>	<b>71.1%</b>

2022 Plan Designs - Silver HDHP Plans	
On-Exchange	Off-Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,850	\$1,850
\$1,400	\$1,400
Yes	Yes
\$6,900	\$6,900
\$1,400	\$1,400
Yes	Yes
Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Preventive	Preventive
Wellness scripts	Wellness scripts
Copay / Coinsurance	Copay / Coinsurance
30%	30%
30%	30%
30%	30%
30%	30%
0%	0%
10%	10%
10%	10%
30%	30%
30%	30%
30%	30%
30%	<b>35%</b>
\$10	\$10
\$40	\$40
50%	50%
50%	50%
Actuarial Value	
<b>70.7%</b>	<b>70.7%</b>

## Appendix D – Comments Relative to Applicable ASOPs

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- ASOP No. 56 Modeling

### **ASOP 23: Data Quality**

3.1 Overview – VHCURES data was used as the basis for the HDHP model and Vermont-specific insulin prescription data was used as the basis for the insulin limit impact. This data source was deemed reasonable for the analysis discussed in the management report.

3.2 Selection of Data - The data was considered reasonable for our analysis subject to the following considerations -

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
  1. Data was appropriate and sufficiently current.
  2. Data was reasonable and comprehensive of the necessary data elements.
  3. There were no known, material limitations of the data.
  4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
  5. Alternative data sets were not deemed necessary to complete the analysis.
  6. Sampling methods were not required.

3.3 Reliance on Data Supplied by Others - Reliance is discussed in the management report to which this appendix is attached.

3.4 Reliance on Other Information Relevant to the Use of Data - We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.

3.5 Review of Data - We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.

3.6 Limitation of the Actuary's Responsibility - We did not audit the data.

3.7 Use of Data– Use and adjustments to the data are discussed in this management report. In addition:

- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

## **ASOP 25: Credibility Procedures**

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

## **ASOP 41: Actuarial Communications**

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

### 3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.

3.1.2 Form and Content – The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.

3.1.3 Timing of Communication – This report is provided in conjunction with the actuarial certification of the submitted actuarial values.

3.1.4 Identification of Responsible Actuary – The responsible actuary is identified in the attestation and this management report.

3.2 Actuarial Report – This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.

3.3 Specific Circumstances – No constraints apply beyond any discussed in the attachment management report.

3.4 Disclosures Within an Actuarial Report - all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:

3.4.1 Uncertainty or Risk – Uncertainty is discussed in the management report.

3.4.2 Conflict of Interest – Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.

3.4.3 Reliance on Other Sources for Data and Other Information - Reliance regarding data and assumptions are discussed in this management report.

3.4.4 Responsibility for Assumptions and Methods - Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.

3.4.5 Information Date of Report -The management report lists the applicable dates for the analysis and correspondence.

3.4.6 Subsequent Events - Subsequent events are listed in the Limitations and Disclosures section.

3.5 Explanation of Material Differences - Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.

3.6 Oral Communications - No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.

3.7 Responsibility to Other Users - Intended users of this report have been specifically noted in the document.

## **ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act**

3.1 Use of AVC or MVC – The federal AVC was used.

3.2 Exceptions to the AVC – The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriately modeled in the AVC.

3.3 Exceptions to the MVC – Not applicable.

3.4 Evaluating Non-Standard Plan Designs – The HDHP model was normalized to the federal AVC.

3.5 Reasonableness of Assumptions for Non-Standard Plan Designs – The assumptions used to modify the federal AVs were reviewed for reasonability.

3.6 Unreasonable Results – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.



## Appendix E – Standard Plan Designs

### Deductible Plan Designs

2022 Plan Designs - Deductible Plans						
Deductible/OOP Max	Platinum	Gold	Silver	Bronze w/ Rx Limit	Bronze w/o Rx Limit	
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	
Medical Ded	\$400	\$1,200	\$3,400	\$6,450	\$8,700	
Rx Ded	\$0	\$150	\$400	\$1,100	N/A	
Integrated Ded	No	No	No	No	Yes	
Medical MOOP	\$1,400	\$5,400	\$8,550	\$8,700	\$8,700	
Rx MOOP	\$1,400	\$1,400	\$1,400	\$1,400	N/A	
Integrated MOOP	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV	
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts	
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	
Inpatient	10%	30%	50%	50%	0%	
Outpatient	10%	30%	50%	50%	0%	
ER	\$100	\$150	\$250	50%	0%	
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%	
Preventive	\$0	\$0	\$0	\$0	0%	
PCP Office Visit	\$15	\$20	\$35	\$35	\$40	
MH/SA Office Visit	\$15	\$20	\$35	\$35	\$40	
Specialist Office Visit	\$40	\$50	\$80	\$90	\$100	
Chiropractic	\$20	\$30	\$45	\$45	\$50	
Physical Therapy	\$20	\$30	\$45	\$45	\$50	
Urgent Care	\$50	\$60	\$90	\$100	0%	
Ambulance	\$60	\$70	\$100	\$100	0%	
Rx Generic	\$10	\$12	\$15	\$15	\$30	
Rx Preferred Brand	\$50	\$55	\$60	\$85	0%	
Rx Non-Preferred Brand	50%	50%	50%	60%	0%	
Rx Specialty	50%	50%	50%	60%	0%	
Actuarial Value						
2022 Federal AVC, Adjusted if Necessary	89.4%	81.5%	71.1%	63.7%	64.3%	



**Deductible Plan Designs – Cost Sharing Reduction Plans**

2022 Plan Designs - Deductible Plans					
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$3,400	\$3,100	\$2,600	\$1,100	\$200
Rx Ded	\$400	\$350	\$300	\$200	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$8,550	\$6,750	\$6,000	\$2,200	\$900
Rx MOOP	\$1,400	\$1,250	\$1,100	\$450	\$200
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$25	\$10	\$5
MH/SA Office Visit	\$35	\$35	\$25	\$10	\$5
Specialist Office Visit	\$80	\$70	\$50	\$30	\$15
Chiropractic	\$45	\$40	\$30	\$12	\$6
Physical Therapy	\$45	\$40	\$30	\$12	\$6
Urgent Care	\$90	\$80	\$60	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$15	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2022 Federal AVC, Adjusted if Necessary	71.1%	74.0%	78.0%	88.0%	94.8%

**HDHP Plan Designs**

<b>2022 Plan Designs - HDHP Plans</b>		
<b>Deductible/OOP Max</b>	<b>Silver</b>	<b>Bronze</b>
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,850	\$5,700
Rx Ded	\$1,400	\$1,400
Integrated Ded	Yes	Yes
Medical MOOP	\$6,900	\$7,100
Rx MOOP	\$1,400	\$1,400
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Chiropractic	30%	50%
Physical Therapy	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
<b>Actuarial Value</b>		
2022 Federal AVC, Adjusted if Necessary	70.7%	63.2%





**HDHP Plan Designs – Cost Sharing Reduction Plans**

2022 Plan Designs - HDHP Plan CSR Variations					
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$1,850	\$1,750	\$1,600	\$1,400	\$550
Rx Ded	\$1,400	\$1,400	\$1,400	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$6,900	\$5,200	\$4,400	\$1,400	\$550
Rx MOOP	\$1,400	\$1,400	\$1,400	N/A	N/A
Integrated MOOP	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
Chiropractic	30%	25%	25%	0%	0%
Physical Therapy	30%	25%	25%	0%	0%
Urgent Care	30%	25%	25%	0%	0%
Ambulance	30%	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2022 Federal AVC, Adjusted if Necessary	70.7%	73.4%	77.3%	87.5%	93.7%

## Appendix F – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$9,100	Stacked MOOP	Drug Regulation	Preventive Drugs	AV from AVC	Final Adjusted AV
<b>Silver HDHP – Embedded \$9,100 Individual MOOP</b>	Yes	Yes	No	Yes	Yes	73.0%	70.7%
<b>Bronze HDHP– Embedded \$9,100 Individual MOOP</b>	Yes	Yes	No	Yes	Yes	64.7%	63.2%
<b>Silver Deductible</b>	No	No	No	Yes	No	70.1%	71.1%
<b>Bronze Deductible (with pharmacy limit)</b>	No	No	Yes	Yes	No	62.8%	63.7%
<b>Silver HDHP - Embedded \$9,100 Individual MOOP CSR 73%</b>	Yes	Yes	No	Yes	Yes	75.7%	73.4%
<b>Silver HDHP - Embedded \$9,100 Individual MOOP CSR 77%</b>	Yes	Yes	No	Yes	Yes	79.5%	77.3%
<b>Silver HDHP - Embedded \$9,100 Individual MOOP CSR 87%</b>	Yes	Yes	No	No	Yes	88.0%	87.5%
<b>Silver HDHP - Embedded \$9,100 Individual MOOP CSR 94%</b>	Yes	Yes	No	No	Yes	93.8%	93.7%
<b>Silver Deductible CSR – 73%</b>	No	No	Yes	Yes	No	73.1%	74.0%
<b>Silver Deductible CSR – 77%</b>	No	No	Yes	Yes	No	77.4%	78.0%
<b>Silver Deductible CSR – 87%</b>	No	No	Yes	Yes	No	87.7%	88.0%
<b>Silver Deductible CSR – 94%</b>	No	No	Yes	Yes	No	94.7%	94.8%

## Appendix G – Screen Shots and AV Development

1. Silver HDHP – Embedded MOOP
2. Bronze HDHP – Embedded MOOP
3. Silver Deductible Plan
4. Bronze Deductible Plan (with pharmacy limit)
5. Silver HDHP – Embedded MOOP CSR – 73%
6. Silver HDHP – Embedded MOOP CSR – 77%
7. Silver HDHP – Embedded MOOP CSR – 87%
8. Silver HDHP – Embedded MOOP CSR – 94%
9. Silver Deductible CSR – 73%
10. Silver Deductible CSR – 77%
11. Silver Deductible CSR – 87%
12. Silver Deductible CSR – 94%

1. Silver HDHP – Embedded MOOP

AV from AVC = 73.0%

Adjusted AV = 70.7%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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:	100%
		2nd Tier Utilization:	0%

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,850.00			
Coinsurance (% Insurer's Cost Share)			70.00%			
MOOP (\$)			\$6,900.00			
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?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>	90%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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"/>	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?	<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: 2022 Silver HDHP Plan Opt 3  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2022\_1b

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.  
 72.97%

Actuarial Value:

Metal Tier:

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

Additional Notes:

Calculation Time:

0.1406 seconds

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### 1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,850	1,850		
Family Deductible		3,700	3,700		
Individual Out-of-Pocket		6,900	6,900		
Family Out-of-Pocket		13,800	13,800		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$431.86	\$103.55	\$535.41	
Plan PMPM		\$314.21	\$76.63	\$390.84	
Actuarial Value		72.8%	74.0%	73.00%	

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,850	1,400		
Family Deductible		3,700	2,800		
Individual Out-of-Pocket		6,900	1,400		
Family Out-of-Pocket		13,800	2,800		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible / OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$431.86	\$103.55	\$535.41	
Plan PMPM		\$296.63	\$81.84	\$378.47	
Actuarial Value		68.7%	79.0%	70.69%	

## 2. Bronze HDHP – Embedded MOOP

AV from AVC = 64.7%

Adjusted AV = 63.2%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,700.00			
Coinsurance (% Insurer's Cost Share)			50.00%			
MOOP (\$)			\$7,100.00			
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?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>			<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<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 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:	
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: 2022 Bronze HDHP Plan Option 5  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2022\_1b

**Output**

Calculate

Status/Error Messages:

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

Actuarial Value:

64.70%

Metal Tier:

Additional Notes:

Calculation Time:

0.1172 seconds

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## 2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,700	5,700		
Family Deductible		11,400	11,400		
Individual Out-of-Pocket		7,100	7,100		
Family Out-of-Pocket		14,200	14,200		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$330.39	\$83.77	\$414.17	
Actuarial Value		64.0%	67.7%	64.69%	



2. **Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,700	1,400		
Family Deductible		11,400	2,800		
Individual Out-of-Pocket		7,100	1,400		
Family Out-of-Pocket		14,200	2,800		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible / OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$311.36	\$93.11	\$404.47	
Actuarial Value		60.3%	75.2%	63.18%	

### 3. Silver Deductible

AV from AVC = 70.1%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $65.17\%/64.18\% = 1.015 \times .701 = 71.1\%$

Adjusted AV = 71.1%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,400.00	\$400.00			
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$8,550.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$35.00	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<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"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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Options for Additional Benefit Design Limits:		Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name:	2022 Silver Deductible Plan Opt 3
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID:	
# Days (1-10):		Issuer HIOS ID:	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	AVC Version:	2022_1b
# Visits (1-10):			
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays (1-10):			

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.07%

Metal Tier: Silver

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

Additional Notes:

Calculation Time: 0.0703 seconds

Draft 2022 AV Calculator

Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		3,400	400		
Family Deductible		6,800	800		
Individual Out-of-Pocket		8,550	8,550		
Family Out-of-Pocket		17,100	17,100		
Coinsurance (50% or Less)		43%	33%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 30px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$429.55	\$103.00	\$532.55	
	Plan PMPM	\$262.93	\$78.88	\$341.81	
	Actuarial Value	61.2%	76.6%	64.18%	

Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		3,400	400	
Family Deductible		6,800	800	
Individual Out-of-Pocket		8,550	1,400	
Family Out-of-Pocket		17,100	2,800	
Coinsurance (50% or Less)		43%	33%	
Individual Embedded Moop:		8,550		
Costs that Accumulate				
			OOP	
		Deductible	Medical	Rx
Settings	Medical & Rx	Medical & Rx	Rx Only	Deductible / OOP Type
				Stacked
				2
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$429.55	\$103.00	\$532.55
Plan PMPM		\$260.04	\$87.05	\$347.08
Actuarial Value		60.5%	84.5%	65.17%

### 3. Bronze Deductible (with drug limit)

AV from AVC = 62.8%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $62.98\%/62.09\% = 1.014 \times .628 = 63.7\%$

Adjusted AV = 63.7%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Bronze

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

  

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$6,450.00	\$1,100.00			
Coinsurance (%; Insurer's Cost Share)	50.00%	40.00%			
MOOP (\$)	\$8,700.00				
MOOP if Separate (\$)					

  

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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 type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<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"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

  

Options for Additional Benefit Design Limits:		Plan Description:
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: 2022 Bronze Deductible Plan - with Rx Limit Option 4 Plan HIOS ID: Issuer HIOS ID: AVC Version: 2022_1b
Specialty Rx Coinsurance Maximum:		
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	
# Days (1-10):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):		

  

**Output**

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.

Actuarial Value: 62.77%

Metal Tier: Bronze

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

Additional Notes:

Calculation Time: 0.082 seconds

Draft 2022 AV Calculator

Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs				
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>				
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>				
<i>Note that the model run-time will vary based on the computers processing speed.</i>				
<i>A message box will appear to indicate that the calculations are done.</i>				
		Medical	Rx	
Individual Deductible		6,450	1,100	
Family Deductible		12,900	2,200	
Individual Out-of-Pocket		8,700	8,700	
Family Out-of-Pocket		17,400	17,400	
Coinsurance (50% or Less)		47%	42%	
Individual Embedded Moop:		8,700		
		Costs that Accumulate		
			OOP	
		Deductible	Medical	Rx
				Deductible /
				OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
				5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>				
Results				
		Medical	Rx	Total
Allowed PMPM		\$512.69	\$122.93	\$635.62
Plan PMPM		\$303.83	\$90.85	\$394.68
Actuarial Value		59.3%	73.9%	62.09%

4. **Bronze Deductible (Continuing, with drug limit), Continued**

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		6,450	1,100		
Family Deductible		12,900	2,200		
Individual Out-of-Pocket		8,700	1,400		
Family Out-of-Pocket		17,400	2,800		
Coinsurance (50% or Less)		47%	42%		
Individual Embedded Moop:		8,700			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only		Stacked
					2
		<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px; display: inline-block; border-radius: 10px;">                     Calculate                 </div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$512.69	\$122.93	\$635.62	
Plan PMPM		\$299.01	\$101.32	\$400.33	
Actuarial Value		58.3%	82.4%	62.98%	

4. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.4%

AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$1,750.00			
Coinsurance (% Insurer's Cost Share)		75.00%			
MOOP (\$)		\$5,200.00			
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>	90%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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:**  
 2021 HDHP  
 Plan CSR  
 Variations - 250  
 300% FPL (73% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages:  
 Actuarial Value: 75.69%  
 Metal Tier:  
 Additional Notes:  
 Calculation Time: 0.1172 seconds  
**Draft 2021 AV Calculator**

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.



4. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

<b>Inputs</b>						
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>						
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>						
<i>Note that the model run-time will vary based on the computers processing speed.</i>						
<i>A message box will appear to indicate that the calculations are done.</i>						
		Medical	Rx			
Individual Deductible		1,750	1,750			
Family Deductible		3,500	3,500			
Individual Out-of-Pocket		5,200	5,200			
Family Out-of-Pocket		10,400	10,400			
Coinsurance (50% or Less)		23%	28%			
Individual Embedded Moop:		9,100				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 30px; display: inline-block; margin: 10px 0;">Calculate</div>						
<b>Results</b>						
		Medical	Rx	Total		
Allowed PMPM		\$435.09	\$104.33	\$539.42		
Plan PMPM		\$329.25	\$78.81	\$408.06		
Actuarial Value		75.7%	75.5%	75.65%		

5. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,750	1,400		
Family Deductible		3,500	2,800		
Individual Out-of-Pocket		5,200	1,400		
Family Out-of-Pocket		10,400	2,800		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$313.01	\$82.71	\$395.72	
Actuarial Value		71.9%	79.3%	73.36%	

### 5. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.5%

Adjusted AV = 77.3%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,600.00			
		75.00%			
		\$4,400.00			

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?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>	90%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" 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 checked="" 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:**  
 2021 HDHP  
 Plan CSR  
 Variations - 200  
 250% FPL  
 (77% AV)  
**Name:** \_\_\_\_\_  
**Plan HIOS ID:** \_\_\_\_\_  
**Issuer HIOS ID:** \_\_\_\_\_  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 Actuarial Value: 79.48%  
 Metal Tier:  
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.  
 Calculation Time: 0.1055 seconds  
**Draft 2021 AV Calculator**

5. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

Inputs					
<p>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.            Press 'Calculate' anytime an input or dropdown selection is changed.            Note that the model run-time will vary based on the computers processing speed.            A message box will appear to indicate that the calculations are done.</p>					
		Medical	Rx		
Individual Deductible		1,600	1,600		
Family Deductible		3,200	3,200		
Individual Out-of-Pocket		4,400	4,400		
Family Out-of-Pocket		8,800	8,800		
Coinsurance (50% or Less)		23%	24%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$405.91	\$98.15	\$504.06	
Actuarial Value		79.3%	80.0%	79.45%	

6. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,600	1,400		
Family Deductible		3,200	2,800		
Individual Out-of-Pocket		4,400	1,400		
Family Out-of-Pocket		8,800	2,800		
Coinsurance (50% or Less)		23%	24%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$511.77	\$122.71	\$634.48	
	Plan PMPM	\$389.94	\$100.59	\$490.53	
	Actuarial Value	76.2%	82.0%	77.31%	

### 6. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 88.0%

Adjusted AV = 87.5%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Gold

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

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
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?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>			<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<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"/>			<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"/>			<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:	
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:**

2021 HDHP  
Plan CSR  
Variations - 150  
200% FPL  
(87% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
Actuarial Value: 87.98%  
Metal Tier: Gold

**Additional Notes:**

Calculation Time: 0.1367 seconds

Draft 2021 AV Calculator

6. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,400	1,400		
Family Deductible		2,800	2,800		
Individual Out-of-Pocket		1,400	1,400		
Family Out-of-Pocket		2,800	2,800		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$489.60	\$117.40	\$606.99	
	Plan PMPM	\$430.02	\$103.99	\$534.01	
	Actuarial Value	87.8%	88.6%	87.98%	

7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,400	1,400		
Family Deductible		2,800	2,800		
Individual Out-of-Pocket		1,400	1,400		
Family Out-of-Pocket		2,800	2,800		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
Costs that Accumulate					
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 15px; padding: 10px 40px; display: inline-block; background-color: #4a7ebb; color: white; text-decoration: none;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$427.60	\$103.45	\$531.05	
Actuarial Value		87.3%	88.1%	87.49%	



### 7. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.8%

Adjusted AV = 93.7%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$550.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$550.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
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?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>			<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<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"/>			<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"/>			<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:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

**Plan Description:**

2021 HDHP  
Plan CSR  
Variations - 133  
150% FPL (94%  
AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.76%

Platinum

Additional Notes:

Calculation Time:

0.1289 seconds

Draft 2021 AV Calculator

7. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Normalization:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$389.34	\$93.36	\$482.70	
Actuarial Value		93.8%	93.8%	93.76%	

8. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$389.18	\$93.26	\$482.45	
Actuarial Value		93.7%	93.7%	93.72%	

8. Silver Deductible CSR – 73%

AV from AVC = 73.1%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 68.11%/67.35% = 1.011 x 73.1% = 74.0%

Adjusted AV = 74.0% AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,100.00	\$350.00			
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%			
MOOP (\$)	\$6,750.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		\$35.00	<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 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"/>		\$40.00	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<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"/>			<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:**

2021  
 Deductible  
 Plan CSR  
 Variations - 250  
 300% FPL  
 (73% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.14%  
 Metal Tier: Silver  
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0625 seconds  
**Draft 2021 AV Calculator**

### 9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		3,100	350		
Family Deductible		6,200	700		
Individual Out-of-Pocket		6,750	6,750		
Family Out-of-Pocket		13,500	13,500		
Coinsurance (50% or Less)		42%	31%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$280.83	\$82.48	\$363.31	
Actuarial Value		64.5%	79.1%	67.35%	

9. Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<p><i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i></p> <p><i>Press 'Calculate' anytime an input or dropdown selection is changed.</i></p> <p><i>Note that the model run-time will vary based on the computers processing speed.</i></p> <p><i>A message box will appear to indicate that the calculations are done.</i></p>					
		Medical	Rx		
Individual Deductible		3,100	350		
Family Deductible		6,200	700		
Individual Out-of-Pocket		6,750	1,250		
Family Out-of-Pocket		13,500	2,500		
Coinsurance (50% or Less)		42%	31%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$277.96	\$89.44	\$367.40	
Actuarial Value		63.9%	85.7%	68.11%	

### 9. Silver Deductible CSR – 77%

AV from AVC = 77.4%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $73.0\%/72.46\% = 1.007 \times .774 = 78.0\%$

Adjusted AV = 78.0%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

  

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,600.00	\$300.00				
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%				
MOOP (\$)	\$6,100.00					
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?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$25.00	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input 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"/>			<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:**

2021  
 Deductible  
 Plan CSR  
 Variations - 200  
 250% FPL (77% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

**Output**

Status/Error Messages: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
 Actuarial Value: 77.40%  
 Metal Tier:  
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.  
 Calculation Time: 0.125 seconds  
 Draft 2021 AV Calculator

10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,100	6,100		
Family Out-of-Pocket		12,200	12,200		
Coinsurance (50% or Less)		41%	26%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
	Allowed PMPM	\$511.77	\$122.71	\$634.48	
	Plan PMPM	\$357.42	\$102.33	\$459.75	
	Actuarial Value	69.8%	83.4%	72.46%	



10. Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,100	1,100		
Family Out-of-Pocket		12,200	2,200		
Coinsurance (50% or Less)		41%	26%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only		Stacked 2
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$354.49	\$108.67	\$463.16	
Actuarial Value		69.3%	88.6%	73.00%	

10. Silver Deductible CSR – 87%

AV from AVC = 87.7%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 85.15%/84.92% = 1.003 x .877= 88.0%

Adjusted AV = 88.0%

AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,100.00	\$200.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$2,200.00				
MOOP if Separate (\$)					

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<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 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<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"/>			<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:**

2021  
Deductible  
Plan CSR  
Variations - 150  
200% FPL  
(87% AV)

**Name:** \_\_\_\_\_  
**Plan HIOS ID:** \_\_\_\_\_  
**Issuer HIOS ID:** \_\_\_\_\_  
**AVC Version:** 2021\_1j

**Output**

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value: 87.73%

Metal Tier: Gold

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

Calculation Time: 0.0859 seconds

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11. Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

<b>Inputs</b>						
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>						
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>						
<i>Note that the model run-time will vary based on the computers processing speed.</i>						
<i>A message box will appear to indicate that the calculations are done.</i>						
		Medical	Rx			
Individual Deductible		1,100	200			
Family Deductible		2,200	400			
Individual Out-of-Pocket		2,200	2,200			
Family Out-of-Pocket		4,400	4,400			
Coinsurance (50% or Less)		31%	25%			
Individual Embedded Moop:		8,550				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 30px; display: inline-block; margin: 10px 0;">Calculate</div>						
<b>Results</b>						
		Medical	Rx	Total		
Allowed PMPM		\$489.60	\$117.40	\$606.99		
Plan PMPM		\$410.23	\$105.22	\$515.45		
Actuarial Value		83.8%	89.6%	84.92%		

### 11. Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,100	200		
Family Deductible		2,200	400		
Individual Out-of-Pocket		2,200	450		
Family Out-of-Pocket		4,400	900		
Coinsurance (50% or Less)		31%	25%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$407.76	\$109.12	\$516.88	
Actuarial Value		83.3%	93.0%	85.15%	

## 12. Silver Deductible CSR – 94%

AV from AVC = 94.7%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $94.62\%/94.47\% = 1.002 \times .947 = 94.8\%$

Adjusted AV = 94.8%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$200.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	70.00%			
MOOP (\$)	\$900.00				
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?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<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"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>		\$5.00	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input 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"/>			<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:**

2022 Deductible Plan CSR Variations - 133-150% FPL (94% AV)

**Name:** 2022\_1b

**Plan HIOS ID:**

**Issuer HIOS ID:**

**AVC Version:** 2022\_1b

**Output**

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value: 94.69%

Metal Tier: Platinum

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

Additional Notes:

Calculation Time: 0.293 seconds

Draft 2022 AV Calculator

Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		200	0		
Family Deductible		400	0		
Individual Out-of-Pocket		900	900		
Family Out-of-Pocket		1,800	1,800		
Coinsurance (50% or Less)		8%	15%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$391.69	\$94.63	\$486.32	
Actuarial Value		94.3%	95.0%	94.47%	

### 12. Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		200	0		
Family Deductible		400	0		
Individual Out-of-Pocket		900	200		
Family Out-of-Pocket		1,800	400		
Coinsurance (50% or Less)		8%	15%		
Individual Embedded Moop:		8,550			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Stacked
					2
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$415.23	\$99.56	\$514.80	
Plan PMPM		\$390.85	\$96.26	\$487.11	
Actuarial Value		94.1%	96.7%	94.62%	

## Appendix H – HDHP Plan Designs with \$1,450 Minimum Deductible

The plan designs included in Appendix H will replace those included above only if the 2022 HDHP minimum deductible increases to \$1,450

### HDHP Plan Designs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,850	\$5,700
Rx Ded	\$1,450	\$1,450
Integrated Ded	Yes	Yes
Medical MOOP	\$6,900	\$7,100
Rx MOOP	\$1,450	\$1,450
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Chiropractic	30%	50%
Physical Therapy	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2022 Federal AVC, Adjusted if Necessary	70.7%	63.1%



The plan designs included in Appendix H will replace those included above only if the 2022 HDHP minimum deductible increases to \$1,450

**HDHP Plan Designs – Cost Sharing Reduction Plans**

Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$1,850	\$1,750	\$1,600	\$1,450	\$550
Rx Ded	\$1,400	\$1,450	\$1,450	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$6,900	\$5,200	\$4,400	\$1,450	\$550
Rx MOOP	\$1,400	\$1,450	\$1,450	N/A	N/A
Integrated MOOP	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
Chiropractic/Physical Therapy	30%	25%	25%	0%	0%
Urgent Care	30%	25%	25%	0%	0%
Ambulance	30%	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2022 Federal AVC, Adjusted if Necessary	70.7%	73.3%	77.2%	87.1%	93.7%

## HDHP Screen Shots and AV Development with Adjusted Minimum Deductible

1. Silver HDHP – Embedded MOOP
2. Bronze HDHP – Embedded MOOP
3. Silver HDHP – Embedded MOOP CSR – 73%
4. Silver HDHP – Embedded MOOP CSR – 77%
5. Silver HDHP – Embedded MOOP CSR – 87%

Note that no changes are required to the Silver HDHP – Embedded MOOP CSR – 94% plan should the HDHP minimum deductible increase to \$1,450.

### 1. Silver HDHP – Embedded MOOP

AV from AVC = 73.0%

Adjusted AV = 70.7%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,850.00			
Coinsurance (%; Insurer's Cost Share)			70.00%			
MOOP (\$)			\$6,900.00			
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?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>	90%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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"/>	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?	<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: 2022 Silver HDHP Plan Opt 3  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2022\_1b

**Output**

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.  
 72.97%

Actuarial Value:

Metal Tier:

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

Additional Notes:

Calculation Time:

0.1406 seconds

Draft 2022 AV Calculator

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,850	1,850		
Family Deductible		3,700	3,700		
Individual Out-of-Pocket		6,900	6,900		
Family Out-of-Pocket		13,800	13,800		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$431.86	\$103.55	\$535.41	
Plan PMPM		\$314.21	\$76.63	\$390.84	
Actuarial Value		72.8%	74.0%	73.00%	

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<p><i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i></p> <p><i>Press 'Calculate' anytime an input or dropdown selection is changed.</i></p> <p><i>Note that the model run-time will vary based on the computers processing speed.</i></p> <p><i>A message box will appear to indicate that the calculations are done.</i></p>					
		Medical	Rx		
Individual Deductible		1,850	1,450		
Family Deductible		3,700	2,900		
Individual Out-of-Pocket		6,900	1,450		
Family Out-of-Pocket		13,800	2,900		
Coinsurance (50% or Less)		27%	28%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$431.86	\$103.55	\$535.41	
	Plan PMPM	\$296.75	\$81.52	\$378.27	
	Actuarial Value	68.7%	78.7%	70.65%	

## 2. Bronze HDHP – Embedded MOOP

AV from AVC = 64.7%

Adjusted AV = 63.1%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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:	100%
		2nd Tier Utilization:	0%

Desired Metal Tier: Bronze

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,700.00			
Coinsurance (% Insurer's Cost Share)			50.00%			
MOOP (\$)			\$7,100.00			
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?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>			<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<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 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:	
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: 2022 Bronze HDHP Plan Option 5  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2022\_1b

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.  
 64.70%

Additional Notes:

Calculation Time:

0.1172 seconds

Draft 2022 AV Calculator

## 2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,700	5,700		
Family Deductible		11,400	11,400		
Individual Out-of-Pocket		7,100	7,100		
Family Out-of-Pocket		14,200	14,200		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$330.39	\$83.77	\$414.17	
Actuarial Value		64.0%	67.7%	64.69%	

2. **Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

<b>Inputs</b>					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,700	1,450		
Family Deductible		11,400	2,900		
Individual Out-of-Pocket		7,100	1,450		
Family Out-of-Pocket		14,200	2,900		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible / OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
<b>Results</b>					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$311.54	\$92.59	\$404.13	
Actuarial Value		60.3%	74.8%	63.13%	



3. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.3%

AVC Screen Shot:

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,750.00
Coinsurance (% Insurer's Cost Share)			75.00%
MOOP (\$)			\$5,200.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
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?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>	90%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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 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"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

2021 HDHP  
Plan CSR  
Variations - 250  
300% FPL (73%  
AV)

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2021\_1j

Output

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
75.69%

Actuarial Value:

Metal Tier:

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

Additional Notes:

Calculation Time:

0.1172 seconds

Draft 2021 AV Calculator

3. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

<b>Inputs</b>						
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>						
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>						
<i>Note that the model run-time will vary based on the computers processing speed.</i>						
<i>A message box will appear to indicate that the calculations are done.</i>						
		Medical	Rx			
Individual Deductible		1,750	1,750			
Family Deductible		3,500	3,500			
Individual Out-of-Pocket		5,200	5,200			
Family Out-of-Pocket		10,400	10,400			
Coinsurance (50% or Less)		23%	28%			
Individual Embedded Moop:		9,100				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 30px; display: inline-block; margin: 10px 0;">Calculate</div>						
<b>Results</b>						
		Medical	Rx	Total		
Allowed PMPM		\$435.09	\$104.33	\$539.42		
Plan PMPM		\$329.25	\$78.81	\$408.06		
Actuarial Value		75.7%	75.5%	75.65%		

3. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,750	1,450		
Family Deductible		3,500	2,900		
Individual Out-of-Pocket		5,200	1,450		
Family Out-of-Pocket		10,400	2,900		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4a86e8; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$435.09	\$104.33	\$539.42	
Plan PMPM		\$313.13	\$82.39	\$395.52	
Actuarial Value		72.0%	79.0%	73.32%	

4. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.5%

Adjusted AV = 77.2%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,600.00			
Coinsurance (% , Insurer's Cost Share)			75.00%			
MOOP (\$)			\$4,400.00			
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?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>	90%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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"/>	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:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

Plan Description:

2021 HDHP  
Plan CSR  
Variations - 200-  
250% FPL  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2021\_1j

Output

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
79.48%

Actuarial Value:  
Metal Tier:

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

Additional Notes:

Calculation Time:

0.1055 seconds

Draft 2021 AV Calculator

4. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

Inputs					
<p>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.            Press 'Calculate' anytime an input or dropdown selection is changed.            Note that the model run-time will vary based on the computers processing speed.            A message box will appear to indicate that the calculations are done.</p>					
		Medical	Rx		
Individual Deductible		1,600	1,600		
Family Deductible		3,200	3,200		
Individual Out-of-Pocket		4,400	4,400		
Family Out-of-Pocket		8,800	8,800		
Coinsurance (50% or Less)		23%	24%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	OOP Type
					Stacked
					5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 30px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$405.91	\$98.15	\$504.06	
Actuarial Value		79.3%	80.0%	79.45%	

4. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<p><i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i></p> <p><i>Press 'Calculate' anytime an input or dropdown selection is changed.</i></p> <p><i>Note that the model run-time will vary based on the computers processing speed.</i></p> <p><i>A message box will appear to indicate that the calculations are done.</i></p>					
		Medical	Rx		
Individual Deductible		1,600	1,450		
Family Deductible		3,200	2,900		
Individual Out-of-Pocket		4,400	1,450		
Family Out-of-Pocket		8,800	2,900		
Coinsurance (50% or Less)		23%	28%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
	Settings	Medical & Rx	Medical & Rx	Rx Only	OOP Type
					Aggregate Plus
					6
		<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$511.77	\$122.71	\$634.48	
Plan PMPM		\$390.23	\$99.53	\$489.76	
Actuarial Value		76.3%	81.1%	77.19%	

5. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.7%

Adjusted AV = 87.5%

AVC Screen Shot:

User Inputs for Plan Parameters

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

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:	100%
		2nd Tier Utilization:	0%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,450.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$1,450.00			
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?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>			<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<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"/>			<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"/>			<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:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

Plan Description:

2022 HDHP  
Plan CSR  
Variations - 150-  
200% FPL  
(87% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2022\_1b

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
Actuarial Value: 87.66%  
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.3711 seconds  
Draft 2022 AV Calculator

5. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

<b>Inputs</b>						
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>						
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>						
<i>Note that the model run-time will vary based on the computers processing speed.</i>						
<i>A message box will appear to indicate that the calculations are done.</i>						
		Medical	Rx			
Individual Deductible		1,450	1,450			
Family Deductible		2,900	2,900			
Individual Out-of-Pocket		1,450	1,450			
Family Out-of-Pocket		2,900	2,900			
Coinsurance (50% or Less)		0%	0%			
Individual Embedded Moop:		9,100				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>						
<b>Results</b>						
		Medical	Rx	Total		
Allowed PMPM		\$489.60	\$117.40	\$606.99		
Plan PMPM		\$428.28	\$103.64	\$531.92		
Actuarial Value		87.5%	88.3%	87.63%		



5. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		1,450	1,450		
Family Deductible		2,900	2,900		
Individual Out-of-Pocket		1,450	1,450		
Family Out-of-Pocket		2,900	2,900		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$489.60	\$117.40	\$606.99	
Plan PMPM		\$425.69	\$103.07	\$528.76	
Actuarial Value		86.9%	87.8%	87.11%	

## Appendix I – Bronze HDHP Plan Design with \$7,050 MOOP

The plan design included in Appendix I will replace those included above only if the 2022 HDHP minimum deductible increases to \$7,050

### HDHP Plan Designs

Deductible/OOP Max	Bronze
Type of Plan	HSA Q/HDHP
Medical Ded	\$5,700
Rx Ded	\$1,400
Integrated Ded	Yes
Medical MOOP	\$7,050
Rx MOOP	\$1,400
Integrated MOOP	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive
Drug Deductible waived for:	Wellness scripts
Service Category	Copay / Coinsurance
Inpatient	50%
Outpatient	50%
ER	50%
Radiology (MRI, CT, PET)	50%
Preventive	0%
PCP Office Visit	50%
MH/SA Office Visit	50%
Specialist Office Visit	50%
Chiropractic	50%
Physical Therapy	50%
Urgent Care	50%
Ambulance	50%
Rx Generic	\$12
Rx Preferred Brand	40%
Rx Non-Preferred Brand	60%
Rx Specialty	60%
Actuarial Value	
2022 Federal AVC, Adjusted if Necessary	63.3%

# Bronze HDHP Screen Shots and AV Development with Adjusted MOOP

AV from AVC = 64.8%

Adjusted AV = 63.3%

AVC Screen Shot:

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,700.00			
Coinsurance (%; Insurer's Cost Share)			50.00%			
MOOP (\$)			\$7,050.00			
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?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<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"/>			<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<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 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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<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 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<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 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:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

**Plan Description:**

2022 Bronze HDHP Plan Option 6  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**  
**AVC Version:** 2022\_1b

**Output**

Calculate

Status/Error Messages:

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

Actuarial Value:

64.79%

Metal Tier:

Additional Notes:

Calculation Time:

0.2422 seconds

Draft 2022 AV Calculator

**Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Normalization:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,700	5,700		
Family Deductible		11,400	11,400		
Individual Out-of-Pocket		7,050	7,050		
Family Out-of-Pocket		14,100	14,100		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked 5
<div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$330.97	\$83.95	\$414.93	
Actuarial Value		64.1%	67.8%	64.81%	

**Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		5,700	1,400		
Family Deductible		11,400	2,800		
Individual Out-of-Pocket		7,050	1,400		
Family Out-of-Pocket		14,100	2,800		
Coinsurance (50% or Less)		48%	48%		
Individual Embedded Moop:		9,100			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$516.39	\$123.82	\$640.20	
Plan PMPM		\$311.81	\$93.10	\$404.91	
Actuarial Value		60.4%	75.2%	63.25%	