

Greater Tompkins County Municipal Health Insurance Consortium

2017 Standard Metal Level Plan Options - Platinum Plan

								Approved Option
Benefit Description		2016 Platinum Plan	2017 Option 1	2017 Option 2	2017 Option 3	2017 Option 4	2017 Option 5	2017 Option 6
Actuarial Value		92.60%	90.93%	90.59%	90.97%	91.59%	91.09%	91.13%
In-Network Deductible	Individual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deductible Aggregation		Individual	Individual	Individual	Individual	Individual	Individual	Individual
Out-of-Network Deductible	Individual	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
	Family	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00
Out-of-Pocket Maximum Aggregation		Individual	Individual	Individual	Individual	Individual	Individual	Individual
In-Network Out-of-Pocket Maximum <i>Includes Rx Copayments</i>	Individual	\$2,000.00	\$2,000.00	\$2,500.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00
	Family	\$6,000.00	\$6,000.00	\$7,500.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00
Out-of-Network Out-of-Pocket Maximum	Individual	\$2,000.00	\$4,000.00	\$5,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00
	Family	\$6,000.00	\$12,000.00	\$15,000.00	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00
Primary Care Physician Copay		\$15.00	\$25.00	\$25.00	\$25.00	\$25.00	\$15.00	\$15.00
Specialist Copay		\$25.00	\$40.00	\$40.00	\$40.00	\$40.00	\$25.00	\$25.00
Chiropractor Copay		\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Diagnostic Lab Copay		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00
In-Network Coinsurance		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Out-of-Network Coinsurance		20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%
Pharmacy Copayments Retail (30 Day Supply) <i>Not Subject to Deductible</i>	Tier 1	\$10.00	\$10.00	\$10.00	\$5.00	\$5.00	\$10.00	\$5.00
	Tier 2	\$30.00	\$30.00	\$30.00	\$35.00	\$25.00	\$30.00	\$35.00
	Tier 3	\$50.00	\$50.00	\$50.00	\$70.00	\$50.00	\$50.00	\$70.00
High Deductible Health Plan		No	No	No	No	No	No	No
Health Savings Account Eligible.		No	No	No	No	No	No	No
Premium Rates	Individual	\$556.97	\$575.52	\$573.62	\$575.74	\$579.19	\$576.41	\$576.63
	Family	\$1,448.13	\$1,496.35	\$1,491.43	\$1,496.93	\$1,505.91	\$1,498.67	\$1,499.25
	% Change	n/a	3.33%	2.99%	3.37%	3.99%	3.49%	3.53%

** Premium Increase Assumes a 5% Overall Budget Increase for the 2017 Fiscal Year.*

Greater Tompkins County Municipal Health Insurance Consortium

2017 Standard Metal Level Plan Options - Gold Plan

		<i>Approved Option</i>			
Benefit Description		2016 Gold Plan	2017 Option 1	2017 Option 2	2017 Option 3
Actuarial Value		84.17%	79.47%	78.52%	81.03%
In-Network Deductible	Individual	\$500.00	\$1,300.00	\$1,300.00	\$1,000.00
	Family	\$1,500.00	\$2,600.00	\$2,600.00	\$3,000.00
Deductible Aggregation		Individual	Family Aggregate	Family Aggregate	Individual
Out-of-Network Deductible	Individual	Included w/ In-Network	\$2,600.00	\$2,600.00	\$2,000.00
	Family		\$5,200.00	\$5,200.00	\$6,000.00
Out-of-Pocket Maximum Aggregation		Individual	Family Aggregate	Family Aggregate	Individual
In-Network Out-of-Pocket Maximum <i>Includes Rx Copayments</i>	Individual	\$3,000.00	\$3,000.00	\$3,500.00	\$3,000.00
	Family	\$9,000.00	\$6,000.00	\$7,000.00	\$9,000.00
Out-of-Network Out-of-Pocket Maximum	Individual	Included w/ In-Network	\$6,000.00	\$7,000.00	\$6,000.00
	Family		\$12,000.00	\$14,000.00	\$18,000.00
Primary Care Physician Copay		\$25.00	n/a	n/a	n/a
Specialist Copay		\$40.00	n/a	n/a	n/a
Chiropractor Copay		\$40.00	n/a	n/a	n/a
In-Network Coinsurance		20.00%	20.00%	20.00%	20.00%
Out-of-Network Coinsurance		40.00%	40.00%	40.00%	40.00%
Pharmacy Copayments Retail (30 Day Supply) <i>Subject to Deductible</i>	Tier 1	\$5.00	\$5.00	\$5.00	\$5.00
	Tier 2	\$35.00	\$35.00	\$35.00	\$35.00
	Tier 3	\$70.00	\$70.00	\$70.00	\$70.00
High Deductible Health Plan		No	Yes	Yes	No
Health Savings Account Eligible.		No	Yes	Yes	No
Premium Rates	Individual	\$500.89	\$502.39	\$497.63	\$510.21
	Family	\$1,302.30	\$1,306.21	\$1,293.84	\$1,326.52
	% Change	n/a	0.30%	-0.65%	1.86%

** Premium Increase Assumes a 5% Overall Budget Increase for the 2017 Fiscal Year.*

Greater Tompkins County Municipal Health Insurance Consortium

2017 Standard Metal Level Plan Options - Silver Plan

		<i>Approved Option</i>			
Benefit Description		2016 Silver Plan	2017 Option 1	2017 Option 2	2017 Option 3
Actuarial Value		79.23%	70.69%	69.85%	71.73%
In-Network Deductible	Individual	\$1,300.00	\$1,800.00	\$2,000.00	\$2,000.00
	Family	\$2,600.00	\$3,600.00	\$4,000.00	\$4,000.00
Deductible Aggregation		Family Aggregate	Family Aggregate	Family Aggregate	Family Aggregate
Out-of-Network Deductible	Individual	Included w/ In-Network	\$3,600.00	\$4,000.00	\$4,000.00
	Family		\$7,200.00	\$8,000.00	\$8,000.00
Out-of-Pocket Maximum Aggregation		Family Aggregate	Family Aggregate	Family Aggregate	Family Aggregate
In-Network Out-of-Pocket Maximum <i>Includes Rx Copayments</i>	Individual	\$3,000.00	\$6,000.00	\$6,000.00	\$6,000.00
	Family	\$6,000.00	\$12,000.00	\$12,000.00	\$12,000.00
Out-of-Network Out-of-Pocket Maximum	Individual	Included w/ In-Network	\$12,000.00	\$12,000.00	\$12,000.00
	Family		\$24,000.00	\$24,000.00	\$24,000.00
Primary Care Physician Copay		n/a	n/a	n/a	n/a
Specialist Copay		n/a	n/a	n/a	n/a
Chiropractor Copay		n/a	n/a	n/a	n/a
In-Network Coinsurance		20.00%	30.00%	30.00%	20.00%
Out-of-Network Coinsurance		40.00%	50.00%	50.00%	40.00%
Pharmacy Copayments Retail (30 Day Supply) <i>Subject to Deductible</i>	Tier 1	\$5.00	\$5.00	\$5.00	\$5.00
	Tier 2	\$35.00	\$35.00	\$35.00	\$35.00
	Tier 3	\$70.00	\$70.00	\$70.00	\$70.00
High Deductible Health Plan		Yes	Yes	Yes	Yes
Health Savings Account Eligible.		Yes	Yes	Yes	Yes
Premium Rates	Individual	\$415.67	\$400.96	\$397.46	\$405.28
	Family	\$1,080.74	\$1,042.48	\$1,033.40	\$1,053.72
	% Change	n/a	-3.54%	-4.38%	-2.50%

** Premium Increase Assumes a 5% Overall Budget Increase for the 2017 Fiscal Year.*

Greater Tompkins County Municipal Health Insurance Consortium

2017 Standard Metal Level Plan Options - Bronze Plan

					<i>Approved Option</i>
Benefit Description		2016 Bronze Plan	2017 Option 1	2017 Option 2	2017 Option 3
Actuarial Value		67.92%	61.81%	61.59%	61.23%
In-Network Deductible	Individual	\$3,500.00	\$5,500.00	\$6,000.00	\$6,550.00
	Family	\$7,000.00	\$11,000.00	\$12,000.00	\$13,100.00
Deductible Aggregation		Individual	Family Aggregate	Family Aggregate	Family Aggregate
Out-of-Network Deductible	Individual	Included w/ In-Network	\$11,000.00	\$12,000.00	\$13,100.00
	Family		\$22,000.00	\$24,000.00	\$26,200.00
Out-of-Pocket Maximum Aggregation		Individual	Family Aggregate	Family Aggregate	Family Aggregate
In-Network Out-of-Pocket Maximum <i>Includes Rx Copayments</i>	Individual	\$6,350.00	\$6,550.00	\$6,550.00	\$6,550.00
	Family	\$12,700.00	\$13,100.00	\$13,100.00	\$13,100.00
Out-of-Network Out-of-Pocket Maximum	Individual	Included w/ In-Network	\$13,100.00	\$13,100.00	\$13,100.00
	Family		\$26,200.00	\$26,200.00	\$26,200.00
Primary Care Physician Copay		n/a	n/a	n/a	n/a
Specialist Copay		n/a	n/a	n/a	n/a
Chiropractor Copay		n/a	n/a	n/a	n/a
In-Network Coinsurance		20.00%	40.00%	30.00%	0.00%
Out-of-Network Coinsurance		40.00%	50.00%	50.00%	0.00%
Pharmacy Copayments Retail (30 Day Supply) <i>Subject to Deductible</i>	Tier 1	\$5.00	\$5.00	\$5.00	\$5.00
	Tier 2	\$35.00	\$35.00	\$35.00	\$35.00
	Tier 3	\$70.00	\$70.00	\$70.00	\$70.00
High Deductible Health Plan		Yes	Yes	Yes	Yes
Health Savings Account Eligible.		Yes	Yes	Yes	Yes
Premium Rates	Individual	\$324.72	\$321.12	\$320.40	\$319.23
	Family	\$844.26	\$834.89	\$833.03	\$829.99
	% Change	n/a	-1.11%	-1.33%	-1.69%

* Premium Increase Assumes a 5% Overall Budget Increase for the 2017 Fiscal Year.

Greater Tompkins County Municipal Health Insurance Consortium

2017 Standard Metal Level Plan Options - Definitions

Term	Definition
In Network	Refers to doctors and hospitals who are contracted with their local BlueCross BlueShield Plan. By utilizing in-network providers members have a lower out of pocket expense and are protected from medical providers and facilities balance billings.
Out-of-Network	Refers to doctors and hospitals who are not contracted with their local BlueCross BlueShield Plan. Members can expect a higher out of pocket expense when utilizing out-of-network providers as they are not obligated to accept the BlueCross Blue "allowed amount" as payment in full. Patients can expect the medical providers and facilities to bill any amounts charged by them which exceed the "allowed amount."
Deductible	Is the amount of covered medical and/or prescription drug expenses which the covered Member must pay prior to the health plan paying any medical and/or prescription drug expenses.
	Notes: 1. Gold, Silver, and Bronze Plans - prescription drug fills are subject to the deductible 2. Select medical services may not be subject to the deductible making the plan non-HSA compliant (you can always pair any plan with an HRA account) 3. Qualified preventive services are always covered in full and not subject to deductible under the PPACA. 4. Qualified Health Savings Accounts (HSA's) Prescription drug fills are subject to the medical deductible.
Deductible Aggregation	Individual Aggregation: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.
	Family Aggregation: If you have family coverage, the entire family's annual deductible must be met by one or any combination of covered members before a copay or coinsurance is applied for any family member.
Out-of-Pocket Maximum	The total amount of deductibles, coinsurance amounts, and/or copayments a covered member must pay prior to covered services in a plan becoming payable up to 100% of the allowed amount.
Out-of-Pocket Maximum Aggregation	Individual Aggregation: Each covered family member only needs to satisfy his or her individual OOPM not the entire family OOPM.
	Family Aggregation: If you have family coverage, the entire family's annual OOPM must be met by one or any combination of covered members before covered services becoming payable up to 100% of the allowed amount.
High Deductible Health Plan (HDHP)	Is a health insurance policy that has higher deductible and lower premium than traditional health plans. Although preventive care is covered before the deductible, other expenses must be paid by the insured until the deductible is met. In 2016 HDHP must have deductibles of at least \$1,300 for individual and \$2,600 for a family. The OOPM cannot exceed \$6,550 for individual and \$13,100 for family.
Health Savings Account (HSA)	Is a tax advantaged medical savings account available to taxpayers in the US who are enrolled in a qualified HDHP. The funds contributed to an account are not subject to federal income tax at the time of deposit.

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$2,000.00	\$2,000.00
OOP Maximum 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?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" 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 type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<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"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.85	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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: GTCMHIC Platinum Plan - 2017 Option 5
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

91.13%

Metal Tier:

Platinum

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,300.00
Coinsurance (% , Insurer's Cost Share)		80.00%
OOP Maximum (\$)		\$3,000.00
OOP Maximum if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input 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. MHSA)	<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 Abuse 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"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative 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"/>	80%		<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"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.85	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	<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:

Name: GTCMHIC 2017 Gold Plan Option 1
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.47%

Gold

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,800.00
		70.00%
		\$6,000.00

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?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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 Abuse 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"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative 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"/>	70%		<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"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input 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
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<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: GTCMHIC Silver Plan Option 1
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,550.00
		100.00%
		\$6,550.00

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?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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 Abuse 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"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative 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"/>	100%		<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"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<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 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: GTCMHIC Bronze Plan Option 3
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.23%

Bronze