

Zachary Moon, FSA, MAAA
Cigna Healthcare Pricing



Routing HHHH
Telephone 215.761.2645
Zachary.Moon@Cigna.com

May 17th, 2023

Lindsi Swartz, Director – Accident and Health Rate and Policy Form Review
PA Department of Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Small Group Health Plans
C+O-PA-SG-POL2024 – Effective 01/01/2024**

Dear Ms. Swartz,

This rate filing contains requested premium rate changes for Cigna Health and Life Insurance Company's (CHLIC) ACA compliant Small Group health plans. The proposed rates are intended to take effect on January 1, 2024. This filing affects the rates approved under SERFF tracking number CCGH-133250183.

Enclosed within this filing are the Part 1 Unified Rate Review Submission, Part 3 Actuarial Memorandum, PA Actuarial Memorandum Rate Exhibits, Rate Tables, Unique Plan Design Certification, AVC Screenshots, Plan Design Summary and Rate Tables, Service Area Map, Public Rate Filing pdf, Completeness and Redaction Checklist, Redaction Justification, and responses to the Standard Questions listed in the PID Rate Filing guidance.

CHLIC's participation in Pennsylvania's small group health insurance market in 2024 is contingent upon market conditions. CHLIC reserves the right to withdraw plans at any time prior to the commencement of open enrollment and in accordance with applicable federal and state laws and regulations.

Information for the Pennsylvania Bulletin:

1. Company Name and NAIC Number	Cigna Health and Life Insurance 67369
2. Market	Small Group
3. On or Off Exchange	Off
4. Effective date of coverage	January 1, 2024
5. Average rate change requested	1.3%
6. Range of rate change requested	-2.1% to 10.2%
7. Total additional annual revenue generated from proposed rate change	\$64,364
8. Products	PPO
9. Rating Areas and any changes from 2023	Rating Area 8 No change

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| 10. Metal Levels and Catastrophic Plans | Bronze, Silver, Gold, Platinum |
| 11. Current number of covered lives as of February 1, 2023 | 75 |
| 12. Number of plans offered in 2024 and change this represents from 2023 | 20 Plans in 2024
20 plans in 2023 |
| 13. Corresponding contract form number, SERFF and Binder ID numbers | Form #: CCGH-133548941
SERFF Filing #: CCGH-133673840
Binder ID #: CCGH-PA24-125116572 |
| 14. HIOS Issuer ID number | HIOS Issuer ID: 13401 |

CHLIC requests confidential handling of this filing. We believe that this information is proprietary and critical to our business. The release of such information could be harmful if made public.

Please contact Zachary Moon at 215.761.2645 or at Zachary.Moon@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,



Zachary Moon, FSA, MAAA
Actuarial Senior Manager

1. GENERAL INFORMATION

Insurance Company Name	Cigna Health and Life Insurance Company
NAIC Company Code	67369
HIOS Issuer ID	13401
State	PA
Market Type	Small Group
Proposed Effective Date	01/01/2024
Primary Contact Person and Title	Zachary Moon, FSA, MAAA, Actuarial Senior Manager
Primary Contact Telephone Number	215.761.2645
Primary Contact Email	Zachary.Moon@Cigna.com

Scope and Purpose of Filing: Cigna Health and Life Insurance Company (Cigna) is filing rates for comprehensive major medical product 13401 for Small Group, to be effective January 1, 2024. The plans represented in this filing will be Guaranteed Issue & Guaranteed Renewable and are to be marketed primarily through brokers and general agents. This policy form is not subject to medical underwriting. The plan portfolio encompasses twenty PPOs. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). Please refer to the URRT for an exact mapping of plan type. Note that this is an annual filing that includes quarterly trend for all four quarters of 2024. Please note that the content of this filing is intended to be reviewed by an actuary.

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

This information is intended for use by the State of Pennsylvania Insurance Department, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Cigna’s small group rate filing. However, we recognize that this certification may become a public document. Cigna makes no representations or warranties regarding the contents of this letter to other users. Likewise, other users of this letter should not place reliance upon this actuarial memorandum that would result in the creation of any duty or liability for Cigna under any theory of law.

As prescribed by Pennsylvania, the premium rates developed and supported by this Actuarial Memorandum rely on the regulations and guidance that are in place at the time of this filing. Future modifications in legislation, regulation, and/or court decisions may affect the extent to which the premium rates are neither excessive nor deficient. Cigna reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed.

2. PROPOSED RATE CHANGES

The proposed average rate change for a 21-year-old-non-tobacco premium PMPM is 1.3%, as shown in Table 11, cell AN13, in the “PA 2024 Actuarial Memorandum Rate Exhibits.” For comparison purposes, the average rate change from Table 10, cell AC15, in the “PA 2024 Actuarial Memorandum Rate Exhibits” is 1.3%.

The proposed annual rate change by renewing plan, without the impact of aging, is provided below. It was developed using enrollment data as of 3/31/2023 and calculating each plan’s weighted average annual increase from the current plan enrollment mix by quarter. The primary factors driving the rate changes in this filing are listed below:

- Projected trends including the impact of medical inflation and unit cost changes of medical services year over year
- Administrative expense updates
- Updated experience trends and area factors (impact varied by plan)
- Benefit design updates (impact varied by plan)

The requested rate change is not the same across all plans. The following factors drive different rate changes by plan:

- Benefit design updates: Changes to benefit design and member cost sharing were made to certain plans to ensure compliance with the Actuarial Value Requirements, including differences that resulted from changes to the AV Calculator. The basis for pricing changes was our internal pricing model.
- Trend leveraging due to member cost sharing provisions

The table below shows the average rate change proposed for current customers who are enrolled in renewing plans:

Table 2.1 Cigna Health and Life Insurance Company Proposed Rate Changes	
HIOS ID	Proposed Rate Change
13401PA0020001	1.47%
13401PA0020002	-0.59%
13401PA0020003	2.47%
13401PA0020004	0.62%
13401PA0020005	2.99%
13401PA0020009	-2.13%
13401PA0020011	-0.79%
13401PA0020013	-0.04%
13401PA0020014	8.08%
13401PA0020015	10.24%
13401PA0020017	-1.89%
13401PA0020018	2.34%

Single Risk Pool: Cigna rates are developed using a single risk pool, established according to the requirements in 45 CFR section 156.80(d) and reflects all covered lives for every non-grandfathered product/plan combination, in the State of Pennsylvania small group health insurance market.

3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

Not applicable. Cigna became a new small group health insurer in Pennsylvania in 2023 and has no plans with historical experience in 2022. Current enrollment and current premiums on Worksheet 2, Section II are reported as of 3/31/2023. Premium rates presented are 100% manually rated.

4. BENEFIT CATEGORIES

We assigned the manual data utilization and cost information to benefit categories based on place and type of service using a detailed claims mapping algorithm summarized as follows:

- Inpatient Hospital: Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- Outpatient Hospital: Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- Professional: Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, & other professional services, except hospital based professionals whose payments are included in facility fees.
- Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services.
- Prescription Drug: Includes drugs dispensed by a pharmacy, net of rebates received from drug manufacturers.
- Capitation: Includes all services provided under one or more capitation arrangements.

5. PROJECTION FACTORS

Not applicable. Cigna became a new small group health insurer in Pennsylvania in 2023 and has no plans with historical experience in 2022. Premium rates presented are 100% manually rated.

6. MANUAL RATE ADJUSTMENTS

Source & Appropriateness of Experience Data used in Developing the Manual Rate

The source data used to generate the Manual Rate is trended national group experience adjusted for state- and market-specific differences. The experience for the national group book of business is deemed appropriate for development of the Manual Rate because the baseline experience was not subject to group medical underwriting and the benefits for the group experience are similar to the benefits required to be ACA compliant. The adjustments to the baseline data are addressed below.

Adjustments made to the Data

The following adjustments were made during the development of the Manual Rate to account for differences between the source data and characteristics of the anticipated population in the small group market for the proposed period:

- Morbidity Adjustment – [REDACTED]
- Demographic Adjustment – [REDACTED]
- Area & Trend Factors – Annualized cost trend is used to bring the manual rate forward to the applicable 2024 pricing period, and area factors are applied to specific Pennsylvania regions where the plans are offered.

Inclusion of Capitation Payments

There are no services provided under a capitation arrangement for plans included in this filing.

7. CREDIBILITY OF EXPERIENCE

Not applicable. Since there is no credible historical experience, 100% credibility is assigned to the manual rate. We believe that the manual rate is appropriate for developing rates for the plans in this filing.

8. ESTABLISHING THE INDEX RATE

The Index Rate for the projection period for this filing is \$646.61 and was developed in accordance with 45 CFR Part 156.80(d). The Index Rate for the projection period identified in Section II, Worksheet 1 of the URRT is a representation of the Expected Allowed Claims for 2024 attributable to Essential Health Benefits, and incorporates the impact of trend, benefit, morbidity, and demographic adjustments as outlined in Section 6 of this document.

The following table summarizes the Index Rate. Claims for non-EHBs are also summarized below.

Table 8.1 Cigna Health and Life Insurance Company Index Rate Development by Service Category		
URRT Service Category	PMPM Experience Rate	PMPM Manual Rate
Q1 2024 Total Allowed Claims PMPM	\$0.00	\$648.92
Q1 2024 Non-EHB Allowed Claims PMPM	\$0.00	\$2.31
Q1 2024 EHB Allowed Claims PMPM	\$0.00	\$646.61
Credibility	0%	100%
Projection Period Total Allowed Claims PMPM	\$646.61	

The projected 2024 manual rate was developed using Cigna large group experience in Pennsylvania. This manual was used to directly develop expected 2024 claim costs. The starting claims data (utilization and charges) includes assumptions based on several data sources and is not attributable to a single source. Tables 2b and 4b in the “PA 2024 Actuarial Memorandum Rate Exhibits” provide an illustrative example of 2022 values.

9. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The Market-wide Adjusted Index Rate for this filing is \$ [REDACTED]. The Market-wide Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80 (d)(1). The following table summarizes the factors applied to the Index Rate in the projection period to determine the Market-Wide Adjusted Index Rate.

Table 9.1 Cigna Health and Life Insurance Company Market-Wide Adjusted Index Rate Development	
Q1 2024 Index Rate PMPM	[REDACTED]
<u>Market-Wide Adjustments (paid basis)</u>	
Risk Adjustment Transfer Amount	[REDACTED]
Net Federal Transitional Reinsurance	[REDACTED]
Exchange User Fees	[REDACTED]
Paid-to-Allowed Ratio	[REDACTED]
<u>Market-Wide Adjustments (allowed basis)</u>	
Risk Adjustment Transfer Amount	[REDACTED]
Net Federal Transitional Reinsurance	[REDACTED]
Exchange User Fees	[REDACTED]
Market-Wide Adjusted Index Rate PMPM	[REDACTED]

The Market-wide Adjusted Index Rate reflects the average demographic characteristics of the single risk pool and is not calibrated. The following market-wide adjustments have been made to the Index Rate, as allowed under these rules:

a. Risk Adjustment Transfer Amount

This factor includes the impact of the estimated risk adjustment transfer payment as addressed in a subsequent paragraph of this section.

b. Exchange User Fees

The Exchange User Fee adjustment was determined to be \$0 because Cigna is only offering coverage off-exchange.

Projected Period Risk Adjustments PMPM:

The risk score for the plan’s projected experience is projected to be [REDACTED]. The estimates of relative risk and risk transfer payments are highly dependent on the population that enrolls with Cigna, but also with other carriers in the state.

Cigna’s average risk is projected to be [REDACTED].

The overall impact of projected risk adjustment transfers is [REDACTED]. The anticipated risk adjustment fees, assumed to be \$0.21 PMPM for 2024, are applied under the taxes and fees portion of expenses shown on Table 10.2.

Paid to Allowed Ratios:

The following table provides support for the average projected paid to allowed ratio. The average projected allowed and incurred PMPM reflects the member month weighted average from Worksheet 2, Section IV of the URRT.

Table 9.2 Cigna Health and Life Insurance Company Average Paid to Allowed Factor Support	
Description	Value
Average projected allowed PMPM	\$648.92
Average projected incurred claims PMPM	\$519.32
Average projected paid-to-allowed ratio	80.0%
Average AV metal value	77.7%

The average AV metal value is based on AVs calculated using the federal AV calculator, weighted on projected allowable cost by metal level.

The “PA 2024 Actuarial Memorandum Rate Exhibits” show paid to allowed ratios that are computed based on the current and projected enrollment presented in Table 10. These results differ slightly from the paid to allowed ratio in Table 9.2 above due to minor differences in averaging and considerations for benefit richness.

10. PLAN ADJUSTED INDEX RATE

Only the following allowable modifiers (as specified in 45 CFR 156.80(d)) have been used to adjust the Market-Wide Adjusted Index Rate to arrive at the Plan Adjusted Index Rates:

- Plan-specific actuarial value and cost sharing adjustments
 - The CMS Actuarial Value Calculator was used to determine the AV metal value for each plan.
 - The AV and cost-sharing adjustment encompasses expected cost-sharing and utilization differences due to differences in cost-sharing. Benefit richness factors were developed using the HHS induced demand risk transfer formula: $(\text{Pricing AV})^2 - (\text{Pricing AV}) + 1.24$. Please see Table 10 in the “PA 2024 Actuarial Memorandum Rate Exhibits” for a breakdown of these factors (note that the benefit richness factors in Table 10 were normalized using the 1.083 average induced demand factor shown in Table 7). The pricing AV times the normalized benefit richness factor results in the AV & Cost Sharing adjustment shown in the URRT and in Table 10.1 below.
- Administrative costs, excluding the Risk Adjustment User Fee and Exchange user fees.
 - This adjustment is developed to indicate the impact of non-benefit expenses.
- Impact of Provider Network, Delivery System and Utilization Management changes
 - Expected differences in claims costs due to differences in provider networks and/or utilization management was determined using Cigna’s network differences observed for other fully insured business. Similar networks are expected to be implemented for this new small group business.
- Adjustment for benefits in addition to the EHBs
 - For purposes of Table 10.1, we reflect non-EHBs as an additional multiplicative adjustment. Additional non-EHBs include: telehealth services, abortion for which public funding is prohibited, and certain hearing services.

The following table demonstrates the Plan Adjusted Index Rate development for each plan in the projection period:

Table 10.1
Cigna Health and Life Insurance Company
Projection Period Plan-Adjusted Index Rate Development

Plan Name	HIOS ID	Market-Wide Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits in Addition to EHBS	Admin Cost Fee	Plan-Adjusted Index Rate
Cigna+Oscar Open Access Plus Platinum \$0	13401PA0020001	\$646.61	0.985	1.000	1.004	1.217	\$777.55
Cigna+Oscar Open Access Plus Platinum \$350	13401PA0020002	\$646.61	0.963	1.000	1.004	1.217	\$759.93
Cigna+Oscar Open Access Plus Gold \$0	13401PA0020003	\$646.61	0.892	1.000	1.004	1.217	\$704.48
Cigna+Oscar Open Access Plus Gold \$750	13401PA0020004	\$646.61	0.809	1.000	1.004	1.217	\$639.02
Cigna+Oscar Open Access Plus Gold \$1000	13401PA0020005	\$646.61	0.842	1.000	1.004	1.217	\$664.34
Cigna+Oscar Open Access Plus Gold \$1350	13401PA0020006	\$646.61	0.817	1.000	1.004	1.217	\$645.27
Cigna+Oscar Open Access Plus Gold \$1750 HSA	13401PA0020007	\$646.61	0.781	1.000	1.004	1.217	\$616.70
Cigna+Oscar Open Access Plus Gold \$2400 HSA	13401PA0020009	\$646.61	0.753	1.000	1.004	1.217	\$594.82
Cigna+Oscar Open Access Plus Gold \$2750	13401PA0020010	\$646.61	0.788	1.000	1.004	1.217	\$621.71
Cigna+Oscar Open Access Plus Silver \$0	13401PA0020011	\$646.61	0.754	1.000	1.004	1.217	\$595.10
Cigna+Oscar Open Access Plus Silver \$2750 HSA	13401PA0020012	\$646.61	0.703	1.000	1.004	1.217	\$554.94
Cigna+Oscar Open Access Plus Silver \$3250	13401PA0020021	\$646.61	0.736	1.000	1.004	1.217	\$581.16
Cigna+Oscar Open Access Plus Silver \$4250 HSA	13401PA0020013	\$646.61	0.667	1.000	1.004	1.217	\$526.48
Cigna+Oscar Open Access Plus Silver \$4750	13401PA0020014	\$646.61	0.726	1.000	1.004	1.217	\$573.05
Cigna+Oscar Open Access Plus Silver \$5300	13401PA0020015	\$646.61	0.724	1.000	1.004	1.217	\$571.29
Cigna+Oscar Open Access Plus Bronze \$1000	13401PA0020017	\$646.61	0.685	1.000	1.004	1.217	\$540.67
Cigna+Oscar Open Access Plus Bronze \$3000	13401PA0020018	\$646.61	0.665	1.000	1.004	1.217	\$524.74
Cigna+Oscar Open Access Plus Bronze \$5750 HSA	13401PA0020019	\$646.61	0.654	1.000	1.004	1.217	\$516.65
Cigna+Oscar Open Access Plus Bronze \$8000 HSA	13401PA0020024	\$646.61	0.650	1.000	1.004	1.217	\$512.76
Cigna+Oscar Open Access Plus Bronze \$9400	13401PA0020023	\$646.61	0.624	1.000	1.004	1.217	\$492.26

Non-Benefit Expenses, Profit, and Risk: The following table summarizes retention components included in the rate development.

Table 10.2
Cigna Health and Life Insurance Company
Illustration of Administrative Expenses by URRT, Worksheet 2 Category

Retention Description	PMPM	% Premium	Basis	Annotation
<u>Administrative Expense Load</u>				
General Admin	\$58.61	9.28%	PMPM Spread	(1)
Commission	\$23.50	3.72%	PMPM Spread	(2)
Subtotal: Administrative Expense Load	\$82.11	13.00%		(3) = (1) + (2)
<u>Profit and Risk Load</u>				
Target Post-Tax Profit	\$12.64	2.00%	% Premium	(5)
Subtotal: Profit and Risk Load	\$12.64	2.00%		(6) = (5)
<u>Taxes and Fees</u>				
Risk Adjustment Admin Fee	\$0.21	0.03%	PMPM Spread	(7)
Premium Tax	\$12.64	2.00%	% Premium	(8)
Comparative Effectiveness Research Fee	\$0.25	0.04%	PMPM	(9)
Federal Income Tax	\$3.35	0.53%	% Premium	(10)
PA Insurance Fraud Assessment	\$0.31	0.05%	% Premium	(11)
PA Penn Treaty Guarantee Fund Assessment	\$0.95	0.15%	PMPM	(12)
Subtotal: Taxes and Fees	\$17.70	2.80%		(13) = Sum of (7) to (12)
Total Retention	\$112.45	17.80%		(14) = (3) + (6) + (13)

General administrative and commission expenses were allocated across plans based on a fixed expense that was applied as a percent of premium. The taxes and fees subsection of Table 10.2 reflect adjustments for the Risk Adjustment Admin Fee, Pennsylvania state premium tax, the comparative effectiveness research fee, federal income tax, and Pennsylvania state assessments (Pennsylvania Insurance Fraud Assessment and Pennsylvania Penn Treaty Guarantee Fund Assessment). Please see Table 5 in the “PA 2024 Actuarial Memorandum Rate Exhibits” for a similar breakdown of expenses in Excel.

11. CALIBRATION

Cigna calibrates the Plan Adjusted Index Rates to apply the allowable rating factors (age, geography, and tobacco) in order to calculate Consumer Adjusted Premium Rates. The single calibration factor is applied uniformly across all plans. The calibration for each allowable rating factor is described below.

Age Curve Calibration

The weighted average age factor for the projected membership was calculated using the updated Default Federal Standard Age Curve defined in the addendum to 45 CFR 147.102(d). The average age associated with this projected membership (rounded to the nearest whole number) is 46. The Plan Adjusted Index Rate was divided by the weighted average age factor mentioned above, to arrive at the calibrated Plan Adjusted Index Rate for a 21 year old. A demonstration of how the Plan Adjusted Index Rate and the age curve were used to generate the calibrated Plan Adjusted Index Rate for each plan is provided below.

Geographic Factor Calibration

Rate variations among geographical areas vary only by the geographic rating regions defined by the federal government. Area factors reflect only differences in the cost of the delivery of medical services among rating areas for a standard population and fixed market basket of covered services. Additional information regarding the rating area factors can be found in Section 12.

An average geographic factor is developed based on the projected distribution of membership across all areas. Then the calibrated Plan Adjusted Index Rate is calculated as Plan Adjusted Index Rate divided by this weighted average geographic factor.

Tobacco Use Rating Factor Calibration

Premium rates do not differ based on tobacco usage. A calibration factor of 1.00 is used for all plans.

The following tables demonstrate the calibration performed for each plan.

Table 11.1 Cigna Health and Life Insurance Company Projection Period Calibrated Plan-Adjusted Index Rate Development							
Plan Name	HIOS ID	Plan-Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan-Adjusted Index Rate
Cigna+Oscar Open Access Plus Platinum \$0	13401PA0020001	\$777.55	1.533	1.000	1.000	1.533	\$507.31
Cigna+Oscar Open Access Plus Platinum \$350	13401PA0020002	\$759.93	1.533	1.000	1.000	1.533	\$495.82
Cigna+Oscar Open Access Plus Gold \$0	13401PA0020003	\$704.48	1.533	1.000	1.000	1.533	\$459.64
Cigna+Oscar Open Access Plus Gold \$750	13401PA0020004	\$639.02	1.533	1.000	1.000	1.533	\$416.93
Cigna+Oscar Open Access Plus Gold \$1000	13401PA0020005	\$664.34	1.533	1.000	1.000	1.533	\$433.45
Cigna+Oscar Open Access Plus Gold \$1350	13401PA0020006	\$645.27	1.533	1.000	1.000	1.533	\$421.01
Cigna+Oscar Open Access Plus Gold \$1750 HSA	13401PA0020007	\$616.70	1.533	1.000	1.000	1.533	\$402.36
Cigna+Oscar Open Access Plus Gold \$2400 HSA	13401PA0020009	\$594.82	1.533	1.000	1.000	1.533	\$388.09
Cigna+Oscar Open Access Plus Gold \$2750	13401PA0020010	\$621.71	1.533	1.000	1.000	1.533	\$405.63
Cigna+Oscar Open Access Plus Silver \$0	13401PA0020011	\$595.10	1.533	1.000	1.000	1.533	\$388.27
Cigna+Oscar Open Access Plus Silver \$2750 HSA	13401PA0020012	\$554.94	1.533	1.000	1.000	1.533	\$362.07
Cigna+Oscar Open Access Plus Silver \$3250	13401PA0020021	\$581.16	1.533	1.000	1.000	1.533	\$379.18
Cigna+Oscar Open Access Plus Silver \$4250 HSA	13401PA0020013	\$526.48	1.533	1.000	1.000	1.533	\$343.50
Cigna+Oscar Open Access Plus Silver \$4750	13401PA0020014	\$573.05	1.533	1.000	1.000	1.533	\$373.88
Cigna+Oscar Open Access Plus Silver \$5300	13401PA0020015	\$571.29	1.533	1.000	1.000	1.533	\$372.74
Cigna+Oscar Open Access Plus Bronze \$1000	13401PA0020017	\$540.67	1.533	1.000	1.000	1.533	\$352.76
Cigna+Oscar Open Access Plus Bronze \$3000	13401PA0020018	\$524.74	1.533	1.000	1.000	1.533	\$342.37
Cigna+Oscar Open Access Plus Bronze \$5750 HSA	13401PA0020019	\$516.65	1.533	1.000	1.000	1.533	\$337.09
Cigna+Oscar Open Access Plus Bronze \$8000 HSA	13401PA0020024	\$512.76	1.533	1.000	1.000	1.533	\$334.55
Cigna+Oscar Open Access Plus Bronze \$9400	13401PA0020023	\$492.26	1.533	1.000	1.000	1.533	\$321.17

Table 11.2 shows the development of the age calibration factor used in table 11.1.

Table 11.2 Cigna Health and Life Insurance Company Development of Age Calibration Factor		
Age Band	Rating Factors	Membership Distribution
0-1	0.765	1.96%
2-6	0.765	4.19%
7-18	0.804	11.79%
19-20	0.955	2.49%
21-24	1.000	5.51%
25-29	1.058	8.27%
30-34	1.177	8.17%
35-39	1.240	8.29%
40-44	1.331	8.10%
45-49	1.576	9.50%
50-54	1.962	10.46%
55-59	2.432	10.91%
60-63	2.829	7.81%
64+	3.000	2.55%
Composite Rating Factor:		1.533
Age Calibration Factor:		0.652

The Plan Adjusted Index Rate represents average premium for the projected single risk pool at the unrounded average age, weighted using the best-estimate Default Federal Standard Age Curve factors. Linear interpolation between integer Default Federal Standard Age Curve factors was used in the development of the Demographic Calibration factor.

Table 7 in the “PA 2024 Actuarial Memorandum Rate Exhibits” displays the 1.533 composite age factor for normalization purposes. Table 7 also includes an average benefit richness factor for the portfolio. Individual plan induced demand factors were developed using the HHS induced demand risk transfer formula: $(\text{Pricing AV})^2 - (\text{Pricing AV}) + 1.24$. The weighted average benefit richness factor was about 1.083. The normalized factors in Table 10 in the “PA 2024 Actuarial Memorandum Rate Exhibits” represent the plan factors from the HHS formula divided by the average 1.083 normalization factor.

12. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual, family, or small employer group, and is developed by applying the following allowable adjustments to the Calibrated Plan Adjusted Index Rate.

- Individual and family tier – applied by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account
- Rating area factor – applied by multiplying the area factors to the Calibrated Plan Adjusted Index Rate
- Age factor – applied by multiplying the age factor to the Calibrated Plan Adjusted Index Rate
- Tobacco status – applied by multiplying the tobacco factor to the Calibrated Plan Adjusted Index Rate

Cigna’s 2024 age and tobacco rating factors are shown below. The age rating factors used by Cigna are identical to those prescribed by CMS.

Table 12.1 Cigna Health and Life Insurance Company Age and Tobacco Factors					
Age Band	Age Rating Factor	Tobacco Factor	Age Band	Age Rating Factor	Tobacco Factor
0-14	0.765	1.000	40	1.278	1.000
15	0.833	1.000	41	1.302	1.000
16	0.859	1.000	42	1.325	1.000
17	0.885	1.000	43	1.357	1.000
18	0.913	1.000	44	1.397	1.000
19	0.941	1.000	45	1.444	1.000
20	0.970	1.000	46	1.500	1.000
21	1.000	1.000	47	1.563	1.000
22	1.000	1.000	48	1.635	1.000
23	1.000	1.000	49	1.706	1.000
24	1.000	1.000	50	1.786	1.000
25	1.004	1.000	51	1.865	1.000
26	1.024	1.000	52	1.952	1.000
27	1.048	1.000	53	2.040	1.000
28	1.087	1.000	54	2.135	1.000
29	1.119	1.000	55	2.230	1.000
30	1.135	1.000	56	2.333	1.000
31	1.159	1.000	57	2.437	1.000
32	1.183	1.000	58	2.548	1.000
33	1.198	1.000	59	2.603	1.000
34	1.214	1.000	60	2.714	1.000
35	1.222	1.000	61	2.810	1.000
36	1.230	1.000	62	2.873	1.000
37	1.238	1.000	63	2.952	1.000
38	1.246	1.000	64+	3.000	1.000
39	1.262	1.000			

Cigna’s 2024 geographic rating factors are shown below. These factors do not reflect the impact of differences in demographics and morbidity using risk scores. Note that these small group plans will be offered in all counties of Pennsylvania Rating Area 8. There are in-network providers in every county where policies are sold.

Table 12.2 Cigna Health and Life Insurance Company Geographic Rating Factors	
Rating Area	2024 Area Rating Factor
Rating Area 8	1.000

The premium for family coverage is determined by summing the consumer adjusted premium rates for each family member, provided at most three child dependents under age 21 are taken into account.

For these small group plans, the result from above would further be multiplied by a quarterly trend factor. The following table shows these factors for each applicable quarter in 2024. The average annual trend used to develop these factors for 2024 is 9.65%.

Table 12.3 Cigna Health and Life Insurance Company Small Group Quarterly Adjustment Factors	
Effective Date	Trend Factor
1/1/2024	1.000
4/1/2024	1.023
7/1/2024	1.047
10/1/2024	1.072

The buildup of the 9.65% trend used to develop quarterly trend factors is shown in Table 12.4 below.

Table 12.4 Cigna Health and Life Insurance Company Small Group Trend Development					
Service Category	Cost Trend	Utilization Trend	Induced Demand	Composite Trend	Weight
Inpatient Hospital	3.60%	4.31%	0.00%	8.07%	17.78%
Outpatient Hospital	3.60%	4.31%	0.00%	8.07%	28.71%
Professional	3.60%	4.31%	0.00%	8.07%	21.68%
Other Medical	3.60%	4.31%	0.00%	8.07%	1.11%
Capitation					0.00%
Prescription Drugs	8.94%	3.93%	0.00%	13.22%	30.71%
Total Annual Trend				9.65%	100.00%

The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age, area, and tobacco factors.

Table 12.5 Cigna Health and Life Insurance Company Sample Consumer Adjusted Premium Rate Development	
Cigna+Oscar Open Access Plus Platinum \$0	13401PA0020001
Calibrated Plan Adjusted Index Rate	\$507.31
Age: 45	1.444
Rating Area 8	1.000
Tobacco Status: Tobacco User	1.000
Enrollment Quarter: 1	1.000
Consumer Adjusted Premium Rate	\$732.56

It is Cigna’s intent to also offer groups the option of composite rating, in accordance with federal and Pennsylvania state guidance.

13. PROJECTED LOSS RATIO

The projected 2024 PPACA MLR for Cigna’s small group products is 85.50%. This loss ratio is calculated based on the MLR methodology as prescribed by 45 CFR 158.

A demonstration of the projected MLR calculation is illustrated below:

Table 13.1 Cigna Health and Life Insurance Company Projected Federal Medical Loss Ratio	
Member Months	8,166
MLR Numerator Calculations	
Paid Claims PMPM	\$519.32
Claim-Related Retention (QI/Health IT) PMPM	\$5.71
Prior Rebate	\$0.00
Other Claim-Related Adjustments	\$0.00
Risk Adjustment Paid (Received) PMPM	\$0.00
Market Reinsurance Recoveries (Received) PMPM	\$0.00
MLR Numerator	\$525.03
MLR Denominator Calculations	
Premium PMPM	\$631.77
Other Premium-Related Adjustments	\$0.00
Premium-Related Retention (Taxes & Fees) PMPM	\$17.70
MLR Denominator	\$614.07
Medical Loss Ratio	85.50%

Since this is a new block of business and there is no historical experience in the base period of 2022, we did not estimate a credibility adjustment for the projected MLR. Including a credibility adjustment could only increase the projected MLR, which already satisfies the MLR requirement.

No additional state-specific projected loss ratio demonstration is required for small group plans in the State of Pennsylvania.

14. AV METAL VALUES

The AV Metal Values included in Worksheet 2 of the URRT are based on the AV Calculator. Table 14.1 below summarizes these values for each plan. Screenshots of the AV Calculator for each plan are included with this filing (these screenshots may include adjustments when necessary). We have also attached unique plan design documentation for several plans. These documents describe adjustments that were made in the AV Calculator to develop an accurate AV.

Table 14.1
Cigna Health and Life Insurance Company
Actuarial Values

Plan	HIOS ID	Actuarial Value	Source
Cigna+Oscar Open Access Plus Platinum \$0	13401PA0020001	0.891	Federal AV Calculator
Cigna+Oscar Open Access Plus Platinum \$350	13401PA0020002	0.884	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold \$0	13401PA0020003	0.808	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold \$750	13401PA0020004	0.797	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold \$1000	13401PA0020005	0.808	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold \$1350	13401PA0020006	0.790	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold \$1750 HSA	13401PA0020007	0.784	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold \$2400 HSA	13401PA0020009	0.781	Federal AV Calculator
Cigna+Oscar Open Access Plus Gold \$2750	13401PA0020010	0.784	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver \$0	13401PA0020011	0.711	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver \$2750 HSA	13401PA0020012	0.714	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver \$3250	13401PA0020021	0.711	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver \$4250 HSA	13401PA0020013	0.696	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver \$4750	13401PA0020014	0.702	Federal AV Calculator
Cigna+Oscar Open Access Plus Silver \$5300	13401PA0020015	0.706	Federal AV Calculator
Cigna+Oscar Open Access Plus Bronze \$1000	13401PA0020017	0.648	Federal AV Calculator
Cigna+Oscar Open Access Plus Bronze \$3000	13401PA0020018	0.642	Federal AV Calculator
Cigna+Oscar Open Access Plus Bronze \$5750 HSA	13401PA0020019	0.638	Federal AV Calculator
Cigna+Oscar Open Access Plus Bronze \$8000 HSA	13401PA0020024	0.629	Federal AV Calculator
Cigna+Oscar Open Access Plus Bronze \$9400	13401PA0020023	0.623	Federal AV Calculator

15. MEMBERSHIP PROJECTIONS

Enrollment projections were developed based on the total market size and reasonable expectations for market share in the first several years of Cigna’s participation. The size of the market was estimated based on the following:

- Current size of the Pennsylvania small group market in the relevant service areas
- Projected population growth in the State
- Projected “take-up” rates based on current market size and expected market demand

Cigna’s penetration rate in the market was determined based on the popularity of similar plans in the market and the sales volume Cigna projected. We assumed that Cigna’s enrollment would reflect the average demographics and morbidity of the market.

16. TERMINATED PLANS AND PRODUCTS

The table below shows the terminated plans that will not be available in the Projection Period.

Table 16.1 Cigna Health and Life Insurance Company Terminated Plans Unavailable in the Projection Period	
2023 HIOS ID	
13401PA0020008	
13401PA0020016	
13401PA0020020	

17. PLAN TYPE

The plan types as inputted in Section I, Worksheet 2 of the URRT accurately describe the plans in this filing.

18. EFFECTIVE RATE REVIEW INFORMATION

Cigna is in strong financial condition. The company's statutory capital and surplus is shown for 2018 through 2022 in Table 18.1. These values are taken directly from Cigna's year-end financial statements.

Table 18.1 Cigna Health and Life Insurance Company Historical Statutory Capital and Surplus					
	2018	2019	2020	2021	2022
Statutory Capital and Surplus (\$ Millions)	4,801	5,207	5,955	5,700	5,792

19. RELIANCE

I have relied on data and analysis provided by Akiva Dworkin, FSA, MAAA Actuarial Advisor, in developing the proposed premium rates and in preparing the Part 1 Unified Rate Review Template submission. I have also relied on other internal and external sources, including data provided by Milliman, to develop the underlying assumption used in the pricing methodology. In addition, I have relied on Brian Bates, a Product Management Senior Advisor at Cigna, to fill out the Actuarial Value Calculator for each plan. The data and other information have been reviewed for reasonableness but have not been audited.

I performed a limited review of the data used directly in the analysis for the reasonableness and consistency and have not found any material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

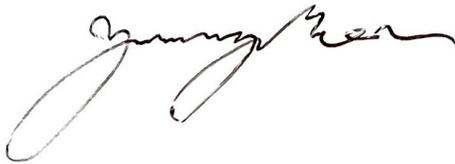
20. ACTUARIAL CERTIFICATION

I, Zachary Moon, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

- a) The rates proposed in the above noted rate filing are
 - In compliance with all applicable State & Federal Statutes & Regulations (45 CFR 156.80(d)(1))
 - Developed in compliance with applicable Actuarial Standards of Practice, including but not limited to the following:
 - ASOP #5, Incurred Health & Disability Claims
 - ASOP #8, Regulatory Filings for Health Plan Entities
 - ASOP #12, Risk Classification
 - ASOP #23, Data Quality
 - ASOP #25, Credibility Procedures Applicable to Accident & Health, Group Term Life, and Property & Casualty Coverages
 - ASOP #26, Compliance with Statutory & Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans

- ASOP #41, Actuarial Communications
 - ASOP #50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
- b) The Projected Index Rate presented in this filing is:
- a. In compliance with all applicable state and Federal statutes and regulations in 45 CFR 156.80(d)(1)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
- c) Plan level rates were generated using only the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2)
- d) The geographic rating factors reflect only differences in the costs of delivery, including unit cost and provider practice pattern differences, and do not include differences for population morbidity by geographic area.
- e) The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans, save the exceptions shown in Section 14, which are further explained in the accompanying actuarial certification “PA 2024 Unique Plan Design Supporting Documentation & Justification”.
- f) New plans are not considered modifications of existing plans under the uniform modification standards 45 CFR 147.106.
- g) The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the Rate Filing Justification.
- h) All factors, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

The URRT does not demonstrate the process used to develop the rates presented in this filing. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Signed: 5/17/2023

Zach Moon, FSA, MAAA
Actuarial Senior Manager
Cigna Health and Life Insurance Company
Zachary.Moon@Cigna.com

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Capita Life and Health Insurance Company
Product(s):	PPO
Market Segment:	Small Group
Rate Effective Date:	1/1/2024
Rate Period Start Date:	1/1/2023
Date of Most Recent Membership:	2/1/2023

to 12/31/2024
to 12/31/2022

Table 1. Number of Members

Average Age	Member-months	Members	Member-months
	Experience Period	Current Period (1st of 02-01-2023)	Projected Rating Period
	445	75	46.5
Total	0	75	8,166
18-24	4	15	1,373
25-29	6	6	676
30-34	6	6	676
35-39	6	6	676
40-44	10	6	676
45-49	8	6	676
50-54	7	6	676
55-59	7	6	676
60-63	3	6	676
64+	3	6	676

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											3

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight**
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation				0.00%	
Prescription Drugs				0.00%	0.05%
Total Annual Trend				0.00%	
Months of Trend				34	
Total Applied Trend Projection Factor				1.000	

* Express Cost, Utilization, Induced Utilization and Weight as percentages
** Should equal URRT Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19				RDV/01		RDV/01				RDV/01
Feb-19				RDV/01		RDV/01				RDV/01
Mar-19				RDV/01		RDV/01				RDV/01
Apr-19				RDV/01		RDV/01				RDV/01
May-19				RDV/01		RDV/01				RDV/01
Jun-19				RDV/01		RDV/01				RDV/01
Jul-19				RDV/01		RDV/01				RDV/01
Aug-19				RDV/01		RDV/01				RDV/01
Sep-19				RDV/01		RDV/01				RDV/01
Oct-19				RDV/01		RDV/01				RDV/01
Nov-19				RDV/01		RDV/01				RDV/01
Dec-19				RDV/01		RDV/01				RDV/01
Jan-20				RDV/01		RDV/01				RDV/01
Feb-20				RDV/01		RDV/01				RDV/01
Mar-20				RDV/01		RDV/01				RDV/01
Apr-20				RDV/01		RDV/01				RDV/01
May-20				RDV/01		RDV/01				RDV/01
Jun-20				RDV/01		RDV/01				RDV/01
Jul-20				RDV/01		RDV/01				RDV/01
Aug-20				RDV/01		RDV/01				RDV/01
Sep-20				RDV/01		RDV/01				RDV/01
Oct-20				RDV/01		RDV/01				RDV/01
Nov-20				RDV/01		RDV/01				RDV/01
Dec-20				RDV/01		RDV/01				RDV/01
Jan-21				RDV/01		RDV/01				RDV/01
Feb-21				RDV/01		RDV/01				RDV/01
Mar-21				RDV/01		RDV/01				RDV/01
Apr-21				RDV/01		RDV/01				RDV/01
May-21				RDV/01		RDV/01				RDV/01
Jun-21				RDV/01		RDV/01				RDV/01
Jul-21				RDV/01		RDV/01				RDV/01
Aug-21				RDV/01		RDV/01				RDV/01
Sep-21				RDV/01		RDV/01				RDV/01
Oct-21				RDV/01		RDV/01				RDV/01
Nov-21				RDV/01		RDV/01				RDV/01
Dec-21				RDV/01		RDV/01				RDV/01
Jan-22				RDV/01		RDV/01				RDV/01
Feb-22				RDV/01		RDV/01				RDV/01
Mar-22				RDV/01		RDV/01				RDV/01
Apr-22				RDV/01		RDV/01				RDV/01
May-22				RDV/01		RDV/01				RDV/01
Jun-22				RDV/01		RDV/01				RDV/01
Jul-22				RDV/01		RDV/01				RDV/01
Aug-22				RDV/01		RDV/01				RDV/01
Sep-22				RDV/01		RDV/01				RDV/01
Oct-22				RDV/01		RDV/01				RDV/01
Nov-22				RDV/01		RDV/01				RDV/01
Dec-22				RDV/01		RDV/01				RDV/01

* Express Completion Factor as a percentage
** Express Prescription Drug Rebates as a negative number

Carrier Name: Cigna Life and Health Insurance Company
 Product(s): PPO
 Market Segment: Small Group
 Rate Effective Date: 1/1/2024

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member + HSA)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 919,777,711.94	\$ 836,135,461.20	\$ 836,523,461.20	1,775,432	\$ 89,490,611.33	\$ 1,025,299,038.51	\$ 3,363,950.80	\$ (80,416,177.01)				\$ 545.59
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 82.20%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	1.64%	0.00%	0.00%	2.20%	17.78%
Outpatient Hospital	7.54%	4.55%	0.00%	2.20%	28.71%
Professional	1.44%	4.55%	0.00%	2.20%	21.48%
Other Medical	3.54%	4.55%	0.00%	2.20%	11.11%
Capitation				0.00%	
Prescription Drugs	7.26%	4.91%	0.00%	12.52%	39.71%
Cost Annual Trend				8.86%	100.00%
Months of Trend					
Total Applied Trend Projection Factor				1.185	

*Express Cost, Utilization, Induced Demand and Weight as percentages

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HSA)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19				\$0.00		\$0.00				\$0.00
Feb-19				\$0.00		\$0.00				\$0.00
Mar-19				\$0.00		\$0.00				\$0.00
Apr-19				\$0.00		\$0.00				\$0.00
May-19				\$0.00		\$0.00				\$0.00
Jun-19				\$0.00		\$0.00				\$0.00
Jul-19				\$0.00		\$0.00				\$0.00
Aug-19				\$0.00		\$0.00				\$0.00
Sep-19				\$0.00		\$0.00				\$0.00
Oct-19				\$0.00		\$0.00				\$0.00
Nov-19				\$0.00		\$0.00				\$0.00
Dec-19				\$0.00		\$0.00				\$0.00
Jan-20				\$0.00		\$0.00				\$0.00
Feb-20				\$0.00		\$0.00				\$0.00
Mar-20				\$0.00		\$0.00				\$0.00
Apr-20				\$0.00		\$0.00				\$0.00
May-20				\$0.00		\$0.00				\$0.00
Jun-20				\$0.00		\$0.00				\$0.00
Jul-20				\$0.00		\$0.00				\$0.00
Aug-20				\$0.00		\$0.00				\$0.00
Sep-20				\$0.00		\$0.00				\$0.00
Oct-20				\$0.00		\$0.00				\$0.00
Nov-20				\$0.00		\$0.00				\$0.00
Dec-20				\$0.00		\$0.00				\$0.00
Jan-21				\$0.00		\$0.00				\$0.00
Feb-21				\$0.00		\$0.00				\$0.00
Mar-21				\$0.00		\$0.00				\$0.00
Apr-21				\$0.00		\$0.00				\$0.00
May-21				\$0.00		\$0.00				\$0.00
Jun-21				\$0.00		\$0.00				\$0.00
Jul-21				\$0.00		\$0.00				\$0.00
Aug-21				\$0.00		\$0.00				\$0.00
Sep-21				\$0.00		\$0.00				\$0.00
Oct-21				\$0.00		\$0.00				\$0.00
Nov-21				\$0.00		\$0.00				\$0.00
Dec-21				\$0.00		\$0.00				\$0.00
Jan-22				\$0.00		\$0.00				\$0.00
Feb-22				\$0.00		\$0.00				\$0.00
Mar-22				\$0.00		\$0.00				\$0.00
Apr-22				\$0.00		\$0.00				\$0.00
May-22				\$0.00		\$0.00				\$0.00
Jun-22				\$0.00		\$0.00				\$0.00
Jul-22				\$0.00		\$0.00				\$0.00
Aug-22				\$0.00		\$0.00				\$0.00
Sep-22				\$0.00		\$0.00				\$0.00
Oct-22				\$0.00		\$0.00				\$0.00
Nov-22				\$0.00		\$0.00				\$0.00
Dec-22				\$0.00		\$0.00				\$0.00
Jan-23				\$0.00		\$0.00				\$0.00
Feb-23				\$0.00		\$0.00				\$0.00
Mar-23				\$0.00		\$0.00				\$0.00
Apr-23				\$0.00		\$0.00				\$0.00
May-23				\$0.00		\$0.00				\$0.00
Jun-23				\$0.00		\$0.00				\$0.00
Jul-23				\$0.00		\$0.00				\$0.00
Aug-23				\$0.00		\$0.00				\$0.00
Sep-23				\$0.00		\$0.00				\$0.00
Oct-23				\$0.00		\$0.00				\$0.00
Nov-23				\$0.00		\$0.00				\$0.00
Dec-23				\$0.00		\$0.00				\$0.00
Jan-24				\$0.00		\$0.00				\$0.00
Feb-24				\$0.00		\$0.00				\$0.00
Mar-24				\$0.00		\$0.00				\$0.00
Apr-24				\$0.00		\$0.00				\$0.00
May-24				\$0.00		\$0.00				\$0.00
Jun-24				\$0.00		\$0.00				\$0.00
Jul-24				\$0.00		\$0.00				\$0.00
Aug-24				\$0.00		\$0.00				\$0.00
Sep-24				\$0.00		\$0.00				\$0.00
Oct-24				\$0.00		\$0.00				\$0.00
Nov-24				\$0.00		\$0.00				\$0.00
Dec-24				\$0.00		\$0.00				\$0.00
Jan-25				\$0.00		\$0.00				\$0.00
Feb-25				\$0.00		\$0.00				\$0.00
Mar-25				\$0.00		\$0.00				\$0.00
Apr-25				\$0.00		\$0.00				\$0.00
May-25				\$0.00		\$0.00				\$0.00
Jun-25				\$0.00		\$0.00				\$0.00
Jul-25				\$0.00		\$0.00				\$0.00
Aug-25				\$0.00		\$0.00				\$0.00
Sep-25				\$0.00		\$0.00				\$0.00
Oct-25				\$0.00		\$0.00				\$0.00
Nov-25				\$0.00		\$0.00				\$0.00
Dec-25				\$0.00		\$0.00				\$0.00
Jan-26				\$0.00		\$0.00				\$0.00
Feb-26				\$0.00		\$0.00				\$0.00
Mar-26				\$0.00		\$0.00				\$0.00
Apr-26				\$0.00		\$0.00				\$0.00
May-26				\$0.00		\$0.00				\$0.00
Jun-26				\$0.00		\$0.00				\$0.00
Jul-26				\$0.00		\$0.00				\$0.00
Aug-26				\$0.00		\$0.00				\$0.00
Sep-26				\$0.00		\$0.00				\$0.00
Oct-26				\$0.00		\$0.00				\$0.00
Nov-26				\$0.00		\$0.00				\$0.00
Dec-26				\$0.00		\$0.00				\$0.00
Jan-27				\$0.00		\$0.00				\$0.00
Feb-27				\$0.00		\$0.00				\$0.00
Mar-27				\$0.00		\$0.00				\$0.00
Apr-27				\$0.00		\$0.00				\$0.00
May-27				\$0.00		\$0.00				\$0.00
Jun-27				\$0.00		\$0.00				\$0.00
Jul-27				\$0.00		\$0.00				\$0.00
Aug-27				\$0.00		\$0.00				\$0.00
Sep-27				\$0.00		\$0.00				\$0.00
Oct-27				\$0.00		\$0.00				\$0.00
Nov-27				\$0.00		\$0.00				\$0.00
Dec-27				\$0.00		\$0.00				\$0.00
Jan-28				\$0.00		\$0.00				\$0.00
Feb-28				\$0.00		\$0.00				\$0.00
Mar-28				\$0.00		\$0.00				\$0.00
Apr-28				\$0.00		\$0.00				\$0.00
May-28				\$0.00		\$0.00				\$0.00
Jun-28				\$0.00		\$0.00				\$0.00
Jul-28				\$0.00		\$0.00				\$0.00
Aug-28				\$0.00		\$0.00				\$0.00
Sep-28				\$0.00		\$0.00				\$0.00
Oct-28				\$0.00		\$0.00				\$0.00
Nov-28				\$0.00		\$0.00				\$0.00
Dec-28				\$0.00		\$0.00				\$0.00
Jan-29				\$0.00		\$0.00				\$0.00
Feb-29				\$0.00		\$0.00				\$0.00
Mar-29				\$0.00		\$0.00				\$0.00
Apr-29				\$0.00		\$0.00				\$0.00
May-29				\$0.00		\$0.00				\$0.00
Jun-29				\$0.00		\$0.00				\$0.00
Jul-29				\$0.00		\$0.00				\$0.00
Aug-29				\$0.00		\$0.00				\$0.00
Sep-29				\$0.00		\$0.00				\$0.00
Oct-29				\$0.00		\$0.00				\$0.00
Nov-29				\$0.00		\$0.00				\$0.00
Dec-29				\$0.00		\$0.00				\$0.00
Jan-30				\$0.00		\$0.00				\$0.00
Feb-30				\$0.00		\$0.00				\$0.00
Mar-30				\$0.00		\$0.00				\$0.00
Apr-30				\$0.00		\$0.00				\$0.00
May-30				\$0.00		\$0.00				\$0.00
Jun-30				\$0.00		\$0.00				\$0.00
Jul-30				\$0.00		\$0.00				\$0.00
Aug-30				\$0.00		\$0.00				\$0.00
Sep-30				\$0.00		\$0.00				\$0.00
Oct-30				\$0.00		\$0.00				\$0.00
Nov-30				\$0.00		\$0.00				\$0.00
Dec-30				\$0.00		\$0.00				\$0.00
Jan-31				\$0.00		\$0.00				\$0.00
Feb-31				\$0.00		\$0.00				\$0.00
Mar-31				\$0.00		\$0.00				\$0.00
Apr-31				\$0.00		\$0.00				\$0.00
May-31				\$0.00		\$0.00				\$0.00
Jun-31				\$0.00		\$0.00				\$0.00
Jul-31				\$0.00		\$0.00				\$0.00
Aug-31				\$0.00		\$0.00				\$0.00
Sep-31				\$0.00		\$0.00				\$0.00
Oct-31				\$0.00		\$0.00				\$0.00
Nov-31				\$0.00		\$0.00				\$0.00
Dec-31				\$0.00		\$0.00				\$0.00
Jan-32				\$0.00		\$0.00				\$0.00

Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information

Carrier Name:	Cigna Life and Health Insurance Company	Attachment Point:	\$60,000
Product(s):	PPO	Reinsurance Cap:	\$100,000
Market Segment:	Small Group	Coinsurance Rate:	0%
Rate Effective Date:	1/1/2024		
Incurred Dates:	1/1/2022 to 12/31/2022	Proj. Incurred Claim Impact:	0.0%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2022 to 12/31/2022					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999				\$0
\$30,000	\$34,999				\$0
\$35,000	\$39,999				\$0
\$40,000	\$44,999				\$0
\$45,000	\$49,999				\$0
\$50,000	\$54,999				\$0
\$55,000	\$59,999				\$0
\$60,000	\$64,999				\$0
\$65,000	\$69,999				\$0
\$70,000	\$74,999				\$0
\$75,000	\$79,999				\$0
\$80,000	\$84,999				\$0
\$85,000	\$89,999				\$0
\$90,000	\$94,999				\$0
\$95,000	\$99,999				\$0
\$100,000	\$109,999				\$0
\$110,000	\$119,999				\$0
\$120,000	\$129,999				\$0
\$130,000	\$139,999				\$0
\$140,000	\$149,999				\$0
\$150,000	\$159,999				\$0
\$160,000	\$169,999				\$0
\$170,000	\$179,999				\$0
\$180,000	\$189,999				\$0
\$190,000	\$199,999				\$0
\$200,000	\$209,999				\$0
\$210,000	\$219,999				\$0
\$220,000	\$229,999				\$0
\$230,000	\$239,999				\$0
\$240,000	\$249,999				\$0
\$250,000	\$259,999				\$0
\$260,000	\$269,999				\$0
\$270,000	\$279,999				\$0
\$280,000	\$289,999				\$0
\$290,000	\$299,999				\$0
\$300,000	\$324,999				\$0
\$325,000	\$349,999				\$0
\$350,000	\$374,999				\$0
\$375,000	\$399,999				\$0
\$400,000	\$424,999				\$0
\$425,000	\$449,999				\$0
\$450,000	\$474,999				\$0
\$475,000	\$499,999				\$0
\$500,000	\$599,999				\$0
\$600,000	\$699,999				\$0
\$700,000	\$799,999				\$0
\$800,000	\$899,999				\$0
\$900,000	\$999,999				\$0
\$1,000,000+					\$0
Total		0	0	\$0	\$0

Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information

Carrier Name:	Cigna Life and Health Insurance Company	Attachment Point:	\$60,000
Product(s):	PPO	Reinsurance Cap:	\$100,000
Market Segment:	Small Group	Coinsurance Rate:	0%
Rate Effective Date:	1/1/2024	Proj. Incurred Claim Impact:	0.0%
		Proj. Morbidity Impact:	0.0%

Reinsurance Program Impact Continuance Table Development - Plan Year 2024					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999				\$0
\$30,000	\$34,999				\$0
\$35,000	\$39,999				\$0
\$40,000	\$44,999				\$0
\$45,000	\$49,999				\$0
\$50,000	\$54,999				\$0
\$55,000	\$59,999				\$0
\$60,000	\$64,999				\$0
\$65,000	\$69,999				\$0
\$70,000	\$74,999				\$0
\$75,000	\$79,999				\$0
\$80,000	\$84,999				\$0
\$85,000	\$89,999				\$0
\$90,000	\$94,999				\$0
\$95,000	\$99,999				\$0
\$100,000	\$109,999				\$0
\$110,000	\$119,999				\$0
\$120,000	\$129,999				\$0
\$130,000	\$139,999				\$0
\$140,000	\$149,999				\$0
\$150,000	\$159,999				\$0
\$160,000	\$169,999				\$0
\$170,000	\$179,999				\$0
\$180,000	\$189,999				\$0
\$190,000	\$199,999				\$0
\$200,000	\$209,999				\$0
\$210,000	\$219,999				\$0
\$220,000	\$229,999				\$0
\$230,000	\$239,999				\$0
\$240,000	\$249,999				\$0
\$250,000	\$259,999				\$0
\$260,000	\$269,999				\$0
\$270,000	\$279,999				\$0
\$280,000	\$289,999				\$0
\$290,000	\$299,999				\$0
\$300,000	\$324,999				\$0
\$325,000	\$349,999				\$0
\$350,000	\$374,999				\$0
\$375,000	\$399,999				\$0
\$400,000	\$424,999				\$0
\$425,000	\$449,999				\$0
\$450,000	\$474,999				\$0
\$475,000	\$499,999				\$0
\$500,000	\$599,999				\$0
\$600,000	\$699,999				\$0
\$700,000	\$799,999				\$0
\$800,000	\$899,999				\$0
\$900,000	\$999,999				\$0
\$1,000,000+					\$0
Total		0	0	\$0	\$0

PA Rate Template Part II
Rate Development and Change

Product: **Cigna Life and Health Insurance Company**
 Market Segment: **Small Group**
 Plan: **Small Group**
 Plan Type: **Small Group**

Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed DRG Claims - DRG Capitation PMPM (net of prescription drug rebate) PMPM	\$ 1,000	\$ 1,185	- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on UMR
True Year Trend Projection Factor	\$ -	\$ -	
Unadjusted Projected Allowed DRG Claims PMPM	\$ 1,000	\$ 686.61	
Total, Sub-Group Adjusted Index			
Change in Morbidity - Impact of Reinsurance Program	1,000	1,000	< See UMR Instructions
Change in Morbidity - All Other	0.000	1,000	< See UMR Instructions
Total Non-Morbidity Changes			
Change in Contractuals	1,000	1,000	< See UMR Instructions
Change in Network	1,000	1,000	< See UMR Instructions
Change in Benefits	1,000	1,000	< See UMR Instructions
Change in Other	1,000	1,000	< See UMR Instructions
Total Adjusted Projected Allowed DRG Claims PMPM	\$ -	\$ 686.61	< See Instructions
Credibility Factors	9%	206%	< Projected Index Rate
Blended Projected DRG Claims PMPM	\$ -	\$ 206%	
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Market-Adjusted Projected Allowed DRG Claims PMPM	\$ 1,000	\$ 1,000	Index Rate for Projection Period on UMR
Projected Paid to Allowed Ratio	\$ 0.78	\$ 0.78	
Projected Incurred DRG Claims PMPM	\$ 1,000	\$ 1,000	
Market-Adjusted Index			
Projected Incurred Risk Adjustment PMPM	\$ 50.38	\$ 50.38	
Projected Incurred Exchange User Fees PMPM	\$ 50.00	\$ 50.00	
Projected Incurred Reinsurance Reserves PMPM	\$ 50.00	\$ 50.00	
Market-Adjusted Projected Incurred DRG Claims PMPM	\$ 115.38	\$ 115.38	
Market-Adjusted Projected Allowed DRG Claims PMPM	\$ 686.61	\$ 686.61	< Market-Adjusted Index Rate
Projected Allowed Non-DRG Claims PMPM	\$ 29.38	\$ 29.38	
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 144.76	\$ 144.76	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 686.61	\$ 686.61	

Table 6. Retention

Retention Item	Percentage	PMPM Amount
Administrative Expenses	13.00%	\$81.60
General and Claims	9.28%	\$59.64
Agent/Broker Fees and Commissions	3.75%	\$24.04
Quality Improvement Initiatives	7.00%	\$45.00
Taxes and Fees	2.80%	\$17.92
FCR Fee	0.00%	\$0.00
ACA Fee	0.00%	\$0.00
ACA Premium & Other Fees (if applicable)	2.20%	\$14.20
Medical Reserve Fee	0.00%	\$0.00
Health Insurance Providers Fee (Projected for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	2.00%	\$12.60
Total Retention	37.80%	\$243.31
Projected Required Revenue PMPM		\$ 630.04

Table 8. Components of Rate Change

Rate Component	2023	2024	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 422.57	\$ 422.57	\$ -	0.0%
B. Base period allowed claims before normalization	\$ 555.63	\$ 545.59	\$ (10.04)	-1.8%
C. Normalization factor component of change	\$ (222.53)	\$ (216.81)	\$ 5.72	2.6%
D. Change in Normalized Allowed Claims Adjustment Component				
D1. Base period allowed claims after normalization	\$ 333.67	\$ 328.79	\$ (4.88)	-1.5%
D2. UMR Trend	\$ 182.58	\$ 182.58	\$ 0.00	0.0%
D3. UMR Morbidity	\$ -	\$ -	\$ -	0.0%
D4. UMR Other	\$ -	\$ -	\$ -	0.0%
D5. Normalized UMR Risk Adjustment on an allowed basis	\$ -	\$ -	\$ -	0.0%
D6. Normalized Exchange User Fees on an allowed basis	\$ -	\$ -	\$ -	0.0%
D7. Normalized Reinsurance Reserves on an allowed basis	\$ -	\$ -	\$ -	0.0%
D8. Subtotal - Sum(D2-D7)	\$ 374.05	\$ 389.66	\$ 15.61	4.2%
E. Change in Allowable Plan Adjusted Level Component				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Product Mix	\$ 882.39	\$ 873.86	\$ (8.53)	-1.0%
E3. Benefit Changes	\$ 12.50	\$ 10.31	\$ (2.19)	-17.5%
E4. Contractual Eligibility	\$ 0	\$ 0	\$ 0	0.0%
E5. Subtotal - Sum(E1-E4)	\$ (25.50)	\$ (81.33)	\$ (15.83)	-62.1%
F. Change in Retention Component				
F1. Administrative Expenses	\$ 14.50	\$ 15.48	\$ 0.98	6.8%
F2. Taxes and Fees	\$ 11.80	\$ 11.96	\$ 0.16	1.3%
F3. Profit and/or Contingency	\$ 8.00	\$ 8.54	\$ 0.54	6.8%
F4. Subtotal - Sum(F1-F3)	\$ 34.30	\$ 35.98	\$ 1.68	4.9%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 439.82	\$ 424.32	\$ (15.50)	-3.5%

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 965.39
Blended Annual Premium	\$ 918,773,39.94
Blended Loss Ratio	82.28%

Table 5A. Small Group Projected Index Rate with Quarterly Trend

	1/1/2024	4/1/2024	7/1/2024	10/1/2024	2024 Single Risk Pop	2024
Index Rate	1.000	1.000	1.000	1.000	1.000	1.000
Adjusted Projected Allowed DRG Claims PMPM	\$ 686.61	\$ 686.61	\$ 686.61	\$ 686.61	\$ 686.61	\$ 686.61
Market-Adjusted Index Rate	1.000	1.000	1.000	1.000	1.000	1.000
Annual Trend	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Single Risk Pop Projected Allowed Claims	\$ 686.61	\$ 686.61	\$ 686.61	\$ 686.61	\$ 686.61	\$ 686.61
Quarterly Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factor	2023	2024
Average Age Factor	1.000	1.000
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.000	1.000
Average Benefit Reserves (Unpaid Demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 686.61	\$ 686.61
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 686.61	\$ 686.61

Table 9. Year-over-Year Data to Support Table 8

	2023	2024
Index Rate	1.000	1.000
UMR Trend (Total Applied Trend Factor)	1.121	1.185
UMR Morbidity	1.000	1.000
UMR Other	1.000	1.000
Risk Adjustments	\$ -	\$ -
Exchange User Fees	\$ -	\$ -
Reinsurance Reserves	\$ -	\$ -
Contingency	\$ -	\$ -
Network	1.000	1.000
Product Mix	0.882	0.874
Benefit Changes	1.000	1.000
Contractual Eligibility	1.000	1.000
Administrative Expenses	1.000	1.000
Taxes and Fees	1.000	1.000
Profit and/or Contingency	1.000	1.000

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	0.012632827
Revised Requested Average Rate Change:	1.26%
Minimum Requested Rate Change:	-2.13%
Maximum Requested Rate Change:	10.24%
Mapped Members:	75
Available in Rating Areas:	Rating Area 8

Carrier Name:	Cigna Life and Health Insurance Company
Product(s):	PPO
Market Segment:	Small Group
Rate Effective Date:	1/1/2024

Rating Area	Active Rating Areas	Count of Remaining Active Rating Areas	Text
1			1
2			1
3			1
4			1
5			1
6			1
7			1
8	8		1 8
9			0

Key Information

Jan. 2022 - Dec. 2022 Financial Experience	
Premium	\$ -
Claims	\$ -
Administrative Expenses	\$ -
Taxes & Fees	\$ -
Company Made After Taxes	\$ -

How It Plans to Spend Your Premium

This is how the company plans to spend the premium it collects in 2024:	
Claims:	82%
Administrative Expenses:	13%
Taxes & Fees:	3%
Profit:	2%

The company expects its annual medical costs to increase: **0.00%**

Explanation of requested rate change: **The most significant factor causing the rate increase** is changes in Medical Service Costs. The increasing cost of medical and pharmacy services and supplies accounts for a sizeable portion of the premium rate increases. Cigna anticipates that the cost of medical and pharmacy services and supplies in 2024 will increase over the 2023

Cigna Life and Health Insurance Company
Small Group
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
13401PA0020001	Cigna+Oscar Open Access Plus Platinum \$0	PPO	Platinum	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020002	Cigna+Oscar Open Access Plus Platinum \$350	PPO	Platinum	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020003	Cigna+Oscar Open Access Plus Gold \$0	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020004	Cigna+Oscar Open Access Plus Gold \$750	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020005	Cigna+Oscar Open Access Plus Gold \$1000	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020006	Cigna+Oscar Open Access Plus Gold \$1350	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020007	Cigna+Oscar Open Access Plus Gold \$1750 HSA	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020009	Cigna+Oscar Open Access Plus Gold \$2400 HSA	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020010	Cigna+Oscar Open Access Plus Gold \$2750	PPO	Gold	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020011	Cigna+Oscar Open Access Plus Silver \$0	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020012	Cigna+Oscar Open Access Plus Silver \$2750 HSA	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020021	Cigna+Oscar Open Access Plus Silver \$3250	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020013	Cigna+Oscar Open Access Plus Silver \$4250 HSA	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020014	Cigna+Oscar Open Access Plus Silver \$4750	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020015	Cigna+Oscar Open Access Plus Silver \$5300	PPO	Silver	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020017	Cigna+Oscar Open Access Plus Bronze \$1000	PPO	Bronze	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020018	Cigna+Oscar Open Access Plus Bronze \$3000	PPO	Bronze	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020019	Cigna+Oscar Open Access Plus Bronze \$5750 HSA	PPO	Bronze	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020024	Cigna+Oscar Open Access Plus Bronze \$8000 HSA	PPO	Bronze	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0020023	Cigna+Oscar Open Access Plus Bronze \$9400	PPO	Bronze	Off	Open Access Plus	Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Issuer: Cigna Life and Health Insurance Company

Market: Small Group



Key
[Green]: Off-exchange service area (Rating Area 8)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1		Unified Rate Review v6.0																			
2																					
3		Company Legal Name:	Cigna Health and Life Insurance Company																		
4		HIOS Issuer ID:	13401	State:	PA																
5		Effective Date of Rate Change(s):	1/1/2024	Market:	Small Group																
6																					
7																					
8		Market Level Calculations (Same for all Plans)																			
9																					
10																					
11		Section I: Experience Period Data																			
12		Experience Period:	1/1/2022	to	12/31/2022																
13				Total		PMPM															
14		Allowed Claims			\$0.00															#DIV/0!	
15		Reinsurance			\$0.00																#DIV/0!
16		Incurred Claims in Experience Period			\$0.00																#DIV/0!
17		Risk Adjustment			\$0.00																#DIV/0!
18		Experience Period Premium			\$0.00																#DIV/0!
19		Experience Period Member Months			0																
20																					
21		Section II: Projections																			
22																					
23		Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM													
24		Inpatient Hospital	\$0.00	Cost	1.000	Utilization	1.000	Cost	1.000	Utilization	1.000										\$0.00
25		Outpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000										\$0.00
26		Professional	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000										\$0.00
27		Other Medical	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000										\$0.00
28		Capitation	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000										\$0.00
29		Prescription Drug	\$0.00	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000										\$0.00
30		Total	\$0.00																		\$0.00
31																					
32		Morbidity Adjustment						1.000													
33		Demographic Shift						1.000													
34		Plan Design Changes						1.000													
35		Other						1.000													
36		Adjusted Trended EHB Allowed Claims PMPM for		1/1/2024				\$0.00													
37																					
38		Manual EHB Allowed Claims PMPM						\$646.61													
39		Applied Credibility %						0.00%													
40																					
41																					
42																					
43		Projected Index Rate for		1/1/2024				\$646.61													\$5,280,863.87
44		Reinsurance						\$0.00													\$0.00
45		Risk Adjustment Payment/Charge						\$0.00													\$0.00
46		Exchange User Fees						0.00%													\$0.00
47		Market Adjusted Index Rate						\$646.61													\$5,280,863.87
48		Projected Member Months																			8,167
49																					
50		Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																			
51																					

Rating Area Data Collection

*Specify the total number of Rating
Select only the Rating Areas you are
To validate, select the Validate button
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 8	1.0000

5/17/2023



Telephone 215-761-2645
Zachary.Moon@Cigna.com

This document contains responses to the Standard Questions listed in the 2024 ACA-Compliant Health Insurance Rate Filing Guidance released by the Pennsylvania Insurance Department on March 21st, 2023.

1. Membership:

- a. *If the projected membership for plan year 2024 significantly differs from the current 2/1/2023 membership, please explain why.*

Cigna entered the PA small group market as of 1/1/2023, and as a new carrier, it is expected that there will be large growth in enrollment from the time of inception through the first year and into the second year in the market.

2. Experience Period Claims:

- a. *Please confirm that all claims which are capitated have been removed from the experience period claims.*
- b. *Please confirm that all non-EHB claims have been removed from the experience period claims.*
- c. *How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?*

Cigna became a new small group health insurer in PA in 2023 and has no plans in the experience period of 2022.

Drug rebates are expected to increase from the base period to the rating period. This change in drug rebates is not reflected in the drug trend, but rather drug rebates are projected to the rating period and then incorporated after the projected allowed cost gross of rebates has been determined to find the projected allowed cost net of rebates.

3. COVID:

- a. *Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.*
- b. *If there is a COVID adjustment factor other than 1.0, please provide a quantitative exhibit supporting the factor.*

There is no COVID adjustment included in our rate development within this filing.

4. Trend:

- a. *[SG only] If the Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate quarterly rates in Table 5A differ, please provide an explanation and exhibit in support of the variation.*
- b. *[SG only] In Table 5A, if cells K32:M32 are left to equal J32, please explain why that is a reasonable assumption.*

The quarterly adjustment factors used for Q2-Q4 2024 rates reflect the 2025 trend projection. The 2025 trend projection reflects differing expectations of unit cost, utilization, and service mix than the trend in prior periods. Unit cost trends reflect Cigna's future expectation developed from expected

provider contracting. Utilization trends reflect Cigna's future expectations developed from historical estimates with corrections for any major known events such as new mandates, etc. Similar to medical trends, pharmacy trends are developed using historical experience while adjusting for future expectations of drug price increases, new drug approvals, new generic entrants, and changes in drug mix.

Cigna develops trend on an annual basis, and not quarterly basis, therefore the quarterly adjustment factors used to calculate Q2-Q4 2024 rates are all based upon the same annual trend number, which explains why cells K32:M32 in Table 5A are left to equal J32.

5. Table 6 – Retention:

- a. *Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.*
- b. *Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2024.*
- c. *Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open Enrollment Enrollee – Renewing, Open Enrollment Enrollee – New, Special Enrollment Period Enrollee – New, Special Enrollment Period Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.*

We confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%.

We confirm that the Risk Adjustment User Fee PMPM is consistent with the HHS Final Notice of Benefit and Payment Parameters for Plan Year 2024.

Commissions are \$23.50 PMPM, as detailed in Table 10.2 of the Actuarial Memorandum, and do not vary within each channel for new versus renewal business.

6. Pricing AVs:

- a. *Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims experience is not separated by metal level).*
- b. *Please identify and support any differences between company's metallic AV calculator results and the corresponding Pricing AVs.*

We confirm that the Pricing AVs were calculated using a single risk pool.

Paid claims and allowed claims were developed for each plan using our internal plan design model that relies on Cigna's large group fully insured business that underlies the manual rate development. The claims projections reflect the average morbidity and demographics from the PA small group market. The pricing AVs do not reflect any differences in morbidity, since the relativities represent benefit design differences only (the same underlying population is assumed for all plans). Any differences that are present between the output of the metallic AV calculator and the corresponding Pricing AVs are mainly driven by differences in methodology between the two calculations. Cigna's internal plan design model has more detailed service categories and more granular inputs than the AV Calculator, therefore there is variation in the paid to allowed ratios that each tool produces. The average AV from the AV Calculator is also based on an assumed national claim distribution, whereas the pricing paid to allowed ratio is based on a Cigna large group manual that has been calibrated for certain assumptions specific to Cigna, such as provider networks, area factors, and trends.

7. Expanded Bronze Plans:

- a. Please provide an exhibit which demonstrates that the criteria for expanded bronze plans have been met.

Please see the table below for support regarding the criteria for expanded bronze plans.

HIOS Plan ID	Criteria Met
13401PA0020017	Covers PCP, Specialist, Chiropractic Care, Speech Therapy, Occupational Therapy, Physical Therapy Urgent Care, MHSA OV, and Generic Prescription Drugs before the deductible
13401PA0020018	Covers PCP, Specialist, Chiropractic Care, Speech Therapy, Occupational Therapy, Physical Therapy Urgent Care, MHSA OV, and Generic Prescription Drugs before the deductible
13401PA0020023	Covers PCP services before the deductible
13401PA0020019	HSA Plan
13401PA0020024	HSA Plan

8. PAAM Exhibits – Consumer Factors:

- a. Please provide a quantitative and qualitative support for the proposed geographic rating area factors, if different from the previous year.
- b. Please provide quantitative and qualitative support for the proposed network factors, if different from the previous year.

In 2024, Cigna is only selling plans in rating area 8, therefore the geographic rating area factor is a 1.0, which is the same as in 2023. Similarly, Cigna offers only one network option for all small group plans in PA, therefore the network factor is a 1.0, which is the same as in 2023.

9. Public Health Emergency:

- a. With the Public Health Emergency expected to end on May 11th, how has the rate development been affected? Please provide support for any adjustments, or support for making no adjustments, if applicable.
- b. Furthermore, with the Public Health Emergency scheduled to end on May 11th, has any adjustments been made specifically to the morbidity assumption for Plan Year 2024?
- c. Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY24. Within your response please clarify if these services will be considered preventative and covered at 100%.

Cigna is continually evaluating our position in relation to the future cost of COVID including any impact from the cessation of the Public Health Emergency. We currently estimate that COVID will have immaterial cost impacts for Plan Year 2024 and therefore have not included any adjustments related to COVID in our manual rate development.

10. MLR Exhibit:

- a. Please complete table below which summarizes the most recent three years of complete MLR information.
- Actual is the final information which was filed for the specified calendar year.
 - Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019).
- b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.
- c. Does the insurer expect to pay MLR rebates for the 3-year period above?

Cigna became a new small group health insurer in PA in 2023 and has no experience in the PA small group market prior to 1/1/2023.

11. Plans of Withdrawal:

- a. Please confirm that a Plan of Withdrawal has been submitted if any plans are being discontinued.*
- b. For further information regarding the Plan of Withdrawal process, click here. Please send all Plan of Withdrawals to Jeffery Rohaly, wrohaly@pa.gov.*

We have three plans that are being terminated in 2024, and we have outreached to the Pennsylvania Insurance Department for additional information, as we are unable to locate the Plan of Withdrawal requirements on the PID website. We will provide these files promptly after receiving further guidance.

CHLIC requests confidential handling of this information. We believe that this information is proprietary and critical to our business.

Please contact me at 215-761-2645 or at Zachary.Moon@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,



Zachary Moon, FSA, MAAA
Small Group Pricing

cc: Sarah Souza, FSA, MAAA

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 <input type="checkbox"/>	Tiered Network Option <input checked="" type="checkbox"/>
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

Desired Metal Tier: Platinum

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$317.04	<input type="checkbox"/>	<input type="checkbox"/>		\$317.04	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$12.65	<input type="checkbox"/>	<input type="checkbox"/>		\$12.65	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$82.35	<input type="checkbox"/>	<input type="checkbox"/>		\$82.35	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$8.01	<input type="checkbox"/>	<input type="checkbox"/>		\$8.01	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input checked="" type="checkbox"/> \$1,000
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input type="checkbox"/> 3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description: Platinum \$0
Name: Cigna+Oscar Open Access Plus Platinum \$0
Plan HIOS ID: 13401PA0020001
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

89.06%

Metal Tier:

Platinum

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

Additional Notes:

Calculation Time:

0.125 seconds

Final 2024 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?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

Desired Metal Tier: Platinum

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$350.00	\$0.00		\$350.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%		100.00%	100.00%	
MOOP (\$)	\$4,250.00			\$4,250.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$283.52	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$283.52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$4.22	<input type="checkbox"/>	<input type="checkbox"/>		\$4.22	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$102.94	<input type="checkbox"/>	<input type="checkbox"/>		\$102.94	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$8.01	<input type="checkbox"/>	<input type="checkbox"/>		\$8.01	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

- Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: \$1,000
- Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): 3
- 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: Platinum \$350
Name: Cigna+Oscar Open Access Plus Platinum \$350
Plan HIOS ID: 13401PA0020002
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Base AV: **89.39%**
 Coinsurance before Deductible Adjustment Factor: **0.9893**
 Final Adjusted AV: **88.43%**

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 89.39%
 Metal Tier: Platinum

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.1914 seconds
Final 2024 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?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00		\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%		100.00%	100.00%	
MOOP (\$)	\$9,250.00			\$9,250.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$403.63	<input type="checkbox"/>	<input type="checkbox"/>		\$403.63	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$29.51	<input type="checkbox"/>	<input type="checkbox"/>		\$29.51	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$288.24	<input type="checkbox"/>	<input type="checkbox"/>		\$288.24	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input checked="" type="checkbox"/> \$1,000
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input type="text" value="5"/>
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: Gold \$0
 Name: Cigna+Oscar Open Access Plus Gold \$0
 Plan HIOS ID: 13401PA0020003
 Issuer HIOS ID: 13401
 AVC Version: 2024_1e

Output Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

80.81%

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:

0.0996 seconds

Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$750.00	\$0.00		\$750.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%		80.00%	100.00%	
MOOP (\$)	\$9,000.00			\$9,000.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$776.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$776.82	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$71.41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$71.41	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: \$1,000

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: Gold \$750
Name: Cigna+Oscar Open Access Plus Gold \$750
Plan HIOS ID: 13401PA0020004
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.68%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1406 seconds

Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00		\$1,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%		90.00%	100.00%	
MOOP (\$)	\$9,400.00			\$9,400.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$67.19	<input type="checkbox"/>	<input type="checkbox"/>		\$67.19	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$1,000
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: Gold \$1000
Name: Cigna+Oscar Open Access Plus Gold \$1000
Plan HIOS ID: 13401PA0020005
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.78%
 Metal Tier: Gold
 Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.1289 seconds
Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,350.00	\$0.00		\$1,350.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	85.00%	100.00%		85.00%	100.00%	
MOOP (\$)	\$9,400.00			\$9,400.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$71.41	<input type="checkbox"/>	<input type="checkbox"/>		\$71.41	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$1,000
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: Gold \$1350
Name: Cigna+Oscar Open Access Plus Gold \$1350
Plan HIOS ID: 13401PA0020006
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.96%
 Metal Tier: Gold
 Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.1211 seconds
Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,750.00			\$1,750.00
Coinsurance (%; Insurer's Cost Share)			90.00%			90.00%
MOOP (\$)			\$5,000.00			\$5,000.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$390.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$390.22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$58.76	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$58.76	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$386.34	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$386.34	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input checked="" type="checkbox"/> \$1,000
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10):	<input type="checkbox"/> 1
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: Gold 1750 HSA

Name: Cigna+Oscar Open Access Plus Gold 1750 HSA

Plan HIOS ID: 13401PA0020007

Issuer HIOS ID: 13401

AVC Version: 2024_1e

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.44%

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:

0.1367 seconds

Final 2024 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? Gold
- 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:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,400.00			
Coinsurance (%; Insurer's Cost Share)			90.00%			
MOOP (\$)			\$6,000.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? \$1,000

Specialty Rx Coinsurance Maximum: \$1,000

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: Gold 2400 HSA
Name: Cigna+Oscar Open Access Plus Gold 2400 HSA
Plan HIOS ID: 13401PA0020009
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.11%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0859 seconds

Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,750.00	\$0.00		\$2,750.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%		90.00%	100.00%	
MOOP (\$)	\$8,550.00			\$8,550.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical									<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$533.52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$533.52	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$71.41	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$71.41	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<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"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Drugs										
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: \$1,000

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: Gold \$2750
Name: Cigna+Oscar Open Access Plus Gold \$2750
Plan HIOS ID: 13401PA0020010
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Base AV: **78.82%**
 Coinsurance before Deductible Adjustment Factor: **0.9946**
 Final Adjusted AV: **78.40%**

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.82%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.168 seconds

Final 2024 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?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$1,500.00		\$0.00	\$1,500.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%		70.00%	100.00%	
MOOP (\$)	\$9,400.00			\$9,400.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$783.52	<input type="checkbox"/>	<input type="checkbox"/>		\$783.52	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,692.40	<input type="checkbox"/>	<input type="checkbox"/>		\$1,692.40	<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"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$63.23	<input type="checkbox"/>	<input type="checkbox"/>		\$63.23	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$640.91	<input type="checkbox"/>	<input type="checkbox"/>		\$640.91	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.05	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$1,000
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
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: Silver \$0
 Name: Cigna+Oscar Open Access Plus Silver \$0
 Plan HIOS ID: 13401PA0020011
 Issuer HIOS ID: 13401
 AVC Version: 2024_1e

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.09%

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:

0.1289 seconds

Final 2024 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? Silver

HSA/HRA Options <input type="checkbox"/>	Tiered Network Option <input checked="" type="checkbox"/>
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,750.00			\$2,750.00
Coinsurance (% Insurer's Cost Share)			75.00%			75.00%
MOOP (\$)			\$8,000.00			\$8,000.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%		<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"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<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 type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? \$1,000

Specialty Rx Coinsurance Maximum: \$1,000

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: Silver 2750 HAS
Name: Cigna+Oscar Open Access Plus Silver 2750 HSA
Plan HIOS ID: 13401PA0020012
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.36%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.125 seconds
Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,250.00	\$0.00		\$3,250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%		70.00%	100.00%	
MOOP (\$)	\$9,400.00			\$9,400.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$783.52	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$783.52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,692.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,692.40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.06	<input type="checkbox"/>	<input type="checkbox"/>		\$84.06	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<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 type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$695.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$695.17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.04	<input type="checkbox"/>	<input type="checkbox"/>		\$24.04	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$1,000
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
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: Silver \$3250
Name: Cigna+Oscar Open Access Plus Silver \$3250
Plan HIOS ID: 13401PA0020021
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.07%

Metal Tier:

Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1484 seconds

Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,250.00			\$4,250.00
Coinsurance (%; Insurer's Cost Share)			90.00%			90.00%
MOOP (\$)			\$8,000.00			\$8,000.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%		<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"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

- Set a Maximum on Specialty Rx Coinsurance Payments?
 - Specialty Rx Coinsurance Maximum: \$1,000
- 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: Silver 4250 HSA
Name: Cigna+Oscar Open Access Plus Silver 4250 HSA
Plan HIOS ID: 13401PA0020013
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output Calculate

Status/Error Messages: Individual Market Silver QHPs must meet a [0, +2] percent de minimis range; Calculation Successful.
 Actuarial Value: 69.56%
 Metal Tier: Silver Off-Exchange and Small Group Market

Additional Notes:

Calculation Time: 0.125 seconds

Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,750.00	\$0.00		\$4,750.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	75.00%	100.00%		75.00%	100.00%	
MOOP (\$)	\$9,400.00			\$9,400.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$88.27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$88.27	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$346.16	<input type="checkbox"/>	<input type="checkbox"/>		\$346.16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.04	<input type="checkbox"/>	<input type="checkbox"/>		\$24.04	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

- Set a Maximum on Specialty Rx Coinsurance Payments?
 - Specialty Rx Coinsurance Maximum: \$1,000
- Set a Maximum Number of Days for Charging an IP Copay?
 - # Days (1-10): 5
- 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: Silver \$4750
Name: Cigna+Oscar Open Access Plus Silver \$4750
Plan HIOS ID: 13401PA0020014
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.18%

Metal Tier:

Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1484 seconds

Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,300.00	\$0.00		\$5,300.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%		80.00%	100.00%	
MOOP (\$)	\$9,400.00			\$9,400.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$476.82	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$476.82	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$88.27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$88.27	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.04	<input type="checkbox"/>	<input type="checkbox"/>		\$24.04	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? \$1,000

Specialty Rx Coinsurance Maximum: \$1,000

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: Silver \$5300
Name: Cigna+Oscar Open Access Plus Silver \$5300
Plan HIOS ID: 13401PA0020015
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.57%
 Metal Tier: Silver
 Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.1602 seconds
Final 2024 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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$6,100.00		\$1,000.00	\$6,100.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%		70.00%	100.00%	
MOOP (\$)	\$9,400.00			\$9,400.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical										
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,033.52	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,033.52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$2,166.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$2,166.15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$126.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$126.21	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	60%	\$95.00	<input type="checkbox"/>	<input type="checkbox"/>	60%	\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<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 type="checkbox"/>		\$2,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$695.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$695.17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs										
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$28.05	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$28.05	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

- Set a Maximum on Specialty Rx Coinsurance Payments?
 - Specialty Rx Coinsurance Maximum: \$500
- Set a Maximum Number of Days for Charging an IP Copay?
 - # Days (1-10): 3
- 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: Bronze \$1000
Name: Cigna+Oscar Open Access Plus Bronze \$1000
Plan HIOS ID: 13401PA0020017
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.77%
 Metal Tier: Bronze
 Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
 Calculation Time: 0.293 seconds
Final 2024 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?

HSA/HRA Options <input type="checkbox"/>	Tiered Network Option <input checked="" type="checkbox"/>
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

Desired Metal Tier: Bronze

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$3,100.00		\$3,000.00	\$3,100.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%		70.00%	100.00%	
MOOP (\$)	\$9,400.00			\$9,400.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,033.52	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,033.52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$2,166.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$2,166.15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$109.35	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$109.35	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<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 type="checkbox"/>		\$2,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$489.28	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$489.28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$28.05	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$28.05	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	<input checked="" type="checkbox"/> \$500
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input type="text" value="3"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="text" value=""/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="text" value=""/>

Plan Description: Bronze \$3000
Name: Cigna+Oscar Open Access Plus Bronze \$3000
Plan HIOS ID: 13401PA0020018
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output Calculate

Status/Error Messages:

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

Actuarial Value:

64.23%

Metal Tier:

Bronze

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1445 seconds

Final 2024 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

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: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,750.00			
Coinsurance (%; Insurer's Cost Share)			60.00%			
MOOP (\$)			\$8,000.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%		<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"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.02	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

- Set a Maximum on Specialty Rx Coinsurance Payments?
- Specialty Rx Coinsurance Maximum:
- Set a Maximum Number of Days for Charging an IP Copay?
- Begin Primary Care Cost-Sharing After a Set Number of Visits?
- Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Plan Description: Bronze 5750 HSA
Name: Cigna+Oscar Open Access Plus Bronze 5750 HSA
Plan HIOS ID: 13401PA0020019
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 63.82%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.0605 seconds
Final 2024 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

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: 56%
	2nd Tier Utilization: 44%

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86%		<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"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$12.02	<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"/>		\$75.00	<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"/>		\$250.00	<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"/>	50%		<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="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description: Bronze 8000 HSA

Name: Cigna+Oscar Open Access Plus Bronze 8000 HSA
Plan HIOS ID: 13401PA0020024
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Output Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 62.92%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1768 seconds

Final 2024 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? Bronze ▼

HSA/HRA Options <input type="checkbox"/>	Tiered Network Option <input type="checkbox"/>
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 56%
	2nd Tier Utilization: 44%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$9,400.00	\$3,000.00	\$3,100.00	
Coinsurance (%; Insurer's Cost Share)			100.00%	70.00%	100.00%	
MOOP (\$)			\$9,400.00	\$9,400.00		
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,033.52	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$2,166.15	<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"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<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"/>		\$109.35	<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"/>	60%	\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<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"/>		\$489.28	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$28.05	<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"/>	50%		<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"/>	50%		<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"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description: Bronze \$9400
Name: Cigna+Oscar Open Access Plus Bronze \$9400
Plan HIOS ID: 13401PA0020023
Issuer HIOS ID: 13401
AVC Version: 2024_1e

Base AV: **61.96%**
 Copay for Preventive Rx Adjustment Factor: **1.0055**
 Final Adjusted AV: **62.30%**

Output

Status/Error Messages:

Actuarial Value:
Metal Tier:

Calculation Successful.

61.96%
Bronze

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

Additional Notes:

Calculation Time:

0.2578 seconds

Final 2024 AV Calculator

Unique Plan Design—Supporting Documentation and Justification

Health Insurance Oversight System (HIOS) Issuer ID:

13401

HIOS Product IDs:

13401PA002

Applicable HIOS Plan IDs (Standard Component):

13401PA0020002, 13401PA0020010

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

Lab, X-ray, Advanced imaging services with a coinsurance prior to the deductible being met - The proposed plans in this filing offer certain lab, x-ray, advanced imaging services with a coinsurance that applies before the deductible has been met. Per line 248 of the AV Calculator User Guide, the AV Calculator assumes that the plan covers 100% of the cost when that service is listed as having a coinsurance applying before the deductible is met. An adjustment to the actuarial value output is therefore required to account for the expected difference in actuarial value due to the member sharing in the cost of the aforementioned services prior to the deductible being met.

Acceptable alternate method used per Code of Federal Regulation (CFR) 156.135(b)(2) or 156.135(b)(3):

Services with a coinsurance prior to the deductible being met – 156.135(b)(3).

Confirmation that only in-network cost sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

Description of the standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the aforementioned unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the multiplicative factor development, as discussed in the following section, Cigna's overall book of business and population was used in order to develop the adjustment factor applied to the output of the AV Calculator.

If the method described in CFR 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

- Lab services with a coinsurance prior to the deductible being met – The standard AV Calculator output was adjusted by a multiplicative factor to account for the expected decrease in AV due to members sharing in the cost of labs during the deductible phase. The factors were generated for each impacted plan using Cigna's internal rating model.

- X-ray services with a coinsurance prior to the deductible being met – The standard AV Calculator output was adjusted by a multiplicative factor to account for the expected decrease in AV due to members sharing in the cost of x-rays during the deductible phase. The factors were generated for each impacted plan using Cigna's internal rating model.
- Advanced imaging services with a coinsurance prior to the deductible being met – The standard AV Calculator output was adjusted by a multiplicative factor to account for the expected decrease in AV due to members sharing in the cost of advanced imaging during the deductible phase. The factors were generated for each impacted plan using Cigna's internal rating model.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was:

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

Reliance:

I relied upon Brian Bates, Product Management Senior Advisor, to complete the Actuarial Value Calculator for each plan in this filing and to evaluate if the actuarial values continued to fall within the acceptable metallic AV ranges after the adjustment(s) described above were completed.

Actuary Signature:



Actuary Printed Name: Zachary Moon, FSA, MAAA

Date: 5/17/2023

Unique Plan Design—Supporting Documentation and Justification

Health Insurance Oversight System (HIOS) Issuer ID:

13401

HIOS Product IDs:

13401PA002

Applicable HIOS Plan IDs (Standard Component):

13401PA0020023

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

Copay for Preventive Drugs – The proposed plans in this filing only apply a copay for preventive preferred generic/non-preferred generic/preferred brand-name/non-preferred brand-name drugs, instead of subjecting them to deductibles. This was not compatible with the parameters of the AV Calculator.

Acceptable alternate method used per Code of Federal Regulation (CFR) 156.135(b)(2) or 156.135(b)(3):

Copay for Preventive Drugs – 156.135(b)(3).

Confirmation that only in-network cost sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

Description of the standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the aforementioned unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the multiplicative factor development, as discussed in the following section, Cigna's overall book of business and population was used in order to develop the adjustment factor applied to the output of the AV Calculator.

If the method described in CFR 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

Copay for Preventive Drugs – The standard AV Calculator output was adjusted by a multiplicative factor to account for the expected increased AV due to the richer benefit provided for these certain prescription drugs. The factors were generated for each plan using Cigna's internal rating model.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was:

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

Reliance:

I relied upon Brian Bates, Product Management Senior Advisor, to complete the Actuarial Value Calculator for each plan in this filing and to evaluate if the actuarial values continued to fall within the acceptable metallic AV ranges after the adjustment(s) described above were completed.

Actuary Signature:A handwritten signature in black ink, appearing to read "Zachary Moon", written in a cursive style.

Actuary Printed Name: Zachary Moon, FSA, MAAA

Date: 5/17/2023

Unique Plan Design—Supporting Documentation and Justification

Health Insurance Oversight System (HIOS) Issuer ID:

13401

HIOS Product IDs:

13401PA002

Applicable HIOS Plan IDs (Standard Component):

13401PA0020001, 13401PA0020002, 13401PA0020003, 13401PA0020004, 13401PA0020005, 13401PA0020006, 13401PA0020007, 13401PA0020010, 13401PA0020011, 13401PA0020012, 13401PA0020013, 13401PA0020014, 13401PA0020015, 13401PA0020017, 13401PA0020018, 13401PA0020021

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

Cost-Sharing for Initial ER Visit vs. ER Visit 2+ – The proposed plans in this filing apply a different cost share amount to ER visits after the initial ER visit. Since the AV calculator does not support that level of granularity, the cost share for the benefit was not compatible with the existing parameters of the AV calculator.

Acceptable alternate method used per Code of Federal Regulation (CFR) 156.135(b)(2) or 156.135(b)(3):

Cost-Sharing for Initial ER Visit vs. ER Visit 2+ – 156.135(b)(2)

Confirmation that only in-network cost sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

Description of the standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the aforementioned unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the weighted average cost sharing calculation, as discussed in the following section, Cigna's overall book of business and population was used in order to develop the inputs entered into the AV Calculator.

If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:

Cost-Sharing for Initial ER Visit vs. ER Visit 2+ – In order to use the AV calculator, we have blended the cost-sharing for ER Visit 1 and ER Visit 2+ outside of the tool based on Cigna's overall book of business and population to calculate a single copay or coinsurance percentage for ER visits that can be entered into the AV calculator.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was:

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

Reliance:

I relied upon Brian Bates, Product Management Senior Advisor, to complete the Actuarial Value Calculator for each plan in this filing and to evaluate if the actuarial values continued to fall within the acceptable metallic AV ranges after the adjustment(s) described above were completed.

Actuary Signature:A handwritten signature in black ink, appearing to read "Zachary Moon", written in a cursive style.

Actuary Printed Name: Zachary Moon, FSA, MAAA

Date: 5/17/2023

Unique Plan Design—Supporting Documentation and Justification

Health Insurance Oversight System (HIOS) Issuer ID:

13401

HIOS Product IDs:

13401PA002

Applicable HIOS Plan IDs (Standard Component):

13401PA0020011, 13401PA0020017, 13401PA0020018, 13401PA0020021

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

Cost-Sharing for Inpatient Facility vs. Inpatient Physician - The proposed plans in this filing offer a different cost structure for Inpatient Facility services versus Inpatient Physician services. Since the AV calculator does not support that level of granularity, the cost share for the benefit was not compatible with the existing parameters of the AV calculator.

Acceptable alternate method used per Code of Federal Regulation (CFR) 156.135(b)(2) or 156.135(b)(3):

Cost-Sharing for Inpatient Facility vs. Inpatient Physician - 156.135(b)(2)

Confirmation that only in-network cost sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

Description of the standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the aforementioned unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the weighted average cost sharing calculation, as discussed in the following section, Cigna's overall book of business and population was used in order to develop the inputs entered into the AV Calculator.

If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:

Cost-Sharing for Inpatient Facility vs. Inpatient Physician – In order to use the AV calculator, we have blended the cost-sharing for Inpatient Facility and Inpatient Physician services outside of the tool based on Cigna's overall book of business and population as well as average costs and length of stay to calculate a single copay or coinsurance percentage that can be entered into the AV Calculator for all Inpatient Hospital services.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was:

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

Reliance:

I relied upon Brian Bates, Product Management Senior Advisor, to complete the Actuarial Value Calculator for each plan in this filing and to evaluate if the actuarial values continued to fall within the acceptable metallic AV ranges after the adjustment(s) described above were completed.

Actuary Signature:A handwritten signature in black ink, appearing to read "Zachary Moon".

Actuary Printed Name: Zachary Moon, FSA, MAAA

Date: 5/17/2023

Unique Plan Design—Supporting Documentation and Justification

Health Insurance Oversight System (HIOS) Issuer ID:

13401

HIOS Product IDs:

13401PA002

Applicable HIOS Plan IDs (Standard Component):

13401PA0020001, 13401PA0020002, 13401PA0020003, 13401PA0020004, 13401PA0020005, 13401PA0020006, 13401PA0020007, 13401PA0020010, 13401PA0020011, 13401PA0020012, 13401PA0020013, 13401PA0020014, 13401PA0020015, 13401PA0020017, 13401PA0020018, 13401PA0020021

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

Cost-Sharing for Lab Service in Office/Independent vs. Outpatient Settings – The proposed plans in this filing offer a different cost structure for Lab Service in office and independent settings versus an outpatient setting. Since the AV Calculator does not allow for separate cost share inputs for different settings, the cost share for the Lab Service benefit was not compatible with the parameters of the AV Calculator.

Acceptable alternate method used per Code of Federal Regulation (CFR) 156.135(b)(2) or 156.135(b)(3):

Cost-Sharing for Lab Service in Office/Independent vs. Outpatient Settings – 156.135(b)(2).

Confirmation that only in-network cost sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

Description of the standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the aforementioned unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the weighted average cost sharing calculation, as discussed in the following section, Cigna's overall book of business and population was used in order to develop the inputs entered into the AV Calculator.

If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:

Cost-Sharing for Lab Service in Office/Independent vs. Outpatient Settings – In order to use the AV calculator, we used the Tiered Network Option within in the AV Calculator, with Tier 1 representing Office/Independent Settings and Tier 2 representing Outpatient Settings. The utilization weights for the two tiers are based on Cigna's overall book of business and population.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was:

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

Reliance:

I relied upon Brian Bates, Product Management Senior Advisor, to complete the Actuarial Value Calculator for each plan in this filing and to evaluate if the actuarial values continued to fall within the acceptable metallic AV ranges after the adjustment(s) described above were completed.

Actuary Signature:A handwritten signature in cursive script, appearing to read "Zachary Moon".

Actuary Printed Name: Zachary Moon, FSA, MAAA

Date: 5/17/2023

Unique Plan Design—Supporting Documentation and Justification

Health Insurance Oversight System (HIOS) Issuer ID:

13401

HIOS Product IDs:

13401PA002

Applicable HIOS Plan IDs (Standard Component):

13401PA0020001, 13401PA0020002, 13401PA0020003, 13401PA0020004, 13401PA0020005, 13401PA0020006, 13401PA0020007, 13401PA0020010, 13401PA0020011, 13401PA0020014, 13401PA0020015, 13401PA0020017, 13401PA0020018, 13401PA0020021

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

Cost-Sharing for Mental Health Service in Office vs. Other Settings – The proposed plans in this filing offer a different cost structure for Mental Health Service in office settings versus other outpatient settings. Since the AV Calculator does not allow for separate cost share inputs for different settings, the cost share for the Mental Health Service benefit was not compatible with the parameters of the AV Calculator.

Acceptable alternate method used per Code of Federal Regulation (CFR) 156.135(b)(2) or 156.135(b)(3):

Cost-Sharing for Mental Health Service in Office vs. Other Settings – 156.135(b)(2).

Confirmation that only in-network cost sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

Description of the standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the aforementioned unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the weighted average cost sharing calculation, as discussed in the following section, Cigna's overall book of business and population was used in order to develop the inputs entered into the AV Calculator.

If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:

Cost-Sharing for Mental Health Service in Office vs. Other Settings – In order to use the AV calculator, we have blended the cost-sharing for Mental Health services delivered in an office setting and Mental Health services delivered at other outpatient settings outside of the tool based on Cigna's overall book of business and population.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was:

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

Reliance:

I relied upon Brian Bates, Product Management Senior Advisor, to complete the Actuarial Value Calculator for each plan in this filing and to evaluate if the actuarial values continued to fall within the acceptable metallic AV ranges after the adjustment(s) described above were completed.

Actuary Signature:A handwritten signature in black ink, appearing to read "Zachary Moon", written in a cursive style.

Actuary Printed Name: Zachary Moon, FSA, MAAA

Date: 5/17/2023

Unique Plan Design—Supporting Documentation and Justification

Health Insurance Oversight System (HIOS) Issuer ID:

13401

HIOS Product IDs:

13401PA002

Applicable HIOS Plan IDs (Standard Component):

13401PA0020001, 13401PA0020002, 13401PA0020003, 13401PA0020007, 13401PA0020011, 13401PA0020014, 13401PA0020017, 13401PA0020018, 13401PA0020021

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

Cost-Sharing for Outpatient Surgery vs. Outpatient Non-Surgery - The proposed plans in this filing offer a different cost structure for outpatient surgery in a facility versus other non-surgical outpatient services. Since the AV Calculator does not allow for separate cost share inputs, the cost share for the Outpatient Facility Fee line was not compatible with the parameters of the AV Calculator.

Acceptable alternate method used per Code of Federal Regulation (CFR) 156.135(b)(2) or 156.135(b)(3):

Cost-Sharing for Outpatient Surgery vs. Outpatient Non-Surgery – 156.135(b)(2).

Confirmation that only in-network cost sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

Description of the standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the aforementioned unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the weighted average cost sharing calculation, as discussed in the following section, Cigna's overall book of business and population was used in order to develop the inputs entered into the AV Calculator.

If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:

Cost-Sharing for Outpatient Surgery vs. Outpatient Non-Surgery – In order to use the AV calculator, we have blended the cost-sharing for outpatient surgery in a facility and other non-surgical outpatient services outside of the tool based on Cigna's overall book of business and population.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was:

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

Reliance:

I relied upon Brian Bates, Product Management Senior Advisor, to complete the Actuarial Value Calculator for each plan in this filing and to evaluate if the actuarial values continued to fall within the acceptable metallic AV ranges after the adjustment(s) described above were completed.

Actuary Signature:A handwritten signature in black ink, appearing to read "Zachary Moon".

Actuary Printed Name: Zachary Moon, FSA, MAAA

Date: 5/17/2023

Unique Plan Design—Supporting Documentation and Justification

Health Insurance Oversight System (HIOS) Issuer ID:

13401

HIOS Product IDs:

13401PA002

Applicable HIOS Plan IDs (Standard Component):

13401PA0020001, 13401PA0020002, 13401PA0020003, 13401PA0020004, 13401PA0020005, 13401PA0020006, 13401PA0020007, 13401PA0020009, 13401PA0020010, 13401PA0020011, 13401PA0020012, 13401PA0020013, 13401PA0020014, 13401PA0020015, 13401PA0020017, 13401PA0020018, 13401PA0020019, 13401PA0020021

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

Pharmacy Generic Drugs – The plans proposed in this filing have a five-tier pharmacy benefit design as opposed to the four-tier design that the AV Calculator can accept. Tiers 1 and 2 on the CHLIC plans divide the generic tier into two buckets and then tiers 3, 4 and 5 correspond to tiers 2, 3 and 4 in the calculator. Since the AV Calculator only allows for four tiers on the pharmacy benefit design, an alternative methodology was deemed necessary.

Acceptable alternate method used per Code of Federal Regulation (CFR) 156.135(b)(2) or 156.135(b)(3):

Pharmacy Generic Drugs – 156.135(b)(2).

Confirmation that only in-network cost sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

Description of the standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the aforementioned unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the weighted average cost sharing calculation, as discussed in the following section, Cigna's overall book of business and population was used in order to develop the inputs entered into the AV Calculator.

If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:

Pharmacy Generic Drugs – In order to use the AV calculator, we have blended the cost-sharing for CHLIC tiers 1 & 2 outside of the tool based on Cigna's overall book of business and population and average costs per prescription for these tiers to calculate a single copay or coinsurance percentage that can be entered into the AV Calculator for Tier-1.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was:

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

Reliance:

I relied upon Brian Bates, Product Management Senior Advisor, to complete the Actuarial Value Calculator for each plan in this filing and to evaluate if the actuarial values continued to fall within the acceptable metallic AV ranges after the adjustment(s) described above were completed.

Actuary Signature:A handwritten signature in black ink, appearing to read "Zachary Moon", written in a cursive style.

Actuary Printed Name: Zachary Moon, FSA, MAAA

Date: 5/17/2023

2024 Rates Table Template v13.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.		
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.		
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.		
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.		
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.		
HIOS Issuer ID*	13401			
Rate Effective Date*	1/1/2024			
Rate Expiration Date*	3/31/2024			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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13401PA0020001	Rating Area 8	No Preference	20	492.09
13401PA0020001	Rating Area 8	No Preference	21	507.31
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13401PA0020023 Rating Area 8	No Preference	58	818.35
13401PA0020023 Rating Area 8	No Preference	59	836.01
13401PA0020023 Rating Area 8	No Preference	60	871.66
13401PA0020023 Rating Area 8	No Preference	61	902.49
13401PA0020023 Rating Area 8	No Preference	62	922.73
13401PA0020023 Rating Area 8	No Preference	63	948.10
13401PA0020023 Rating Area 8	No Preference	64 and over	963.51

2024 Rates Table Template v13.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
HIOS Issuer ID*	13401			
Rate Effective Date*	4/1/2024			
Rate Expiration Date*	6/30/2024			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
13401PA0020001	Rating Area 8	No Preference	0-14	397.11
13401PA0020001	Rating Area 8	No Preference	15	432.41
13401PA0020001	Rating Area 8	No Preference	16	445.90
13401PA0020001	Rating Area 8	No Preference	17	459.40
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13401PA0020001	Rating Area 8	No Preference	25	521.17
13401PA0020001	Rating Area 8	No Preference	26	531.56
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13401PA0020001	Rating Area 8	No Preference	33	621.88
13401PA0020001	Rating Area 8	No Preference	34	630.18
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13401PA0020001	Rating Area 8	No Preference	60	1408.83
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13401PA0020014	Rating Area 8	No Preference	63	1129.35
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13401PA0020015	Rating Area 8	No Preference	51	711.31
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13401PA0020015	Rating Area 8	No Preference	54	814.29
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13401PA0020015	Rating Area 8	No Preference	57	929.47
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13401PA0020015	Rating Area 8	No Preference	63	1125.89
13401PA0020015	Rating Area 8	No Preference	64 and over	1144.20

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13401PA0020017	Rating Area 8	No Preference	36	443.97
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13401PA0020019	Rating Area 8	No Preference	56	804.71
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13401PA0020024	Rating Area 8	No Preference	59	891.07
13401PA0020024	Rating Area 8	No Preference	60	929.06
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13401PA0020024	Rating Area 8	No Preference	62	983.49
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13401PA0020023	Rating Area 8	No Preference	19	309.25
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13401PA0020023	Rating Area 8	No Preference	27	344.41
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13401PA0020023	Rating Area 8	No Preference	52	641.49
13401PA0020023	Rating Area 8	No Preference	53	670.41
13401PA0020023	Rating Area 8	No Preference	54	701.63

13401PA0020023 Rating Area 8	No Preference	55	732.86
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13401PA0020023 Rating Area 8	No Preference	57	800.88
13401PA0020023 Rating Area 8	No Preference	58	837.36
13401PA0020023 Rating Area 8	No Preference	59	855.44
13401PA0020023 Rating Area 8	No Preference	60	891.91
13401PA0020023 Rating Area 8	No Preference	61	923.46
13401PA0020023 Rating Area 8	No Preference	62	944.17
13401PA0020023 Rating Area 8	No Preference	63	970.13
13401PA0020023 Rating Area 8	No Preference	64 and over	985.89

2024 Rates Table Template v13.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
HIOS Issuer ID*	13401			
Rate Effective Date*	7/1/2024			
Rate Expiration Date*	9/30/2024			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
13401PA0020001	Rating Area 8	No Preference	0-14	406.37
13401PA0020001	Rating Area 8	No Preference	15	442.49
13401PA0020001	Rating Area 8	No Preference	16	456.30
13401PA0020001	Rating Area 8	No Preference	17	470.11
13401PA0020001	Rating Area 8	No Preference	18	484.99
13401PA0020001	Rating Area 8	No Preference	19	499.86
13401PA0020001	Rating Area 8	No Preference	20	515.27
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13401PA0020001	Rating Area 8	No Preference	23	531.20
13401PA0020001	Rating Area 8	No Preference	24	531.20
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13401PA0020001	Rating Area 8	No Preference	26	543.95
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13401PA0020001	Rating Area 8	No Preference	28	577.42
13401PA0020001	Rating Area 8	No Preference	29	594.42
13401PA0020001	Rating Area 8	No Preference	30	602.91
13401PA0020001	Rating Area 8	No Preference	31	615.66
13401PA0020001	Rating Area 8	No Preference	32	628.41
13401PA0020001	Rating Area 8	No Preference	33	636.38
13401PA0020001	Rating Area 8	No Preference	34	644.88
13401PA0020001	Rating Area 8	No Preference	35	649.13
13401PA0020001	Rating Area 8	No Preference	36	653.38
13401PA0020001	Rating Area 8	No Preference	37	657.63
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13401PA0020001	Rating Area 8	No Preference	39	670.38
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13401PA0020001	Rating Area 8	No Preference	44	742.09
13401PA0020001	Rating Area 8	No Preference	45	767.06
13401PA0020001	Rating Area 8	No Preference	46	796.80
13401PA0020001	Rating Area 8	No Preference	47	830.27
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13401PA0020001	Rating Area 8	No Preference	49	906.23
13401PA0020001	Rating Area 8	No Preference	50	948.73
13401PA0020001	Rating Area 8	No Preference	51	990.69
13401PA0020001	Rating Area 8	No Preference	52	1036.91
13401PA0020001	Rating Area 8	No Preference	53	1083.65
13401PA0020001	Rating Area 8	No Preference	54	1134.12
13401PA0020001	Rating Area 8	No Preference	55	1184.58
13401PA0020001	Rating Area 8	No Preference	56	1239.29
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13401PA0020001	Rating Area 8	No Preference	62	1526.14
13401PA0020001	Rating Area 8	No Preference	63	1568.11
13401PA0020001	Rating Area 8	No Preference	64 and over	1593.60
13401PA0020002	Rating Area 8	No Preference	0-14	397.17
13401PA0020002	Rating Area 8	No Preference	15	432.47
13401PA0020002	Rating Area 8	No Preference	16	445.97
13401PA0020002	Rating Area 8	No Preference	17	459.47
13401PA0020002	Rating Area 8	No Preference	18	474.00
13401PA0020002	Rating Area 8	No Preference	19	488.54
13401PA0020002	Rating Area 8	No Preference	20	503.60
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13401PA0020002	Rating Area 8	No Preference	24	519.17
13401PA0020002	Rating Area 8	No Preference	25	521.25
13401PA0020002	Rating Area 8	No Preference	26	531.63
13401PA0020002	Rating Area 8	No Preference	27	544.09
13401PA0020002	Rating Area 8	No Preference	28	564.34
13401PA0020002	Rating Area 8	No Preference	29	580.95
13401PA0020002	Rating Area 8	No Preference	30	589.26
13401PA0020002	Rating Area 8	No Preference	31	601.72
13401PA0020002	Rating Area 8	No Preference	32	614.18
13401PA0020002	Rating Area 8	No Preference	33	621.97
13401PA0020002	Rating Area 8	No Preference	34	630.27
13401PA0020002	Rating Area 8	No Preference	35	634.43
13401PA0020002	Rating Area 8	No Preference	36	638.58
13401PA0020002	Rating Area 8	No Preference	37	642.73
13401PA0020002	Rating Area 8	No Preference	38	646.89
13401PA0020002	Rating Area 8	No Preference	39	655.19
13401PA0020002	Rating Area 8	No Preference	40	663.50
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13401PA0020011	Rating Area 8	No Preference	15	338.66
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13401PA0020011	Rating Area 8	No Preference	18	371.19
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13401PA0020011	Rating Area 8	No Preference	25	408.18

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13401PA0020011	Rating Area 8	No Preference	32	480.96
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13401PA0020011	Rating Area 8	No Preference	34	493.56
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13401PA0020011	Rating Area 8	No Preference	50	726.11
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13401PA0020011	Rating Area 8	No Preference	61	1142.42
13401PA0020011	Rating Area 8	No Preference	62	1168.04
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13401PA0020011	Rating Area 8	No Preference	64 and over	1219.67
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13401PA0020012	Rating Area 8	No Preference	63	1119.18
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13401PA0020021	Rating Area 8	No Preference	61	1115.66
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13401PA0020021	Rating Area 8	No Preference	63	1172.04
13401PA0020021	Rating Area 8	No Preference	64 and over	1191.09
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13401PA0020013	Rating Area 8	No Preference	51	670.80
13401PA0020013	Rating Area 8	No Preference	52	702.10
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13401PA0020013	Rating Area 8	No Preference	54	767.92
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13401PA0020013	Rating Area 8	No Preference	63	1061.78
13401PA0020013	Rating Area 8	No Preference	64 and over	1079.04
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13401PA0020014	Rating Area 8	No Preference	57	954.07
13401PA0020014	Rating Area 8	No Preference	58	997.53
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13401PA0020014	Rating Area 8	No Preference	62	1124.76
13401PA0020014	Rating Area 8	No Preference	63	1155.69
13401PA0020014	Rating Area 8	No Preference	64 and over	1174.47
13401PA0020015	Rating Area 8	No Preference	0-14	298.57
13401PA0020015	Rating Area 8	No Preference	15	325.11

13401PA0020015	Rating Area 8	No Preference	16	335.26
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13401PA0020015	Rating Area 8	No Preference	42	517.14
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13401PA0020015	Rating Area 8	No Preference	55	870.35
13401PA0020015	Rating Area 8	No Preference	56	910.55
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13401PA0020015	Rating Area 8	No Preference	58	994.47
13401PA0020015	Rating Area 8	No Preference	59	1015.93
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13401PA0020015	Rating Area 8	No Preference	62	1121.31
13401PA0020015	Rating Area 8	No Preference	63	1152.15
13401PA0020015	Rating Area 8	No Preference	64 and over	1170.87

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13401PA0020017	Rating Area 8	No Preference	30	419.24
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13401PA0020017	Rating Area 8	No Preference	32	436.97
13401PA0020017	Rating Area 8	No Preference	33	442.51
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13401PA0020017	Rating Area 8	No Preference	61	1037.93
13401PA0020017	Rating Area 8	No Preference	62	1061.20

13401PA0020017	Rating Area 8	No Preference	63	1090.39
13401PA0020017	Rating Area 8	No Preference	64 and over	1108.11
13401PA0020018	Rating Area 8	No Preference	0-14	274.25
13401PA0020018	Rating Area 8	No Preference	15	298.62
13401PA0020018	Rating Area 8	No Preference	16	307.94
13401PA0020018	Rating Area 8	No Preference	17	317.27
13401PA0020018	Rating Area 8	No Preference	18	327.30
13401PA0020018	Rating Area 8	No Preference	19	337.34
13401PA0020018	Rating Area 8	No Preference	20	347.74
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13401PA0020018	Rating Area 8	No Preference	30	406.89
13401PA0020018	Rating Area 8	No Preference	31	415.49
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13401PA0020018	Rating Area 8	No Preference	33	429.47
13401PA0020018	Rating Area 8	No Preference	34	435.21
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13401PA0020024	Rating Area 8	No Preference	62	1006.43
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13401PA0020023	Rating Area 8	No Preference	49	573.72
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13401PA0020023	Rating Area 8	No Preference	51	627.20
13401PA0020023	Rating Area 8	No Preference	52	656.45
13401PA0020023	Rating Area 8	No Preference	53	686.05
13401PA0020023	Rating Area 8	No Preference	54	718.00

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13401PA0020023 Rating Area 8	No Preference	57	819.56
13401PA0020023 Rating Area 8	No Preference	58	856.89
13401PA0020023 Rating Area 8	No Preference	59	875.38
13401PA0020023 Rating Area 8	No Preference	60	912.71
13401PA0020023 Rating Area 8	No Preference	61	945.00
13401PA0020023 Rating Area 8	No Preference	62	966.18
13401PA0020023 Rating Area 8	No Preference	63	992.75
13401PA0020023 Rating Area 8	No Preference	64 and over	1008.89

2024 Rates Table Template v13.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
HIOS Issuer ID*	13401			
Rate Effective Date*	10/1/2024			
Rate Expiration Date*	12/31/2024			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
13401PA0020001	Rating Area 8	No Preference	0-14	415.88
13401PA0020001	Rating Area 8	No Preference	15	452.85
13401PA0020001	Rating Area 8	No Preference	16	466.98
13401PA0020001	Rating Area 8	No Preference	17	481.12
13401PA0020001	Rating Area 8	No Preference	18	496.34
13401PA0020001	Rating Area 8	No Preference	19	511.56
13401PA0020001	Rating Area 8	No Preference	20	527.32
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13401PA0020001	Rating Area 8	No Preference	22	543.63
13401PA0020001	Rating Area 8	No Preference	23	543.63
13401PA0020001	Rating Area 8	No Preference	24	543.63
13401PA0020001	Rating Area 8	No Preference	25	545.81
13401PA0020001	Rating Area 8	No Preference	26	556.68
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13401PA0020001	Rating Area 8	No Preference	28	590.93
13401PA0020001	Rating Area 8	No Preference	29	608.33
13401PA0020001	Rating Area 8	No Preference	30	617.02
13401PA0020001	Rating Area 8	No Preference	31	630.07
13401PA0020001	Rating Area 8	No Preference	32	643.12
13401PA0020001	Rating Area 8	No Preference	33	651.27
13401PA0020001	Rating Area 8	No Preference	34	659.97
13401PA0020001	Rating Area 8	No Preference	35	664.32
13401PA0020001	Rating Area 8	No Preference	36	668.67
13401PA0020001	Rating Area 8	No Preference	37	673.02
13401PA0020001	Rating Area 8	No Preference	38	677.37
13401PA0020001	Rating Area 8	No Preference	39	686.06
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13401PA0020001	Rating Area 8	No Preference	41	707.81
13401PA0020001	Rating Area 8	No Preference	42	720.31
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13401PA0020001	Rating Area 8	No Preference	53	1109.01
13401PA0020001	Rating Area 8	No Preference	54	1160.66
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13401PA0020001	Rating Area 8	No Preference	56	1268.30
13401PA0020001	Rating Area 8	No Preference	57	1324.83
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13401PA0020001	Rating Area 8	No Preference	60	1475.42
13401PA0020001	Rating Area 8	No Preference	61	1527.61
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13401PA0020001	Rating Area 8	No Preference	63	1604.80
13401PA0020001	Rating Area 8	No Preference	64 and over	1630.89
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13401PA0020002	Rating Area 8	No Preference	15	442.59
13401PA0020002	Rating Area 8	No Preference	16	456.40
13401PA0020002	Rating Area 8	No Preference	17	470.22
13401PA0020002	Rating Area 8	No Preference	18	485.10
13401PA0020002	Rating Area 8	No Preference	19	499.97
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13401PA0020002	Rating Area 8	No Preference	24	531.32
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13401PA0020002	Rating Area 8	No Preference	32	628.55
13401PA0020002	Rating Area 8	No Preference	33	636.52
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13401PA0020002	Rating Area 8	No Preference	35	649.27
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13401PA0020002	Rating Area 8	No Preference	38	662.02
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13401PA0020002	Rating Area 8	No Preference	54	1134.37
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13401PA0020002	Rating Area 8	No Preference	62	1526.48
13401PA0020002	Rating Area 8	No Preference	63	1568.46
13401PA0020002	Rating Area 8	No Preference	64 and over	1593.96
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13401PA0020003	Rating Area 8	No Preference	15	410.29
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13401PA0020003	Rating Area 8	No Preference	17	435.90
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13401PA0020003	Rating Area 8	No Preference	63	1453.99
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13401PA0020004	Rating Area 8	No Preference	15	372.17
13401PA0020004	Rating Area 8	No Preference	16	383.78
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13401PA0020012	Rating Area 8	No Preference	39	489.65
13401PA0020012	Rating Area 8	No Preference	40	495.86
13401PA0020012	Rating Area 8	No Preference	41	505.17
13401PA0020012	Rating Area 8	No Preference	42	514.10
13401PA0020012	Rating Area 8	No Preference	43	526.51
13401PA0020012	Rating Area 8	No Preference	44	542.03
13401PA0020012	Rating Area 8	No Preference	45	560.27
13401PA0020012	Rating Area 8	No Preference	46	582.00
13401PA0020012	Rating Area 8	No Preference	47	606.44
13401PA0020012	Rating Area 8	No Preference	48	634.38
13401PA0020012	Rating Area 8	No Preference	49	661.92
13401PA0020012	Rating Area 8	No Preference	50	692.96
13401PA0020012	Rating Area 8	No Preference	51	723.62
13401PA0020012	Rating Area 8	No Preference	52	757.37
13401PA0020012	Rating Area 8	No Preference	53	791.52
13401PA0020012	Rating Area 8	No Preference	54	828.38
13401PA0020012	Rating Area 8	No Preference	55	865.24
13401PA0020012	Rating Area 8	No Preference	56	905.20
13401PA0020012	Rating Area 8	No Preference	57	945.55
13401PA0020012	Rating Area 8	No Preference	58	988.62
13401PA0020012	Rating Area 8	No Preference	59	1009.96
13401PA0020012	Rating Area 8	No Preference	60	1053.03
13401PA0020012	Rating Area 8	No Preference	61	1090.27
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13401PA0020012	Rating Area 8	No Preference	63	1145.37
13401PA0020012	Rating Area 8	No Preference	64 and over	1163.99
13401PA0020021	Rating Area 8	No Preference	0-14	310.84
13401PA0020021	Rating Area 8	No Preference	15	338.47
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13401PA0020021	Rating Area 8	No Preference	19	382.35
13401PA0020021	Rating Area 8	No Preference	20	394.13
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13401PA0020021	Rating Area 8	No Preference	35	496.53
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13401PA0020021	Rating Area 8	No Preference	38	506.28
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13401PA0020021	Rating Area 8	No Preference	54	867.50
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13401PA0020021	Rating Area 8	No Preference	56	947.95
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13401PA0020021	Rating Area 8	No Preference	60	1102.76
13401PA0020021	Rating Area 8	No Preference	61	1141.77
13401PA0020021	Rating Area 8	No Preference	62	1167.37
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13401PA0020021	Rating Area 8	No Preference	64 and over	1218.96
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13401PA0020013	Rating Area 8	No Preference	29	411.90
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13401PA0020013	Rating Area 8	No Preference	40	470.43
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13401PA0020013	Rating Area 8	No Preference	51	686.50
13401PA0020013	Rating Area 8	No Preference	52	718.53
13401PA0020013	Rating Area 8	No Preference	53	750.92
13401PA0020013	Rating Area 8	No Preference	54	785.89
13401PA0020013	Rating Area 8	No Preference	55	820.86
13401PA0020013	Rating Area 8	No Preference	56	858.77
13401PA0020013	Rating Area 8	No Preference	57	897.05
13401PA0020013	Rating Area 8	No Preference	58	937.91
13401PA0020013	Rating Area 8	No Preference	59	958.16
13401PA0020013	Rating Area 8	No Preference	60	999.02
13401PA0020013	Rating Area 8	No Preference	61	1034.35
13401PA0020013	Rating Area 8	No Preference	62	1057.54
13401PA0020013	Rating Area 8	No Preference	63	1086.62
13401PA0020013	Rating Area 8	No Preference	64 and over	1104.29
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13401PA0020014	Rating Area 8	No Preference	15	333.75
13401PA0020014	Rating Area 8	No Preference	16	344.16
13401PA0020014	Rating Area 8	No Preference	17	354.58

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13401PA0020014	Rating Area 8	No Preference	40	512.04
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13401PA0020014	Rating Area 8	No Preference	50	715.57
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13401PA0020014	Rating Area 8	No Preference	52	782.08
13401PA0020014	Rating Area 8	No Preference	53	817.34
13401PA0020014	Rating Area 8	No Preference	54	855.40
13401PA0020014	Rating Area 8	No Preference	55	893.46
13401PA0020014	Rating Area 8	No Preference	56	934.73
13401PA0020014	Rating Area 8	No Preference	57	976.40
13401PA0020014	Rating Area 8	No Preference	58	1020.87
13401PA0020014	Rating Area 8	No Preference	59	1042.90
13401PA0020014	Rating Area 8	No Preference	60	1087.38
13401PA0020014	Rating Area 8	No Preference	61	1125.84
13401PA0020014	Rating Area 8	No Preference	62	1151.08
13401PA0020014	Rating Area 8	No Preference	63	1182.73
13401PA0020014	Rating Area 8	No Preference	64 and over	1201.95
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13401PA0020015	Rating Area 8	No Preference	15	332.72

13401PA0020015	Rating Area 8	No Preference	16	343.11
13401PA0020015	Rating Area 8	No Preference	17	353.49
13401PA0020015	Rating Area 8	No Preference	18	364.68
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13401PA0020015	Rating Area 8	No Preference	20	387.44
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13401PA0020015	Rating Area 8	No Preference	23	399.43
13401PA0020015	Rating Area 8	No Preference	24	399.43
13401PA0020015	Rating Area 8	No Preference	25	401.02
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13401PA0020015	Rating Area 8	No Preference	28	434.18
13401PA0020015	Rating Area 8	No Preference	29	446.96
13401PA0020015	Rating Area 8	No Preference	30	453.35
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13401PA0020015	Rating Area 8	No Preference	33	478.51
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13401PA0020015	Rating Area 8	No Preference	48	653.06
13401PA0020015	Rating Area 8	No Preference	49	681.42
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13401PA0020015	Rating Area 8	No Preference	51	744.93
13401PA0020015	Rating Area 8	No Preference	52	779.68
13401PA0020015	Rating Area 8	No Preference	53	814.83
13401PA0020015	Rating Area 8	No Preference	54	852.78
13401PA0020015	Rating Area 8	No Preference	55	890.72
13401PA0020015	Rating Area 8	No Preference	56	931.86
13401PA0020015	Rating Area 8	No Preference	57	973.40
13401PA0020015	Rating Area 8	No Preference	58	1017.74
13401PA0020015	Rating Area 8	No Preference	59	1039.71
13401PA0020015	Rating Area 8	No Preference	60	1084.04
13401PA0020015	Rating Area 8	No Preference	61	1122.39
13401PA0020015	Rating Area 8	No Preference	62	1147.55
13401PA0020015	Rating Area 8	No Preference	63	1179.11
13401PA0020015	Rating Area 8	No Preference	64 and over	1198.28

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13401PA0020017	Rating Area 8	No Preference	15	314.89
13401PA0020017	Rating Area 8	No Preference	16	324.72
13401PA0020017	Rating Area 8	No Preference	17	334.54
13401PA0020017	Rating Area 8	No Preference	18	345.13
13401PA0020017	Rating Area 8	No Preference	19	355.71
13401PA0020017	Rating Area 8	No Preference	20	366.67
13401PA0020017	Rating Area 8	No Preference	21	378.02
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13401PA0020017	Rating Area 8	No Preference	24	378.02
13401PA0020017	Rating Area 8	No Preference	25	379.53
13401PA0020017	Rating Area 8	No Preference	26	387.09
13401PA0020017	Rating Area 8	No Preference	27	396.16
13401PA0020017	Rating Area 8	No Preference	28	410.90
13401PA0020017	Rating Area 8	No Preference	29	423.00
13401PA0020017	Rating Area 8	No Preference	30	429.05
13401PA0020017	Rating Area 8	No Preference	31	438.12
13401PA0020017	Rating Area 8	No Preference	32	447.19
13401PA0020017	Rating Area 8	No Preference	33	452.86
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13401PA0020017	Rating Area 8	No Preference	35	461.93
13401PA0020017	Rating Area 8	No Preference	36	464.96
13401PA0020017	Rating Area 8	No Preference	37	467.98
13401PA0020017	Rating Area 8	No Preference	38	471.01
13401PA0020017	Rating Area 8	No Preference	39	477.06
13401PA0020017	Rating Area 8	No Preference	40	483.10
13401PA0020017	Rating Area 8	No Preference	41	492.18
13401PA0020017	Rating Area 8	No Preference	42	500.87
13401PA0020017	Rating Area 8	No Preference	43	512.97
13401PA0020017	Rating Area 8	No Preference	44	528.09
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13401PA0020017	Rating Area 8	No Preference	52	737.89
13401PA0020017	Rating Area 8	No Preference	53	771.15
13401PA0020017	Rating Area 8	No Preference	54	807.06
13401PA0020017	Rating Area 8	No Preference	55	842.97
13401PA0020017	Rating Area 8	No Preference	56	881.91
13401PA0020017	Rating Area 8	No Preference	57	921.22
13401PA0020017	Rating Area 8	No Preference	58	963.18
13401PA0020017	Rating Area 8	No Preference	59	983.97
13401PA0020017	Rating Area 8	No Preference	60	1025.93
13401PA0020017	Rating Area 8	No Preference	61	1062.22
13401PA0020017	Rating Area 8	No Preference	62	1086.04

13401PA0020017	Rating Area 8	No Preference	63	1115.90
13401PA0020017	Rating Area 8	No Preference	64 and over	1134.05
13401PA0020018	Rating Area 8	No Preference	0-14	280.66
13401PA0020018	Rating Area 8	No Preference	15	305.61
13401PA0020018	Rating Area 8	No Preference	16	315.15
13401PA0020018	Rating Area 8	No Preference	17	324.69
13401PA0020018	Rating Area 8	No Preference	18	334.96
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13401PA0020018	Rating Area 8	No Preference	28	398.80
13401PA0020018	Rating Area 8	No Preference	29	410.54
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13401PA0020018	Rating Area 8	No Preference	31	425.22
13401PA0020018	Rating Area 8	No Preference	32	434.02
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13401PA0020018	Rating Area 8	No Preference	34	445.39
13401PA0020018	Rating Area 8	No Preference	35	448.33
13401PA0020018	Rating Area 8	No Preference	36	451.26
13401PA0020018	Rating Area 8	No Preference	37	454.20
13401PA0020018	Rating Area 8	No Preference	38	457.13
13401PA0020018	Rating Area 8	No Preference	39	463.00
13401PA0020018	Rating Area 8	No Preference	40	468.87
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13401PA0020018	Rating Area 8	No Preference	43	497.86
13401PA0020018	Rating Area 8	No Preference	44	512.53
13401PA0020018	Rating Area 8	No Preference	45	529.78
13401PA0020018	Rating Area 8	No Preference	46	550.32
13401PA0020018	Rating Area 8	No Preference	47	573.44
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13401PA0020018	Rating Area 8	No Preference	50	655.25
13401PA0020018	Rating Area 8	No Preference	51	684.23
13401PA0020018	Rating Area 8	No Preference	52	716.15
13401PA0020018	Rating Area 8	No Preference	53	748.44
13401PA0020018	Rating Area 8	No Preference	54	783.29
13401PA0020018	Rating Area 8	No Preference	55	818.15
13401PA0020018	Rating Area 8	No Preference	56	855.93
13401PA0020018	Rating Area 8	No Preference	57	894.09
13401PA0020018	Rating Area 8	No Preference	58	934.81
13401PA0020018	Rating Area 8	No Preference	59	954.99
13401PA0020018	Rating Area 8	No Preference	60	995.72

13401PA0020018	Rating Area 8	No Preference	61	1030.94
13401PA0020018	Rating Area 8	No Preference	62	1054.05
13401PA0020018	Rating Area 8	No Preference	63	1083.03
13401PA0020018	Rating Area 8	No Preference	64 and over	1100.64
13401PA0020019	Rating Area 8	No Preference	0-14	276.34
13401PA0020019	Rating Area 8	No Preference	15	300.90
13401PA0020019	Rating Area 8	No Preference	16	310.29
13401PA0020019	Rating Area 8	No Preference	17	319.69
13401PA0020019	Rating Area 8	No Preference	18	329.80
13401PA0020019	Rating Area 8	No Preference	19	339.91
13401PA0020019	Rating Area 8	No Preference	20	350.39
13401PA0020019	Rating Area 8	No Preference	21	361.23
13401PA0020019	Rating Area 8	No Preference	22	361.23
13401PA0020019	Rating Area 8	No Preference	23	361.23
13401PA0020019	Rating Area 8	No Preference	24	361.23
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13401PA0020019	Rating Area 8	No Preference	26	369.90
13401PA0020019	Rating Area 8	No Preference	27	378.57
13401PA0020019	Rating Area 8	No Preference	28	392.65
13401PA0020019	Rating Area 8	No Preference	29	404.21
13401PA0020019	Rating Area 8	No Preference	30	409.99
13401PA0020019	Rating Area 8	No Preference	31	418.66
13401PA0020019	Rating Area 8	No Preference	32	427.33
13401PA0020019	Rating Area 8	No Preference	33	432.75
13401PA0020019	Rating Area 8	No Preference	34	438.53
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13401PA0020019	Rating Area 8	No Preference	36	444.31
13401PA0020019	Rating Area 8	No Preference	37	447.20
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13401PA0020019	Rating Area 8	No Preference	40	461.65
13401PA0020019	Rating Area 8	No Preference	41	470.32
13401PA0020019	Rating Area 8	No Preference	42	478.63
13401PA0020019	Rating Area 8	No Preference	43	490.18
13401PA0020019	Rating Area 8	No Preference	44	504.63
13401PA0020019	Rating Area 8	No Preference	45	521.61
13401PA0020019	Rating Area 8	No Preference	46	541.84
13401PA0020019	Rating Area 8	No Preference	47	564.60
13401PA0020019	Rating Area 8	No Preference	48	590.61
13401PA0020019	Rating Area 8	No Preference	49	616.25
13401PA0020019	Rating Area 8	No Preference	50	645.15
13401PA0020019	Rating Area 8	No Preference	51	673.69
13401PA0020019	Rating Area 8	No Preference	52	705.11
13401PA0020019	Rating Area 8	No Preference	53	736.90
13401PA0020019	Rating Area 8	No Preference	54	771.22
13401PA0020019	Rating Area 8	No Preference	55	805.54
13401PA0020019	Rating Area 8	No Preference	56	842.74
13401PA0020019	Rating Area 8	No Preference	57	880.31
13401PA0020019	Rating Area 8	No Preference	58	920.41

13401PA0020019	Rating Area 8	No Preference	59	940.27
13401PA0020019	Rating Area 8	No Preference	60	980.37
13401PA0020019	Rating Area 8	No Preference	61	1015.05
13401PA0020019	Rating Area 8	No Preference	62	1037.80
13401PA0020019	Rating Area 8	No Preference	63	1066.34
13401PA0020019	Rating Area 8	No Preference	64 and over	1083.68
13401PA0020024	Rating Area 8	No Preference	0-14	274.25
13401PA0020024	Rating Area 8	No Preference	15	298.63
13401PA0020024	Rating Area 8	No Preference	16	307.95
13401PA0020024	Rating Area 8	No Preference	17	317.28
13401PA0020024	Rating Area 8	No Preference	18	327.31
13401PA0020024	Rating Area 8	No Preference	19	337.35
13401PA0020024	Rating Area 8	No Preference	20	347.75
13401PA0020024	Rating Area 8	No Preference	21	358.50
13401PA0020024	Rating Area 8	No Preference	22	358.50
13401PA0020024	Rating Area 8	No Preference	23	358.50
13401PA0020024	Rating Area 8	No Preference	24	358.50
13401PA0020024	Rating Area 8	No Preference	25	359.94
13401PA0020024	Rating Area 8	No Preference	26	367.11
13401PA0020024	Rating Area 8	No Preference	27	375.71
13401PA0020024	Rating Area 8	No Preference	28	389.69
13401PA0020024	Rating Area 8	No Preference	29	401.16
13401PA0020024	Rating Area 8	No Preference	30	406.90
13401PA0020024	Rating Area 8	No Preference	31	415.50
13401PA0020024	Rating Area 8	No Preference	32	424.11
13401PA0020024	Rating Area 8	No Preference	33	429.49
13401PA0020024	Rating Area 8	No Preference	34	435.22
13401PA0020024	Rating Area 8	No Preference	35	438.09
13401PA0020024	Rating Area 8	No Preference	36	440.96
13401PA0020024	Rating Area 8	No Preference	37	443.83
13401PA0020024	Rating Area 8	No Preference	38	446.69
13401PA0020024	Rating Area 8	No Preference	39	452.43
13401PA0020024	Rating Area 8	No Preference	40	458.17
13401PA0020024	Rating Area 8	No Preference	41	466.77
13401PA0020024	Rating Area 8	No Preference	42	475.02
13401PA0020024	Rating Area 8	No Preference	43	486.49
13401PA0020024	Rating Area 8	No Preference	44	500.83
13401PA0020024	Rating Area 8	No Preference	45	517.68
13401PA0020024	Rating Area 8	No Preference	46	537.75
13401PA0020024	Rating Area 8	No Preference	47	560.34
13401PA0020024	Rating Area 8	No Preference	48	586.15
13401PA0020024	Rating Area 8	No Preference	49	611.61
13401PA0020024	Rating Area 8	No Preference	50	640.29
13401PA0020024	Rating Area 8	No Preference	51	668.61
13401PA0020024	Rating Area 8	No Preference	52	699.80
13401PA0020024	Rating Area 8	No Preference	53	731.35
13401PA0020024	Rating Area 8	No Preference	54	765.40
13401PA0020024	Rating Area 8	No Preference	55	799.46
13401PA0020024	Rating Area 8	No Preference	56	836.39

13401PA0020024	Rating Area 8	No Preference	57	873.67
13401PA0020024	Rating Area 8	No Preference	58	913.47
13401PA0020024	Rating Area 8	No Preference	59	933.18
13401PA0020024	Rating Area 8	No Preference	60	972.98
13401PA0020024	Rating Area 8	No Preference	61	1007.39
13401PA0020024	Rating Area 8	No Preference	62	1029.98
13401PA0020024	Rating Area 8	No Preference	63	1058.30
13401PA0020024	Rating Area 8	No Preference	64 and over	1075.50
13401PA0020023	Rating Area 8	No Preference	0-14	263.29
13401PA0020023	Rating Area 8	No Preference	15	286.69
13401PA0020023	Rating Area 8	No Preference	16	295.64
13401PA0020023	Rating Area 8	No Preference	17	304.59
13401PA0020023	Rating Area 8	No Preference	18	314.23
13401PA0020023	Rating Area 8	No Preference	19	323.86
13401PA0020023	Rating Area 8	No Preference	20	333.84
13401PA0020023	Rating Area 8	No Preference	21	344.17
13401PA0020023	Rating Area 8	No Preference	22	344.17
13401PA0020023	Rating Area 8	No Preference	23	344.17
13401PA0020023	Rating Area 8	No Preference	24	344.17
13401PA0020023	Rating Area 8	No Preference	25	345.54
13401PA0020023	Rating Area 8	No Preference	26	352.43
13401PA0020023	Rating Area 8	No Preference	27	360.69
13401PA0020023	Rating Area 8	No Preference	28	374.11
13401PA0020023	Rating Area 8	No Preference	29	385.12
13401PA0020023	Rating Area 8	No Preference	30	390.63
13401PA0020023	Rating Area 8	No Preference	31	398.89
13401PA0020023	Rating Area 8	No Preference	32	407.15
13401PA0020023	Rating Area 8	No Preference	33	412.31
13401PA0020023	Rating Area 8	No Preference	34	417.82
13401PA0020023	Rating Area 8	No Preference	35	420.57
13401PA0020023	Rating Area 8	No Preference	36	423.33
13401PA0020023	Rating Area 8	No Preference	37	426.08
13401PA0020023	Rating Area 8	No Preference	38	428.83
13401PA0020023	Rating Area 8	No Preference	39	434.34
13401PA0020023	Rating Area 8	No Preference	40	439.85
13401PA0020023	Rating Area 8	No Preference	41	448.11
13401PA0020023	Rating Area 8	No Preference	42	456.02
13401PA0020023	Rating Area 8	No Preference	43	467.04
13401PA0020023	Rating Area 8	No Preference	44	480.80
13401PA0020023	Rating Area 8	No Preference	45	496.98
13401PA0020023	Rating Area 8	No Preference	46	516.25
13401PA0020023	Rating Area 8	No Preference	47	537.93
13401PA0020023	Rating Area 8	No Preference	48	562.71
13401PA0020023	Rating Area 8	No Preference	49	587.15
13401PA0020023	Rating Area 8	No Preference	50	614.68
13401PA0020023	Rating Area 8	No Preference	51	641.87
13401PA0020023	Rating Area 8	No Preference	52	671.82
13401PA0020023	Rating Area 8	No Preference	53	702.10
13401PA0020023	Rating Area 8	No Preference	54	734.80

13401PA0020023 Rating Area 8	No Preference	55	767.49
13401PA0020023 Rating Area 8	No Preference	56	802.94
13401PA0020023 Rating Area 8	No Preference	57	838.74
13401PA0020023 Rating Area 8	No Preference	58	876.94
13401PA0020023 Rating Area 8	No Preference	59	895.87
13401PA0020023 Rating Area 8	No Preference	60	934.07
13401PA0020023 Rating Area 8	No Preference	61	967.11
13401PA0020023 Rating Area 8	No Preference	62	988.79
13401PA0020023 Rating Area 8	No Preference	63	1015.98
13401PA0020023 Rating Area 8	No Preference	64 and over	1032.50

5/17/2023



Telephone 215-761-2645
Zachary.Moon@Cigna.com

2024 Pennsylvania Small Group Rating Filing Redaction Justification

This document summarizes justifications for redactions made in Cigna Life and Health Insurance Company's (Cigna's) "PA 2024 Public PDF.pdf rate filing document. All redactions are consistent with the guidance provided in the final 2024 ACA Rate Filing Guidance document from the Pennsylvania Insurance Department.

1. **Statements specifying a company's anticipated risk level in relation to the state average risk level:**
The Morbidity Adjustment and Demographic Shift sections in Section 6 of the Actuarial Memorandum have been redacted since these relate to Cigna's anticipated risk level in relation to the state average risk level. In addition, the values in Table 9.1 have been redacted because they include risk adjustment transfer estimates that are included in the market-wide adjusted index rate development. These redactions are consistent with guidance provided by the Pennsylvania Insurance Department.

Please contact me at 215-761-2645 or at Zachary.Moon@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Zachary Moon", is written over a light blue horizontal line.

Zachary Moon, FSA, MAAA
Small Group Pricing

cc: Sarah Souza, FSA, MAAA

Completeness and Redaction Justification Checklist

Instructions for Completion and Redaction Justification Checklist

This checklist is required for all issuers submitting ACA-Compliant rates for 2024 comprehensive major medical rate filings and should be submitted, as supporting documentation, with each 2024 ACA-Compliant comprehensive major medical rate filing. The checklist is organized by heading, section and subsection as outlined in the 2024 ACA-Compliant Health Insurance Rate Filing Guidance (Guidance) released in March.

"Completed" Column

The first input column is labeled "Completed". In order for the filing to be considered complete and ready for department review, X must appear in each field in the column, except where data tables are marked "if applicable". The X indicates that the actuary has read the Guidance and has provided the requested information and data, as required in the PA Actuarial Memorandum and Rate Exhibits and further, that the data templates are completely and appropriately populated.

"Redaction Justification" Columns

The "Redaction Justification" section contains three columns. If the issuer's filing contains redacted information or data in the named section, "Y" must be populated in the "Redacted" column.

Each issuer must submit a "Public Rate Filing PDF" with the initial filing and with the final version that will be approved. The PDF document must contain all required documents, tables and exhibits. If the issuer chooses to make the limited redactions anticipated by the Department, those redactions should be made only in this document. The "Page # in Public PDF" section should reference the page number of the Public Rate Filing PDF where the redacted information and/or data can be located.

If any information is redacted, a justification must be submitted that specifically justifies why that information should be redacted. Correspondingly, the "Justification" column should be populated with a "Y" in any rows where it is indicated that information is redacted, and with an "NA" if information is not redacted. To reiterate the redaction criteria contained in the Guidance, only information that is trade secret or confidential commercial or financial information as defined in HHS's Freedom of Information Act (FOIA) regulations at 45 CFR§ 5.65 may be redacted.

Consistent with prior, the Department does not anticipate redactions other than the following items:

1. AV screenshots
2. Statements specifying a company's anticipated risk level in relation to the state average risk level (e.g., the underlined portion could be redacted in the following statement: "we expect the risk level of membership to be X% higher/lower than the state average risk level")
3. Opining actuary's name
4. Specific provider contracting information (note: such information was not submitted in prior rate filings and the department does not anticipate receiving such information in plan year 2019 rate filings)
5. Commission schedules

Please remain cognizant that non-redacted information and data must be submitted for review.

You may contact Lindsy Swartz, linswartz@pa.gov, if you have any questions regarding this checklist.

Completeness and Redaction Justification Checklist

Issuer Name: Cigna Health and Life Insurance Company
 Market: Small Group
 SERFF ID: CCGH-133673840

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification	N/A			
	RFJ Part III – Actuarial Memorandum	X	Y	3	Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	N	3	NA
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	3-4	NA
D.1.C.	Average Rate Change	X	N	1, 3-4	NA
D.1.D.	Membership Count	X	N	4	NA
	<i>PA Act. Exhibits Table 1</i>	X	N	19	NA
D.1.E.	Benefit Changes	X	N	3	NA
D.1.F.	Experience Period Claims & Premium	NA	NA	4	NA
	<i>PA Act. Exhibits Table 2</i>	NA	NA	19	NA
D.1.G.	Credibility of Data	X	N	5	NA
	<i>PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)</i>	X	N	20	NA
D.1.H.	Trend Identification	X	N	14	NA
	<i>PA Act. Exhibits Table 3</i>	X	N	20	NA
D.1.I.	Historical Experience	NA	NA	NA	NA
	<i>PA Act. Exhibits Table 4</i>	NA	NA	NA	NA
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N	5-9	NA
	<i>PA Act. Exhibits Table 5</i>	X	N	23	NA
D.2.B.	Retention Items	X	N	10	NA
	<i>PA Act. Exhibits Table 6</i>	X	N	23	NA
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	10-12	NA
	<i>PA Act. Exhibits Table 7</i>	X	N	23	NA
D.2.D.	Components of Rate Change	X	N	3-4	NA
	<i>PA Act. Exhibits Table 8</i>	X	N	23	NA
	<i>PA Act. Exhibits Table 9</i>	X	N	23	NA
D.3.	Plan Rate Development	X	N	7-9	NA
	<i>PA Act. Exhibits Table 10</i>	X	N	24	NA
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	10-12	NA
	<i>PA Act. Exhibits Table 11</i>	X	N	25	NA
D.5.A.	Age and Tobacco Factors	X	N	13	NA
	<i>PA Act. Exhibits Table 12</i>	X	N	27	NA
D.5.B.	Geographic Factors	X	N	13	NA
	<i>PA Act. Exhibits Table 13</i>	X	N	27	NA
D.5.C.	Network Factors	X	N	9	NA
	<i>PA Act. Exhibits Table 14</i>	X	N	27	NA
D.5.D.	Rate Change Request Summary	X	N	3-4	NA
	<i>PA Act. Exhibits Table 15</i>	X	N	28	NA
D.5.E.	Service Area Composition	X	N	13	NA
D.5.F.	Composite Rating	X	N	14	NA
D.6.	Actuarial Certifications	X	N	17-18	NA
3					
E.	Department Plan Design Summary & Rate Tables	X	N	31	NA
	Service Area Map	X	N	34	NA
Redaction Justification (must be submitted if any information is redacted)		X			Y