

BCN 2027 Small Group Rate Filing
Actuarial Memorandum
May 13, 2026

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Executive Summary

In support of the Part I Unified Rate Review Template (URRT) for the 2027 Blue Care Network of Michigan (BCN) small group market rate submission, we submit this Part III Actuarial Memorandum, which includes a corresponding actuarial certification, as required by the Affordable Care Act (ACA). The memorandum provides documentation for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable rate increases. As requested within the Part III instructions, the actuarial memorandum also provides actuarial certifications related to:

- The methodology used to calculate the Actuarial Value (AV) Metal Value for each plan;
- The index rate is developed in accordance with federal regulations and the index rate along with allowable modifiers are used in the development of plan specific premium rates; and
- The geographic rating factors reflect only differences in the costs of delivery (which includes unit cost and provider practice pattern differences) and marketplace factors, and do not include differences for population morbidity by geographic area

This memorandum is intended solely for the purpose stated above. It is not intended for and should not be used or relied on for any other purposes.

Section 1: General Information

Company Information

- Company Legal Name: Blue Care Network of Michigan
- State: Michigan
- HIOS Issuer ID: 98185
- NAIC Number: 95610

Company Contact Information

- Primary Contact Name: Paul Abdelnour
- Primary Contact Title: Director, Commercial Actuarial
- Primary Contact Telephone Number: (313) 225-5824
- Primary Contact Email Address: PAbdelnour@bcbsm.com

General Filing Information

- Market: This filing covers products that will be offered in the small group market.
- Review Requested: Rate Change
- Brief Description of Benefits: The products included in this filing provide comprehensive medical benefits subject to cost-sharing provisions relating to deductible, coinsurance, and co-payments. All Essential Health Benefits (EHBs) are covered as described in the state benchmark plan and no EHB substitutions were made as they are not allowed per guidance from the State of Michigan. Appendix Exhibit C.1 provides an outline of the benefits under all products in this filing and the corresponding HIOS identifiers. Please refer to the benefit template and schedule pages for additional details.
- Effective Date: For policies issued or renewed from January 1, 2027 through December 31, 2027
- Prior Filing Information:
 - 2026 Q3 filing
 - Effective Date: For policies issued or renewed from July 1, 2026 through December 31, 2026
 - SERFF Tracking Number: BCNT-134876380
 - Binder Number: BCNT-MI26-125120203

As required by the State of Michigan, attached in Appendix Exhibit A is the checklist of items required for the Actuarial Memorandum in support of the URRT.

Section 2: Proposed Rate Change(s)

BCN is filing a rate increase for 2027 for all small group products that were offered in 2026 of 10.72%. Significant contributors to rate change are outlined in the table below:

Factor	Rate Impact
Medical and pharmaceutical price and utilization trend	8.4%
Margin	2.1%
Total	10.7%

Additional detail around the assumptions utilized in the rate development process is included in the following sections of this memorandum.

Although the rates for each product were based on the projected experience for the single risk pool as outlined in Section 12 of this memorandum, the rate changes vary by product and plan. While the primary drivers of rate change variation by plan are changes in cost sharing provisions and updates to the Paid to Allowed Ratios as described in Section 8 of this memorandum, changes in network discount and other model changes can also contribute to variations by plan.

Exhibit 2.1: Expected Average Annual Premium

In addition, to support the DIFS checklist, we have included the expected average annual premium along with membership and contract projections.

Projected Average Annual 2027 Premium per Member with proposed rate change	\$7,512
Projected Average Annual 2027 Premium per Member without proposed rate change	\$6,785
Number of Policy Holders	79,630
Covered Lives	147,526

Section 3: Experience Period Premium and Claims

The underlying data used to establish 2027 rates reflect the experience of groups that currently meet the State of Michigan definition of a small group.

Throughout the remainder of the document, small group will now be defined as the current State of Michigan definition of small group. We also included all groups' cost and membership for the experience period, regardless of their renewal month.

- Dates of Service for the Experience Period Used to Develop Rates: January 1, 2025 through December 31, 2025
 - Paid through date: March 31, 2026
- Dates of Service for Experience Period Shown in the URRT: January 1, 2025 through December 31, 2025
 - Paid through date: March 31, 2026
- URRT Current Premium and Current Enrollment date: March 31, 2026
- Premiums in Experience Period: We confirm that the premium does not reflect any MLR rebates paid to the policyholders. Total 2025 small group premium prior to MLR rebates was \$735,833,244, as shown in Worksheet 1 of the URRT.

Allowed and Incurred Claims During the Experience Period

Allowed claims for the experience period were derived by taking paid claims and adding member cost sharing amounts (deductible, coinsurance, and co-pays) as well as any settlements made to providers related to risk arrangements. These amounts were taken from our claims payments systems with the exception of the settlement amounts, which come from our internal financial statements.

The amounts were adjusted for prescription drug rebates as reported by our third-party pharmacy benefit manager and reflected as an adjustment to claim costs.

To adjust amounts taken from the claims system for claims incurred in the experience period but paid after the paid through date, we adjusted the uncompleted incurred claim cost by the completion factors shown in Exhibit 3.1 below. Claims were completed using our internal reserving models, utilizing the following methodology:

- For each type-of-service (IP Facility, OP Facility, Professional), a lag triangle was created based on a four-year monthly history of claims and membership.
- A completion factor methodology was used to develop incurred claims estimates for all incurred months.
- Claims inventory levels are monitored and adjustments to payment rates were made as needed.
- Seasonal factors accounting for working days and benefit changes are used to adjust trends and expected PMPMs.
- The claims used to develop the completion factors were based on BCN's small group fully insured business.

Exhibit 3.1: Experience Allowed Claims Cost Development

2027 Blue Care Network of Michigan Small Group Rate Development

	Benefit Category						Total
	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug	
Experience Period Data							
Experience Period Membership							127,414
Experience Period Allowed Claims Paid through 03/26 PMPM	\$84.30	\$141.44	\$143.22	\$11.45	\$7.54	\$101.04	
IBNR	1.048	1.020	1.018	1.000	1.000	1.000	
Experience Period Allowed Claims PMPM	\$88.36	\$144.32	\$145.77	\$11.45	\$7.54	\$101.04	\$498.48
Experience Period Index Rate							\$498.44

Exhibit 3.2: Reconciliation of Experience Period Data and Supplemental Health Care Exhibit

Premium Reconciliation

SHCE Health Premiums Earned (Part 1, Line 1.1)	\$	702,295,549
SHCE Risk Adjustment	\$	33,697,169
Other	\$	(159,475)
Other %		-0.02%
URRT Experience Period Premium	\$	735,833,244

Incurred Claims Reconciliation

SHCE Total Incurred Claims (Part 1, Line 5.0)	\$	639,380,950
IBNR variance (adjusted in SHCE, not in filing)	\$	(18,308,749)
Claims incurred prior to 2025 paid in 2025	\$	(47,946,123)
Claims incurred in 2025 paid in 2026	\$	47,064,218
Claims incurred in 2025 not yet paid	\$	12,191,241
Rx Rebate financial vs filing	\$	(2,179,318)
Other	\$	(1,471,293)
Other %		-0.23%
URRT Experience Period Incurred Claims	\$	628,730,926

Section 4: Benefit Categories

The claims were classified into the different benefit categories based on a multitude of attributes but included the following common fields: Claims Source (Source), Place of Service (POS), Procedure codes (CPT/HCPCS), Diagnosis codes (ICD9/ICD10), Revenue Codes, and Type of Claims (Medical, Dental, Vision, Rx, etc.). As new procedure codes are added and as we migrate to ICD10 diagnosis code framework, the methodology and/or business logic to define the benefit categories will change accordingly.

Section 5: Projection Factors

As noted in Section 3, the underlying rate development for 2027 uses 2025 claims and membership as the basis.

For each of the benefit categories within the URRT, the following adjustments were made at an overall pool level to project 2025 allowed PMPM costs to 2027.

Section 5.1: Trend Projection Factors

The following key considerations were taken into account in the trend projection factor development as applicable:

- The BCN small group experience was used to measure historical and project future trend.
- Experience period trends by type of service (Facility, Professional and Pharmacy) were projected forward accounting for expected changes in utilization and price.
- Anticipated changes in provider contracts were included as future cost trend adjustments.
- New medical management and other initiatives designed to lower health care costs were considered to adjust utilization and cost trends.
- Utilization trends for all types-of-service are projected forward based on analysis of historical patterns and expected changes in the future.

The change in cost sharing from the experience period (2025) to the projected period (2027) and assumed changes in membership distribution by plans over time is projected to have a -1.4% impact on the allowed PMPM cost due to a decrease in benefit richness. This amount is included in the use trend.

Pharmacy claims used in the Index rate calculation are shown net of rebates and used in the development of policyholder premium rates. Rebate projections take into account PBM projections, along with actual and projected utilization.

Additional detail can be found under Section II: Projections in Worksheet 1 of the URRT.

Exhibit 5.1: Trend Projection Factors

2025 to 2026 Trend	<u>IP Hospital</u>	<u>OP Hospital</u>	<u>Other Medical</u>	<u>Professional</u>	<u>Capitation</u>	<u>Rx</u>
Cost	4.2%	4.6%	0.0%	1.1%	0.0%	4.8%
Utilization	2.4%	4.7%	-10.0%	6.7%	-13.8%	4.8%
Total 2025 to 2026 Trend	6.6%	9.5%	-10.0%	7.9%	-13.8%	9.8%

2026 to 2027 Trend	<u>IP Hospital</u>	<u>OP Hospital</u>	<u>Other Medical</u>	<u>Professional</u>	<u>Capitation</u>	<u>Rx</u>
Cost	3.1%	4.2%	0.0%	2.1%	0.0%	8.6%
Utilization	1.4%	3.7%	2.0%	5.8%	1.5%	3.5%
Total 2026 to 2027 Trend	4.5%	8.1%	2.0%	8.0%	1.5%	12.4%

Annualized 2025 to 2027 Trend	<u>IP Hospital</u>	<u>OP Hospital</u>	<u>Other Medical</u>	<u>Professional</u>	<u>Capitation</u>	<u>Rx</u>
Cost	3.6%	4.4%	0.0%	1.6%	0.0%	6.7%
Utilization	1.9%	4.2%	-4.2%	6.2%	-6.5%	4.1%
Total Annualized Trend	5.6%	8.8%	-4.2%	7.9%	-6.5%	11.1%

Section 5.2 Projected Changes in the Morbidity of the Population Insured

We expect the overall risk profile of BCBSM to remain relatively stable through the projection period. BCBSM projects no change in the underlying risk from 2025 experience to projected 2027 membership.

Section 5.3: Projected Changes in the Demographics. We are projecting no change in age from 2025 to 2027. We are projecting a very small change in area risk based on the change in distribution of members by area.

Exhibit 5.3: Projected Demographic Change

BCN Small Group	2025	2027	Change
Average Age	34.9	34.9	
Average Age Factor	1.447	1.447	0.0%
Average Area Factor	1.000	0.999	-0.1%

Section 5.4: Other Adjustments

The “Other” adjustment factor in cell F35 of Worksheet 1 of the URRT contains multiple adjustments:

- Change in pharmacy rebates relative to the experience period.
 - We are projecting additional change in pharmacy rebates relative to the experience period.
 - Similar to trend projections, our pricing assumptions for pharmacy rebates are updated each year based on the most up to date information available, including pharmacy vendor contracts and projected pharmacy spend.
- Change in the network factor between the experience period and projection period.

Exhibit 5.4: Other Adjustment Factor

<u>Adjustments from Experience Period to Projection Period</u>	<u>Total</u>
Other Adjustments	
Change in Drug Rebates	1.019
Network Adjustment	0.999
Total Other Adjustment	1.018

Section 6: Credibility Manual Rate Development

No manual rates were used given the size of our current block.

Section 7: Credibility of Experience

100% credibility was assigned to the experience data due to the volume of membership and claims in the experience period. The experience period member months is well over the amount that we consider fully credible. Blue Care Network of Michigan did not use an explicit credibility formula due to the size of its block based on ASOP 25, Section 3.4 Professional Judgement:

“The actuary should exercise professional judgement when using a credibility procedure. The use of credibility procedures is not always a precise mathematical process. For example, in some situations, an acceptable procedure for blending the subject experience with the relevant experience may be based on the actuary assigning full, partial, or zero credibility to the subject experience without using a rigorous mathematical model.”

Section 8: Paid to Allowed Ratio

The projected paid to allowed average factor in the URRT is based on the 2025 ratio of paid claims to allowed claims adjusted for 2027 benefits and projected membership distribution.

Section 9: Risk Adjustment and Reinsurance

Risk Adjustment

As stated in section 5, BCN is expected to attract risk that will be lower than the small group ACA market average in 2027. By utilizing CCIIO projected risk scores for both BCN and BCBSM, and estimating the level of all other competitors, BCN is expected to attract risk that is 3.7% lower than the market average. We expect to pay in \$23.60 PMPM through the risk adjustment transfer process. This amount also includes the expected impact of the high-cost claim pooling provision. The projected risk adjustment transfer was grossed up to \$28.71 on an allowed basis and applied to the Market Adjusted Index Rate (shown in URRT Worksheet 1) and is therefore applied uniformly to all Plan Adjusted Index Rates.

Reinsurance

As the reinsurance program ended with the 2016 benefit year, we are not including any adjustments for reinsurance.

Section 10: Non-Benefit Expense, Profit, and Risk

BCN utilizes a cost allocation methodology consistent with industry standards which allocates all cost by direct, variable, and overhead categories. The administrative expenses were projected by line of business using that methodology and current membership projections. Projected administrative expense assumptions are established using input from the functional business areas within BCN. The functional areas provide expertise in their business support area's costs, which is appropriate in projecting administrative expense.

The projected administrative cost PMPM was converted to an expense ratio based on the total pool average and applied uniformly by plan. Also, a uniform expected commission percentage was also applied to each plan.

Profit margin within proposed 2027 premiums is 4.2%. This adjustment has been made in recognition of increased volatility associated with the current benefit cost environment, along with desired capital contributions.

Exhibit 10.1: Retention Factors

Retention Factors	% of Premium
Administrative Costs	7.3%
Commissions	4.0%
Contribution to Surplus After Tax	4.2%
Total Retention	15.5%

Please see the following exhibit below for taxes and fees used in 2027 small group rate filing:

Exhibit 10.2: Taxes and Fees Factors

Tax	PMPM / % of Premium
Comparative Effectiveness Fee	\$0.34
Risk Adj. Fee	0.03%
Insurance Provider Assessment Tax	0.40%
Exchange Fee	0.00%

The PMPM amount for the prescribed comparative effectiveness fee was converted into a percentage based on the total average premium and then applied uniformly by plan.

BCN will not offer coverage through the Small Business Health Options Program (SHOP) in 2027. Therefore, BCN is not applying the Exchange user fee in the Plan Adjusted Index Rate Development.

The total taxes and fees equate to 0.49% of premium.

Section 11: Projected Loss Ratio

Risk adjustment payments are accounted for as claims in the loss ratio calculation. Claims are also reduced based on our PBM contract in accordance with federal MLR requirements. As permitted under federal MLR requirements, costs associated with quality initiatives are treated as a claims expense.

Federal and State taxes and fees, including taxes and fees related to the ACA, will also be removed from premium in the denominator of the MLR calculation.

We expect the BCN small group segment to be above the MLR thresholds, and using historical HQI ranges we are projecting an MLR of 84.1%.

Section 12: Single Risk Pool

The BCN Small Group rate filing was developed in compliance with the single risk pool requirement of the ACA.

Section 13: Index Rate

The index rate was developed by taking the projected 2027 allowed claims PMPM for the single risk pool and removing any benefits that are in excess of the essential health benefit requirements. The development of the index rates for the experience period and projection period are shown below.

BCN intends to increase the renewal rates on a quarterly basis. In this filing, BCN is requesting approval for rates with effective start dates of 1/1/2027 – 3/31/2027, 4/1/2027 – 6/30/2027, 7/1/2027 – 9/30/2027, and 10/1/2027 – 12/31/2027. All rates effective after 3/31/2027 were determined based on projected 2027 trend of 10.9%, which includes the effect of leveraging.

Exhibit 13.1: Index Rate Development

	Experience Period	Effective Date				2027 Total
		1/1/2027	4/1/2027	7/1/2027	10/1/2027	
Renewal Distribution		44%	14%	17%	25%	100%
Index Rate Development						
Allowed Claims PMPM	\$498.48	\$590.61	\$606.04	\$621.87	\$638.11	\$609.97
- Voluntary Abortion*	\$0.04	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05
Index Rate PMPM	\$498.44	\$590.57	\$605.99	\$621.82	\$638.06	\$609.92

*The experience period PMPMs are based on all groups regardless of their renewal date.

Voluntary abortion is an optional benefit. The experience period reflects a mix of groups with and without this coverage.

More information on the 1/1/2027 Effective Date allowed claims PMPM development can be found in Exhibit B in the Appendix.

Section 14: Market Adjusted Index Rate

To set the 2027 plan level rates, the 2027 index rate was adjusted for the anticipated risk adjustment transfer and the Exchange user fee (both on an allowed claims basis) as shown below.

Exhibit 14.1: 1st Quarter Market Adjusted Index Rate Development

Market Adjusted Index Rate Development	
Projected Index Rate	\$590.57
- Projected Risk Adjustments PMPM	(\$28.71)
+ Projected Exchange User Fee	\$0.00
Market Adjusted Index Rate	\$619.28
Projected Issuer's Portion of Total Allowed Claims (TAC)	\$590.57
Risk Adjustment + Reinsurance + Exchange Fees	\$28.71

More information regarding the projected risk adjustment transfer can be found in Section 9. More information on the projected exchange user fee can be found in Section 10.

Section 15: Plan Adjusted Index Rates

The projected 2027 market adjusted index rate from Exhibit 14.1 is the starting allowed claims PMPM (after risk adjustment and Exchange Fees) for all plans BCN intends to offer in 2027. To develop the Plan Adjusted Index Rates, the Market Adjusted Index Rate was adjusted by the following:

- Actuarial Value and Cost Sharing Design of the Plan including utilization differences due to differences in cost sharing.
- Provider Network / Utilization Management to reflect the impact of alternate network products.
- Catastrophic Risk Pool Adjustment was not used as it does not apply to the BCN small group pool.
- Benefits in addition to Essential Health Benefits to reflect the elective abortion benefit combination available for each plan design.
- Administrative Costs including administrative expense factors, contribution to surplus factors, and taxes and fees (less exchange user fee).

BCBSM used its proprietary benefit modeling tool to develop plan-specific induced demand factors as shown below. The induced utilization adjustments currently used in the Model are based on the RAND Health Insurance Experiment, designed to measure the impact of cost sharing on health care utilization of participants. The RAND group used random selection to determine plan enrollment among the study participants. While doing so, they also ensured an equal representation of enrollment in each plan based on healthiness, socio-economic status, age, and gender. Thus, the study captures only the impact of induced utilization and not morbidity.

The plan-level paid to allowed ratios were developed based on a proprietary benefit modeling tool which incorporates actual cost and utilization data for BCBSM's Michigan group PPO population. The tool was created with the assistance of Third Horizon Strategies (formerly The Terry Group) and is also utilized for adjusting AVs in the Center for Consumer Information and Insurance Oversight (CCIIO) AV calculator. Third Horizon Strategies has extensive experience in developing sophisticated health care benefit modeling tools for a diverse customer base, building models that are based on a plan's specific claims and exposure data. The information is used to develop utilization rates and unit cost amounts for up to 100 medical service categories. This array of rates and costs is used to measure the cost impact of various benefit plan co-pays, limits and exclusions that are specific to each medical category. All models employ plan provided claim probability distributions that are used to measure the effects of co-pays, deductibles and out-of-pocket limits when these provisions apply simultaneously to multiple medical service categories.

Exhibit 15.1 shows calculated and normalized induced demand factors.

Exhibit 15.1: Induced Demand Factors

	Induced Demand Factor	Filed Relative Induced Demand Factor
Total BCN Small Group Pool	0.8270	1.0000
2027 BCN HSA Gold Option 1	0.7634	0.9232
2027 BCN HSA Silver Option 1	0.7371	0.8913
2027 Blue Elect Plus POS Gold Option 3	0.8580	1.0375
2027 BCN Healthy Blue Living Gold Option 3	0.8520	1.0302
2027 BCN Healthy Blue Living Platinum	0.9173	1.1093
2027 BCN Healthy Blue Living Gold Option 2	0.8564	1.0356
2027 BCN Healthy Blue Living Gold Option 1	0.8572	1.0365
2027 BCN HSA Silver Option 3	0.7359	0.8899
2027 BCN HSA Bronze Option 2	0.7265	0.8785
2027 BCN HSA Silver Option 2	0.7363	0.8904
2027 BCN HSA Gold Option 3	0.7622	0.9217
2027 BCN HSA Gold Option 2	0.7714	0.9328
2027 BCN Gold Option 4	0.8421	1.0182
2027 Blue Elect Plus HSA POS Silver Option 1	0.7499	0.9068
2027 Blue Elect Plus HSA POS Gold Option 2	0.7824	0.9461
2027 BCN Gold Option 3	0.8453	1.0221
2027 Blue Elect Plus HSA POS Bronze	0.7396	0.8944
2027 BCN Gold Option 6	0.8369	1.0120
2027 BCN Fixed Cost Gold Option 1	0.8551	1.0341
2027 BCN Gold Option 1	0.8468	1.0240
2027 BCN Gold	0.8467	1.0238
2027 BCN HRA Gold Option 1	0.8564	1.0356
2027 BCN Platinum	0.9054	1.0948
2027 BCN Gold Option 8	0.8330	1.0073
2027 Blue Elect Plus POS Gold Option 5	0.8504	1.0283
2027 BCN Gold Option 5	0.8391	1.0147
2027 BCN Silver Option 2	0.8140	0.9843
2027 Blue Elect Plus POS Gold Option 2	0.8606	1.0407
2027 BCN Platinum Option 1	0.9028	1.0918
2027 BCN HRA Gold Option 2	0.8508	1.0288
2027 BCN Gold Option 2	0.8451	1.0219
2027 BCN HRA Platinum Option 3	0.8610	1.0411
2027 Blue Elect Plus HSA POS Gold Option 1	0.7754	0.9376
2027 BCN HRA Platinum Option 1	0.8933	1.0802
2027 BCN Platinum Option 2	0.8957	1.0831
2027 BCN HRA Platinum Option 2	0.8854	1.0707
2027 Blue Elect Plus POS Gold Option 1	0.8618	1.0421
2027 BCN Fixed Cost Platinum	0.9024	1.0913
2027 BCN PCP Focus Gold Option 2	0.8451	1.0219
2027 BCN PCP Focus Gold Option 3	0.8453	1.0221
2027 BCN PCP Focus Gold Option 4	0.8421	1.0182
2027 BCN PCP Focus Gold Option 5	0.8391	1.0147
2027 BCN PCP Focus Gold Option 6	0.8369	1.0120
2027 BCN PCP Focus Gold Option 8	0.8330	1.0073
2027 BCN PCP Focus Platinum	0.9054	1.0948
2027 BCN PCP Focus Silver Option 2	0.8140	0.9843
2027 BCN HRA PCP Focus Platinum Option 3	0.8610	1.0411
2027 BCN HSA PCP Focus Bronze Option 2	0.7265	0.8785
2027 BCN Silver Option 3	0.8150	0.9856
2027 Blue Elect Plus POS Gold Option 4	0.8541	1.0328

	Induced Demand Factor	Filed Relative Induced Demand Factor
Total BCN Small Group Pool	0.8270	1.0000
2027 BCN Fixed Cost Gold Option 2	0.8464	1.0235
2027 BCN Fixed Cost PCP Focus Gold Option 1	0.8551	1.0341
2027 BCN Fixed Cost PCP Focus Gold Option 2	0.8464	1.0235
2027 BCN Fixed Cost PCP Focus Platinum	0.9024	1.0913
2027 BCN Healthy Blue Living PCP Focus Gold Option 1	0.8438	1.0204
2027 BCN Healthy Blue Living PCP Focus Gold Option 2	0.8440	1.0206
2027 BCN Healthy Blue Living PCP Focus Gold Option 3	0.8397	1.0153
2027 BCN Healthy Blue Living PCP Focus Platinum	0.8936	1.0806
2027 BCN HRA PCP Focus Gold Option 1	0.8564	1.0356
2027 BCN HRA PCP Focus Gold Option 2	0.8508	1.0288
2027 BCN HRA PCP Focus Platinum Option 1	0.8933	1.0802
2027 BCN HRA PCP Focus Platinum Option 2	0.8854	1.0707
2027 BCN HSA PCP Focus Gold Option 1	0.7634	0.9232
2027 BCN HSA PCP Focus Gold Option 2	0.7714	0.9328
2027 BCN HSA PCP Focus Gold Option 3	0.7622	0.9217
2027 BCN HSA PCP Focus Platinum Option 1	0.8036	0.9717
2027 BCN HSA PCP Focus Silver Option 1	0.7371	0.8913
2027 BCN HSA PCP Focus Silver Option 2	0.7363	0.8904
2027 BCN HSA PCP Focus Silver Option 3	0.7359	0.8899
2027 BCN HSA Platinum Option 1	0.8036	0.9717
2027 BCN PCP Focus Gold	0.8467	1.0238
2027 BCN PCP Focus Gold Option 1	0.8468	1.0240
2027 BCN PCP Focus Platinum Option 1	0.9028	1.0918
2027 BCN PCP Focus Platinum Option 2	0.8957	1.0831
2027 BCN PCP Focus Silver Option 3	0.8150	0.9856
2027 Blue Elect Plus HRA POS Gold Option 1	0.8700	1.0521
2027 Blue Elect Plus HRA POS Gold Option 2	0.8661	1.0473
2027 Blue Elect Plus HSA POS Platinum Option 1	0.8163	0.9872
2027 Blue Elect Plus POS Gold Option 7	0.8466	1.0237
2027 Blue Elect Plus POS Gold Option 8	0.8446	1.0213
2027 Blue Elect Plus POS Platinum Option 1	0.9164	1.1081
2027 Blue Elect Plus POS Platinum Option 2	0.9062	1.0959
2027 BCN PCP Focus Silver Option 1	0.8187	0.9900
2027 BCN PCP Focus Gold Option 9	0.8307	1.0045
2027 BCN HSA PCP Focus Bronze Option 1	0.7264	0.8784
2027 BCN PCP Focus Gold Option 7	0.8325	1.0067
2027 Blue Elect Plus POS Gold Option 6	0.8475	1.0248
2027 BCN Gold Option 7	0.8325	1.0067
2027 BCN Gold Option 9	0.8307	1.0045
2027 BCN Silver Option 1	0.8187	0.9900
2027 BCN HSA Bronze Option 1	0.7264	0.8784
2027 Blue Elect Plus HSA POS Platinum Option 2	0.7954	0.9618
2027 Blue Elect Plus HSA POS Gold Option 3	0.7750	0.9371
2027 Blue Elect Plus HSA POS Silver Option 2	0.7490	0.9057
2027 Blue Elect Plus HSA POS Silver Option 3	0.7483	0.9049
2027 Blue Elect Plus HSA POS Silver Option 4	0.7469	0.9031
2027 BCN HSA Platinum Option 2	0.7829	0.9467
2027 BCN HSA Silver Option 4	0.7339	0.8874
2027 BCN HSA PCP Focus Platinum Option 2	0.7829	0.9467
2027 BCN HSA PCP Focus Silver Option 4	0.7339	0.8874

Section 16: Calibration

Age Curve Calibration

Blue Care Network's small group age curve calibration uses a member weighted average using the age factors prescribed by the ACA. The projected average age factor is 1.447 and the average age is 34.9. To account for the 3-child cap, non-billable members will receive an age factor of 0.000. Recalculating the average age factor setting non-billable members to 0.000, results in a 1.440 projected average age factor for the total single risk pool in 2027.

Geographic Factor Calibration

The geographic factor calibration uses a member weighted average across the 16 Michigan rating regions. The projected average area factor is 0.999.

Plan Adjusted Index rates are divided by the 1.440 average age factor for billable members and the 0.999 average geographic factor to determine the starting plan base rate (for a 1.0 geographic area and 1.0 rating factor (age 21)). This base rate is then used to determine the Consumer Adjusted Premium Rates as explained in the following section.

Section 17: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is calculated by first taking the Plan Adjusted Index Rate and dividing by the calibration factors stated in Section 16 to create the starting plan base rate. Each member's rate is determined by applying the appropriate area factor and age factor to the starting plan base rate. Tobacco rating will not be used in 2027.

For second quarter through fourth quarter rates, a "quarterly roll" is determined based on projected 2027 trend of 10.9%, which includes the effect of leveraging. The starting base plan is rolled forward by 2.6% per quarter before applying the area factor and age factor.

Exhibit 17.1: Consumer Rates

Plan ID	Rating Area ID	Age	(A)	(B)	(C)	(D) = (A x B) x C
			PAIR*	Area Factor	Age Factor	Final Rate
98185MI0760006	Rating Area 1	0 - 14	\$397.12	0.953	0.765	\$289.62
98185MI0760006	Rating Area 1	15	\$397.12	0.953	0.833	\$315.37
98185MI0760006	Rating Area 1	16	\$397.12	0.953	0.859	\$325.21
98185MI0760006	Rating Area 1	17	\$397.12	0.953	0.885	\$335.05
98185MI0760006	Rating Area 1	19	\$397.12	0.953	0.913	\$345.65
98185MI0760006	Rating Area 1	19	\$397.12	0.953	0.941	\$356.25
98185MI0760006	Rating Area 1	20	\$397.12	0.953	0.970	\$367.23
98185MI0760006	Rating Area 1	21	\$397.12	0.953	1.000	\$378.59
98185MI0760006	Rating Area 1	22	\$397.12	0.953	1.000	\$378.59
98185MI0760006	Rating Area 1	23	\$397.12	0.953	1.000	\$378.59
98185MI0760006	Rating Area 1	24	\$397.12	0.953	1.000	\$378.59
98185MI0760006	Rating Area 1	25	\$397.12	0.953	1.004	\$380.10
98185MI0760006	Rating Area 1	26	\$397.12	0.953	1.024	\$387.68
98185MI0760006	Rating Area 1	27	\$397.12	0.953	1.048	\$396.76
98185MI0760006	Rating Area 1	28	\$397.12	0.953	1.087	\$411.53

*Plan Adjusted Index Rate.

Section 18: Actuarial Value Metal Levels

Exhibit C in the Appendix summarizes the process and analysis performed by BCN to derive the Actuarial Values (AVs) of the proposed 2027 Small Group products in order to comply with rules governing the definition of Qualified Health Plans (QHPs). All analyses and calculations comply with prescribed regulations. The conclusions in this report are based on the regulations as we understand them as of the date of the Final Rule, including all subsequent interpretation and guidance provided by CCIIO.

The ACA requires that health care coverage provided by issuers of non-grandfathered plans in the small group market must cover EHBs and have AVs that fall within the following metal classifications, within the revised de minimis ranges of the anchor percentage for each category.

- Platinum at 90% (88% to 92%)
- Gold at 80% (78% to 82%)
- Silver at 70% (68% to 72%)
- Bronze at 60% (58% to 65%)

The results of our analysis rely on the Actuarial Value Calculator tool provided by CCIIO. Any adjustments made to the results of the AV tool are disclosed in Exhibit C and comply to the best of our knowledge with the guidelines for allowed adjustments provided within the final rules. We have also disclosed in Exhibit C areas or issues with the tool that may have an impact on our analysis or assertions. We are hereby confirming that methods used to model cost sharing features which did not fit directly into a benefit or cost sharing category provided within the AV tool comply with allowed adjustments and methodologies outlined in regulations.

Section 19: Membership Projections

For our projected membership, we used the most recent 2026 membership snapshot to set the distribution and scaled that to the 2027 projected membership, including a crosswalk for comparable plans and an assumption for new and transitioning plans. The 2027 total membership projections are from our internal capital plan which is informed by the Sales area.

Section 20: Terminated Plans and Products

There are no terminated SG BCN plans for 2027.

Section 21: Plan Type

All products BCN intends to offer in the Small Group market are HMO or POS products.

Section 22: Effective Rate Review Information

There is no additional information provided by BCN.

Section 23: Reliance on Third Parties

The following information, processes, or analysis were provided by third parties outside of BCN. All other information or analysis provided within the memorandum have been performed or provided by internal associates of BCN. The actuary, by providing the attestation below, is confirming the accuracy and completeness of all information and analysis provided within the memorandum.

As stated within Section 8 Paid to Allowed Ratios, we relied upon a benefit modeling tool created in conjunction with Third Horizon Strategies.

BCN is attesting to the completeness of all plan, product, and pricing actuarial analysis. Milliman, Inc. provided high level peer review for all medical plan pricing, product determination, and documentation.

Section 24: Actuarial Certifications

I, Adam Dee, Vice President, Actuary, Commercial, am an employee of Blue Cross Blue Shield of Michigan and a member of the American Academy of Actuaries.

I certify that the projected index rate provided within the memorandum is:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR §156.80(d)(1) and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient

I certify that the index rate and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and 45 CFR §156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the documentation above. The values for all excepted plans were developed in accordance with generally accepted actuarial principles and methodologies.

I certify that the geographic rating factors reflect only difference in the cost of delivery (which can include unit cost and provider practice pattern differences) and marketplace factors, and do not include differences for population morbidity by geographic area.

I am disclosing the Part I Unified Rate Review Template does not demonstrate the process used by BCN to develop the rates, but rather 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. As required by DIFS, the Part I Unified Rate Review Template was completed with 2025 experience data.

I certify that this filing has been prepared in accordance with the following Actuarial Standards of Practice:

- Actuarial Standard of Practice No. 5, 'Incurred Health and Disability Claims',
- Actuarial Standard of Practice No. 8, 'Regulatory Filings for Rates and Financial Projections for Health Plans',
- Actuarial Standard of Practice No. 12, 'Risk Classification',
- Actuarial Standard of Practice No. 23, 'Data Quality',
- Actuarial Standard of Practice No. 25, 'Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages',

- Actuarial Standard of Practice No. 26, 'Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Group Employer Health Benefit Plans',
- Actuarial Standard of Practice No. 41, 'Actuarial Communications', and
- Actuarial Standard of Practice No. 50, 'Determining Minimum Value and Actuarial Value under the Affordable Care Act'



Adam Dee, FSA, MAAA
Vice President, Actuary, Commercial
600 E. Lafayette Blvd.
Detroit, MI 48226-2998
(313) 225-0500
May 13, 2026

I, Paul Abdelnour, Director, Commercial Actuarial, am an employee of Blue Cross Blue Shield of Michigan and a member of the American Academy of Actuaries.

I certify that the projected index rate provided within the memorandum is:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR §156.80(d)(1) and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient

I certify that the index rate and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and 45 CFR §156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

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- Actuarial Standard of Practice No. 41, 'Actuarial Communications', and

- Actuarial Standard of Practice No. 50, 'Determining Minimum Value and Actuarial Value under the Affordable Care Act'



Paul Abdelnour, FSA, MAAA
Director, Commercial Actuarial
600 E. Lafayette Blvd.
Detroit, MI 48226-2998
(313) 225-5824
May 13, 2026

I, Guillaume Lefebvre, Manager, Commercial Actuarial, am an employee of Blue Cross Blue Shield of Michigan and a member of the American Academy of Actuaries.

I certify that the projected index rate provided within the memorandum is:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR §156.80(d)(1) and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient

I certify that the index rate and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and 45 CFR §156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the documentation above. The values for all excepted plans were developed in accordance with generally accepted actuarial principles and methodologies.

I certify that the geographic rating factors reflect only difference in the cost of delivery (which can include unit cost and provider practice pattern differences) and marketplace factors, and do not include differences for population morbidity by geographic area.

I am disclosing the Part I Unified Rate Review Template does not demonstrate the process used by BCN to develop the rates, but rather 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. As required by DIFS, the Part I Unified Rate Review Template was completed with 2025 experience data.

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- Actuarial Standard of Practice No. 50, 'Determining Minimum Value and Actuarial Value under the Affordable Care Act'



Guillaume Lefebvre, FSA, MAAA
Actuary Manager, Commercial Actuarial
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May 13, 2026

Section 25: Rate Change Summary

In support of the DIFS rate checklist, a description of the allowable rating factors for 2027 is included below:

Quarterly Trend Adjustments

- BCN intends to adjust rates quarterly throughout 2027 by a 2.6% quarterly trend factor. This factor was developed based on the projected 2027 trend of 10.9%, which includes the effects of leveraging.

Age Factors

- BCN uses the default CMS age factors detailed in the CMS Insurance Standards Bulletin: Guidance Regarding Age Curves and State Reporting for plan years beginning on or after January 1, 2018.
- Age rate adjustment is applied based on the following age bands:
 - A single age factor for children 0 to 14 years of age, where the age rate adjustment is the same for all members in this age range.
 - One-year age bands starting at age 15 through age 63.
 - A single age band for individuals 64 years of age and older, where the age rate adjustment is the same for all members in this age range.
- The premium variation between the youngest and the oldest adult individuals between the ages of 21 – 64+ should not exceed a ratio of 3:1 as prescribed by the ACA and adopted by the State of Michigan.

Geographic Factors

- All rates (in or out of state members) will utilize the area rating factor associated with the geographic location of the employer within the state.
- If the headquarters is not in Michigan, location to default to the employer's Michigan office address.
- There are 16 geographic rating areas as established by the State of Michigan.
- BCN's area factors for 2027 shown in Exhibit 25.1 are updated from 2026.

Exhibit 25.1: Area Rating Factors

Area	2027 Q1 Area Factor
A) Wayne/ Monroe	0.953
B) Oakland/ Macomb	0.923
C) St. Clair	0.974
D) Ann Arbor	1.092
E) Flint	0.972
F) Thumb	0.962
G) Lansing	1.045
H) Saginaw	0.962
I) Southwest	1.171
J) Kalamazoo/ Battle Creek	1.107
K) Allegan/ Barry	1.139
L) Grand Rapids	1.139
M) Midland	1.038
N) N.W. Lower	0.953
O) N.E. Lower	1.039
P) UP	1.394
Composite	0.999

Narrow Network

- BCN is offering a narrow network product (PCP Focus) in the small group market. This product narrows on primary care physicians only. A member must choose from those PCP's that are included in this network in order to obtain coverage of benefits.
- BCN is rolling up the PCP Focus factors by area and is offering one statewide narrow network product (PCP Focus) in the small group market at a discount of 9.7% off of a similar HMO product.

Tobacco Factors

- Consistent with the 2026 rate filing, BCN will not be utilizing a tobacco rating factor in 2027.

Family Composition

- Family rates equal the sum of:
 - Rates for all enrollees age 21 and over,
 - plus rates for all subscribers or spouses under age 21, as applicable,
 - plus the rates of the three oldest children under age 21, as applicable.

BCN attests that it has not imposed any annual dollar limits and has not converted annual dollar limits to non-quantitative limits on any statutorily mandated treatment for autism spectrum disorders, as provided for in DIFS' Order No. 14-017-M.

Appendix

Exhibit A: DIFS Checklist



Checklist for Individual and Small Group Medical Plans

RATES

Effective for Plan Years beginning on or after January 1, 2027
(See FIS 2304) for Rates Checklist for Stand-Alone Dental Plans)

Issuer Name: Blue Care Network of Michigan	HIOS ID: 98185	Market: ☐ Individual ☒ Small Group
Rate Contacts (provide two): Paul Abdelnour; Guillaume Lefebvre		Phone Numbers: (313) 225-5824; (313) 225-6240
Emails: PAbdelnour@bcbsm.com; GLefebvre@bcbsm.com		
Third Party Filer Name and Contact (if applicable): Click here to enter text.		

Medical Plans Rate Checklist Instructions:

NOTE: A separate fully completed checklist is required for Individual and Small Group rates offered by the Issuer. This checklist is to be used for medical plans only.

- A. The required format for saving this document and all supporting documentation is: IssuerName_MiFormDescription_Version#. The purpose of adherence to a standard naming convention is to have the ability to track new versions as they are updated. It is important to start with Version 1 and use the same issuer name and form description in the file name each time. File names must **NOT** include special characters, dashes, and/or spaces.
- B. Forms and rates must be filed together under the same SERFF filing.
- C. The Rates Table Template must contain the rates for only one market. **DO NOT** combine the individual and small group rates onto one template.
- D. All components of the Rate Filing shall be filed under the appropriate tabs in SERFF. The filing should be comprised of:
 - i. Rate manual showing only **Michigan-specific** rates. If the Issuer is filing in multiple states, **DO NOT** include rates or methodology pages for other states.
 - ii. Sample rate [calculation](#);
 - iii. Michigan Rate Review Checklist for medical [plans](#);
 - iv. Unified Rate Review Template (Part I);
 - v. Written Description Justifying the Rate Increase, if applicable (Part II);
 - vi. Actuarial Memorandum (Part III), including, but not limited to:
 - a. Description and exhibits showing the development of rates from the [experience](#);
 - b. Methodology and assumptions [used](#) to calculate each plan's actuarial value.

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	

E. Applicable laws and regulations supersede this checklist in the case of a conflict. The omission of any requirement of law or regulation does not limit DIFS' authority to enforce.

General Information				4.2
Review Requested (<i>select only one</i>):	☒	Section 1	Page 5	
- Rate change - New in ACA MI market - Continued use of existing rates	☐ ☐			
Description of Benefits (<i>a narrative description of the benefits that will be provided by the policy forms included in the filing.</i>)	☒	Section 1	Page 5	
Effective Date of Requested Rate Adjustments	☒	Section 1	Page 5	
Complete entirely the Rate Justification Field under the Rate/Rule Schedule Tab in SERFF. The SERFF tracking Number of the last filing may be a small group quarterly rate adjustment filing.	☒	Section 1	Page 5	
Proposed Rate Change(s)				4.3
Reasons for Rate Change Overall	☒	Section 2	Page 6	
Identify and quantify the specific drivers for the proposed percentage rate change.				
Average Annual Premium (<i>The average premium for the entire single risk pool, before and after the requested rate change</i>)	☒	Section 2	Page 6	
Number of Policyholders and Covered Lives (<i>The number of Michigan policyholders and covered lives affected by the proposed rate change</i>) Number of Policyholders is the number of policies in the individual market and the number of enrollees in the small group market. Dependents should not be counted. Number of Covered Lives is the total number of lives insured, including dependents.	☒	Section 2	Page 6	
Ensure the Company Rate Information in the SERFF Rate/Rule Tab is complete including proposed minimum, maximum, and average rate	☒	N/A		

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
change; the number of proposed policyholders and covered lives; and this data is consistent with Actuarial Memorandum and the URR.				
Market Experience	☒	Section 3	Page 7	4.4
Experience Period Premium, Claims, and Enrollment NOTE: All current rates should be developed using 2023 as the experience period				4.4.1
Paid Through Date	☒	Section 3	Page 7	
Current Date	☒	Section 3	Page 7	
Experience Period Premium (Provide support for the determination of earned premium and confirm that the premium does not reflect any MLR rebates to the policyholders)	☒	Section 3	Page 7	
Allowed and Incurred Claims Incurred During the Experience Period	☒	Section 3	Page 7	
Benefit Categories	☒	Section 4	Page 9	4.4.2
Projections Factors	☒	Section 5	Page 9	4.4.3
Trend Factors (cost/utilization)	☒	Section 5	Page 9	4.4.3.1
Adjustments to Trended EHB Allowed Claims PMPM				4.4.3.2
Morbidity Adjustment	☒	Section 5	Page 9	
Demographics Shift	☒	Section 5	Page 9	
Plan Design Changes	☒	Section 5	Page 9	

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
Other Adjustments	☒	Section 5	Page 9	
Manual Rate Adjustments				4.4.3.3
Sources and Appropriateness of Experience Data Used	☒	Section 6	Page 11	
Adjustments Made to the Data	☒	Section 6	Page 11	
Inclusion of Capitation Payments	☒	Section 6	Page 11	
Credibility of Experience				4.4.3.4
Description of the Credibility Methodology Used	☒	Section 7	Page 11	
Credibility Level Assigned to the Base Period Experience	☒	Section 7	Page 11	
Establishing the Index Rate	☒	Section 13	Page 14	4.4.3.5
Development of the Market-wide Adjusted Index Rate				4.4.3.6
Reinsurance	☒	Section 9, 14	Page 11, 14	
Risk Adjustment Payment/Charge	☒	Section 14	Page 14	
<u>Exchange</u> User Fees	☒	Section 14	Page 14	
Plan Adjusted Index Rate	☒	Section 15	Page 15	4.4.4
<u>Cost Sharing Design</u> : The methodology used to determine the Cost-Sharing Design factor must be explained. Additionally, support (quantitative where possible) must be provided detailing the methodology for removing the impact of morbidity. Include an explanation of any plan specific benefits that drive unusual cost-	☒	Section 15	Page 15	

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
sharing design factors or relativities and provide an exhibit demonstrating the calculation of the cost sharing design factor. <u>Induced Demand Factors:</u> Provide detailed quantitative and qualitative support for the induced demand factors (IDF) for both the individual and small group market and demonstrate that the induced demand factors are normalized to a weighted average of 1.0. <u>CSR Loading:</u> Include current and projected distribution of silver plan members and the expected unfunded CSR subsidy at each variant level (70/73/87/94) that <u>produce</u> the CSR load. Provide a separate exhibit to show how the plan-level adjustment for Cost-Sharing Design was adjusted to remove the impact of CSR subsidies in the experience period data and include in the actuarial memorandum a description of the methodology used to remove the impact of CSR subsidies included in the experience data. Refer to the Bulletin and the Unified Rate Review Instructions for further instructions in determining and supporting CSR loads.	☒ ☐	Section 15 text here	Page 15 text here	
Calibration				4.4.5
Age Curve Calibration	☒	Section 16	Page 18	
Geographic Factor Calibration	☒	Section 16	Page 18	
Tobacco Use Rating Factor Calibration	☒	Section 16	Page 18	
Consumer Adjusted Premium Rate Development	☒	Section 17	Page 19	4.4.6
Projected Loss Ratio	☒	Section 11	Page 13	4.5
Plan Product Information	☒	Section 18, 19, 21	Page 20	4.6

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
AV Metal Values/Unique Plan Designs Screenshots Please provide screenshots of the AV calculator for unique plan designs. If option 45 CFR 156.135(b)(2) and/or (3) is used, provide the adjustments and the development of the adjustments that were made to reach the correct AV percentage. Each screenshot must be labeled with the corresponding Plan ID. If effective coinsurance is used, provide the development.	☒	Section 18	Page 20	4.6.1
Membership Projections	☒	Section 19	Page 20	4.6.2
Terminated Plans and Products	☒	Section 20	Page 20	4.6.3
Plan Type	☒	Section 21	Page 20	4.6.4
Miscellaneous Instructions	☒	Section 10, 22-24	Page 12, 20-22	4.7
Effective Rate Review Information				4.7.1
Administrative Expense Load <i>(see below for further required information)</i>	☒	Section 10	Page 12	
- Describe how expenses vary by plan or product - Describe the source data and how its use is appropriate - Show support of the allocation of the following non-benefit expenses: - Commissions and Brokers Fees - General Expenses - Reinsurance - Other Admin Costs	☒ ☒ ☒ ☒ ☒	Section 10	Page 12	
Profit (or Contribution to Surplus) and Risk Margin	☒	Section 10	Page 12	
Taxes and Fees	☒	Section 10	Page 12	
Sample Rate Calculation	☒	Section 17	Page 19	

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
Reliance	☒	Section 23	Page 21	4.7.2
HIOS Submission Tracking Number	☒	N/A	text here	
Actuarial Certification	☒	Section 24	Page 22	4.7.3
Do any plan-level annualized rate changes equal or exceed the 15% rate review threshold?	☒	N/A	text here	5
Additional Michigan Requirements				
Rate Change Summary				
Rate tables and factors: Quarterly rate tables in the small group market	☒	Section 25	Page 28	
Factors: Age, tobacco, <u>geographic</u> , and family status	☒	Section 25	Page 28	
Supplemental Health Care Exhibit (SHCE) Provide a reconciliation between SHCE and URRRT Experience Period Premiums and Incurred Claims, and include a copy of SHCE in Binder and Rate/Form filing.	☒	Section 3	Page 7	
SERFF Rate Data Fields				
All fields in the Rate/Rule tab have been completed, including the Company Rate Information and Rate Review Detail sections. Each proposed HIOS Product must be listed in the Products section of the Rate Review Detail section and all percentage changes, number of policyholders and lives, and premium changes should be shown.	☒			

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
Rates and Service Areas				
Rates have been submitted for all rating areas covering the proposed service areas. Submit only Michigan-specific rates.	☒			
Additional Michigan Requirements				
All templates must be submitted in the filing and/or binder in XLSM or XLS format.	☒			
Any new submission of a template and/or document placed in the Binder will be placed in the filing and vice versa (see page 1 for required format).	☒			
Full product names are shown on worksheet 2 of the URR.	☒			
All on-Marketplace and off-Marketplace plans offered in a market are included in a single URR.	☒			
The requested rate change percentage must be the same on the URR, Actuarial Memorandum, SERFF Rate Ribbon, and Supplemental Documentation.	☒			

Any subsequent submissions/revisions to the Rates Table Data Template must be placed in BOTH the Form/Rate filing and the Binder.



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Exhibit B: Market Average Premium Development

2027 Blue Care Network of Michigan Small Group Rate Development

	Benefit Category						
	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug	Total
Experience Period Data							
Experience Period Membership							127,414
Utilization per 1,000	50.18	1,243.08	14,327.92	12,000.00	904.06	8,465.92	
IBNR	1.048	1.020	1.018	1.000	1.000	1.000	
Completed Utilization per 1,000	52.60	1,268.47	14,583.63	12,000.00	904.06	8,465.92	
Cost per Service	\$20,158.51	\$1,365.33	\$119.95	\$11.45	\$100.03	\$143.22	\$21,898.49
Experience Period Allowed Claims PMPM	\$88.36	\$144.32	\$145.77	\$11.45	\$7.54	\$101.04	\$498.48
Experience Period Index Rate							\$498.44
Adjustments from Experience Period to Projection Period							
Changes in the Morbidity of the Population Insured	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Other							
Changes in Benefits	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Changes in Demographics	0.999	0.999	0.999	0.999	0.999	0.999	0.999
Other Adjustments	0.998	0.998	1.001	1.000	1.000	1.084	1.017
Annualized Trend Factor	1.056	1.088	1.079	0.958	0.935	1.111	1.079
Price Trend	1.036	1.044	1.016	1.000	1.000	1.067	1.037
Use Trend	1.019	1.042	1.062	0.958	0.935	1.041	1.040
Projected 2027 Allowed Claims PMPM	\$98.26	\$170.41	\$169.80	\$10.51	\$6.59	\$135.04	\$590.61
Projection Period Index Rate							\$590.57
Paid Claims Development							
Projected Average Paid to Allowed Ratio							82.2%
Projected 2027 Paid Claims PMPM (before risk programs)							\$485.56
Projected Risk Mitigation Program Transfers							
Projected Risk Adjustments PMPM							(\$23.60)
Projected Reinsurance Recoveries (net of reinsurance contributions) PMPM							\$0.00
Projected Exchange User Fee							\$0.00
Projected 2027 Incurred Claims							\$509.16
Average Premium Development							
Administrative Expense Load							11.31%
Profit & Risk Load							4.20%
Taxes & Fees (excluding Reinsurance)							0.49%
Projected 2027 Average Gross Premium Rate							\$606.13

Exhibit C: Actuarial Value Memorandum (Medical and Rx)

Section C.1: Calculating Actuarial Value (AV)

- A. Plan Designs Not Compatible with the AV Calculator
 - a. Issue 1: Two Tier Generic Rx Copays
 - b. Issue 2: Two Tier Specialty Rx Copays and Coinsurance Maximums
 - c. Issue 3: Different copays by Place of Service for Fixed Cost Plans
 - d. Issue 4: AV Calculator does not have ability to enter separate medical coinsurance maximum
 - e. Issue 5: Special Benefit Considerations for Wellness Plans

Section C.2: Appendix

- A. BCN Small Group AV Calculator Screen Shots

Section C.1: Calculating Medical Actuarial Value (AV)

The AV of each medical and prescription drug plan was calculated using the prescribed AV Calculator as updated and modified for the 2027 calendar year.

For benefit designs that are compatible with the AV Calculator, we populated the proper cost sharing features for those benefit provisions outlined within the AV Calculator. There are benefit provisions offered by BCN whose cost sharing features are not compatible with the AV Calculator. Regulations prescribe that in these instances an issuer must estimate the impact of these benefit provisions by utilizing one of the methodologies identified below:

- 1) Calculate the plan's AV by:
 - a) Estimating a fit of its plan design into the parameters of the AV Calculator; and
 - b) Having an actuary, who is a member of the American Academy of Actuaries, certify that the plan design was fit appropriately in accordance with generally accepted actuarial principles and methodologies.
- 2) Use the AV Calculator to determine the AV for the plan provisions that fit within the calculator parameters and have an actuary, who is a member of the American Academy of Actuaries, calculate and certify, in accordance with generally accepted actuarial principles and methodologies, appropriate adjustments to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV Calculator.

For plan designs that were not compatible with the AV Calculator, Section C.1.A describes how BCN estimated a fit of plan design parameters to the AV Calculator or calculated an appropriate adjustment to the AV identified by the AV Calculator utilizing an internal proprietary benefit relativity model.

The population utilized within the model includes large and small group customers, for both fully insured and self-insured arrangements. Since the experience of these pools encompasses plans that also cover the required essential health benefits for the Michigan marketplace in 2027, and is large and credible, we feel the model is a good proxy of expected cost and utilization patterns for the individual and small group markets.

Section C.1.A: Plan Designs Not Compatible with the AV Calculator

Issue 1: Two Tier Generic Rx Copays

Issue Description: The Consumer Information and Insurance Oversight (CCIIO) AV calculator only has one generic tier, however the majority of our BCN plans have a two tier generic prescription drug program.

Solution Approach: In order to derive one copay for the generic tier in the AV calculator, we blended copays from each of the generic tiers by utilizing the prescription counts from our claims data for two tier generic plans. The utilization is then used to weight the copays for each tier, the average of which creates the blended copay. Below is the calculation utilized for all BCN Small Group plans.

Effective Generic Drug Copay					
Tier	% Script	Copay			
Tier 1a	60.9%	\$4	\$6	\$10	\$15
Tier 1b	39.1%	\$15	\$25	\$30	\$40
Effective Amount		\$8.30	\$13.43	\$17.82	\$24.78

Issue 2: Two Tier Specialty Rx Copays and Coinsurance Maximums

Issue Description: The CCIIO AV calculator only has one specialty tier and does not accommodate most of our prescription drug plans which have a two-tier specialty prescription drug program.

Solution Approach:

We determined an effective specialty cost share based on the weighting of prescription counts between the two specialty tiers in our internal pricing model. The prescription count was used to weight the copays and coinsurance maximums. There are several cost-sharing designs where this adjustment would apply. The results for these are shown below.

Effective Specialty Copays and Coinsurance Maximums				
	Prescription Count	Copays and Coinsurance Maximums		
Preferred	80.2%	\$200	\$250	\$300
Non-Preferred	19.8%	\$300	\$350	\$500
Effective Amount		\$219.80	\$269.80	\$339.60

Issue 3: Different Copays by Place of Service for Fixed Cost Plans

Issue Description: The CCIO AV Calculator does not vary cost share by place of service. For Fixed Cost plans, the Outpatient Facility copay is different at an ambulatory surgical center than it is at a hospital. For radiology, copays are waived if the test is performed at an office visit and are only charged if the service is performed at an outside facility.

Solution Approach: For both Outpatient Facility Copay and Radiology we took the approach of calculating an effective copay which is a weighted average of the copays by place of service using utilization metrics from pricing for weighting. The tables below show the calculations.

Effective Outpatient Facility Copay		
Point Of Service	Utilization Split	Copay
Hospital Outpatient	69.0%	\$1,000
Ambulatory Surgery Center	31.0%	\$500
Effective Amount		\$845.00

High Tech Radiology Copay				
Point Of Service	Utilization Split	Copay		
Office Visit	17.7%	\$0.00	\$0.00	\$0.00
Facility	82.3%	\$150.00	\$200.00	\$350.00
Effective Amount		\$123.45	\$164.60	\$288.05

Low Tech Radiology Copay			
Point Of Service	Utilization Split	Copay	
Office Visit	49.8%	\$0.00	\$0.00
Facility	50.2%	\$50.00	\$100.00
Effective Amount		\$25.10	\$50.20

Issue 4: AV Calculator does not have ability to enter separate medical coinsurance maximum

Issue Description: There are two types of Out-of-Pocket Maximum (OOPM) designs for BCN plans.

- The first Out-of-Pocket Maximum design is labeled a “True” Out-of-Pocket (TrOOP) design. Under this design, there is not a separate limit on the coinsurance amount that is paid out

of pocket. All deductibles, copays and coinsurance amounts accumulate towards one combined OOPM. The AV calculator is designed to accommodate these types of plans.

- The second Out-of-Pocket Maximum design is labeled an Embedded Coinsurance Maximum (ECM) design. Under this design, medical coinsurance amounts contribute towards a defined separate OOPM, which we refer to as an ECM. In addition, there is an OOPM that limits the total of deductible, coinsurance, and flat copay spend by the member. The AV calculator is not designed to handle an ECM type plan feature.

Solution Approach: For ECM type plans, we ran plans through the AV calculator with a benefit design as close as possible to desired plan design, setting the OOPM equal to the deductible plus the ECM. We then ran two plans through our internal benefit relativity model. The first was the same plan design (OOPM = Deductible + ECM) as entered in the AVC. The second was the full plan design with the separate deductible, ECM, and OOPM. The percent difference between the AVs from our internal model for these two plan designs was then applied to the AV obtained from the AV calculator to determine the final AV.

Issue 5: Special Benefit Considerations for Wellness Plans

Issue Description: BCN intends to offer products that reward members for participating in wellness provisions. We intend to provide the reward by allowing a member to enroll in an enhanced coverage tier that offers lower cost sharing (deductibles, coinsurance and copays) than a standard coverage tier for those that choose to opt-out of the wellness provisions.

Solution Approach: For BCN wellness plans (aka Healthy Blue Living plans), the AV is derived based on a 2-tier benefit entry. The weight for the enhanced coverage tier is 50% in tier 1. The weight for the standard coverage tier is 50% in tier 2. The 50/50% split is projected based on BCN wellness plan membership on the two tiers. For Healthy Blue Living plans with ECMs we take the weighted average of the ECM adjustment described above for each of the enhanced and standard coverage tiers.

Table 1: Summary of Actuarial Values by Plan

The table below shows adjustments reflective of Issue 4 as applicable for each plan.

2027 Plan Name	Unadjusted AV from AVC	Adjustment	Final AV
Blue Elect Plus POS Platinum Option 1	91.91%		91.91%
Blue Elect Plus POS Platinum Option 2	91.39%		91.39%
Blue Elect Plus POS Gold Option 1	83.78%	-2.38%	81.78%
Blue Elect Plus POS Gold Option 2	83.79%	-2.18%	81.96%
Blue Elect Plus POS Gold Option 3	83.00%	-1.63%	81.65%
Blue Elect Plus POS Gold Option 4	81.05%		81.05%
Blue Elect Plus POS Gold Option 5	80.60%		80.60%
Blue Elect Plus POS Gold Option 6	78.43%		78.43%
Blue Elect Plus POS Gold Option 7	79.27%		79.27%
Blue Elect Plus POS Gold Option 8	78.98%		78.98%
BCN Fixed Cost Platinum	91.84%		91.84%
BCN Fixed Cost Gold Option 1	81.37%		81.37%
BCN Fixed Cost Gold Option 2	79.93%		79.93%
BCN Platinum Option 1	96.06%	-4.88%	91.38%
BCN Platinum Option 2	96.01%	-5.71%	90.53%
BCN Gold	82.00%		82.00%
BCN Platinum	91.83%		91.83%
BCN Gold Option 1	83.05%	-2.12%	81.29%
BCN Gold Option 2	83.84%	-2.94%	81.38%
BCN Gold Option 3	83.96%	-2.80%	81.62%
BCN Gold Option 4	83.47%	-2.94%	81.02%
BCN Gold Option 5	81.27%	-1.45%	80.09%
BCN Gold Option 6	81.00%	-1.65%	79.66%
BCN Gold Option 7	78.05%		78.05%
BCN Gold Option 8	79.40%	-1.08%	78.54%
BCN Gold Option 9	78.21%		78.21%
BCN Silver Option 1	71.97%		71.97%
BCN Silver Option 2	71.31%		71.31%
BCN Silver Option 3	71.05%		71.05%
Blue Elect Plus HRA POS Gold Option 1	81.34%		81.34%
Blue Elect Plus HRA POS Gold Option 2	81.00%		81.00%
BCN HRA Platinum Option 1	95.33%	-4.11%	91.41%
BCN HRA Platinum Option 2	95.05%	-3.91%	91.33%
BCN HRA Platinum Option 3	91.84%		91.84%

BCN HRA Gold Option 1	80.70%		80.70%
BCN HRA Gold Option 2	80.60%		80.60%
Blue Elect Plus HSA POS Platinum Option 1	91.88%		91.88%
Blue Elect Plus HSA POS Platinum Option 2	89.51%		89.51%
Blue Elect Plus HSA POS Gold Option 1	81.53%		81.53%
Blue Elect Plus HSA POS Gold Option 2	81.91%		81.91%
Blue Elect Plus HSA POS Gold Option 3	81.01%		81.01%
Blue Elect Plus HSA POS Silver Option 1	71.35%		71.35%
Blue Elect Plus HSA POS Silver Option 2	71.24%		71.24%
Blue Elect Plus HSA POS Silver Option 3	70.87%		70.87%
Blue Elect Plus HSA POS Silver Option 4	70.04%		70.04%
Blue Elect Plus HSA POS Bronze	64.51%		64.51%
BCN HSA Platinum Option 1	91.88%		91.88%
BCN HSA Platinum Option 2	89.51%		89.51%
BCN HSA Gold Option 1	81.53%		81.53%
BCN HSA Gold Option 2	81.91%		81.91%
BCN HSA Gold Option 3	81.01%		81.01%
BCN HSA Silver Option 1	71.35%		71.35%
BCN HSA Silver Option 2	71.24%		71.24%
BCN HSA Silver Option 3	70.87%		70.87%
BCN HSA Silver Option 4	70.04%		70.04%
BCN HSA Bronze Option 1	64.68%		64.68%
BCN HSA Bronze Option 2	64.51%		64.51%
BCN Healthy Blue Living Platinum	91.80%		91.80%
BCN Healthy Blue Living Gold Option 1	82.30%	-1.92%	80.72%
BCN Healthy Blue Living Gold Option 2	81.79%	-1.42%	80.63%
BCN Healthy Blue Living Gold Option 3	83.48%	-3.96%	80.17%

Table 2: Plan Name to HIOS ID Mapping

The table below shows the HIOS ID associated with each plan.

2027 Plan Name	Base Plans (1)	Base Plans Without Contraceptives (2)	Base Plans With Elective Abortion (3)
2027 Blue Elect Plus POS Platinum Option 1	98185MI0790005	98185MI0800005	98185MI0810005
2027 Blue Elect Plus POS Platinum Option 2	98185MI0790006	98185MI0800006	98185MI0810006
2027 Blue Elect Plus POS Gold Option 1	98185MI0790001	98185MI0800001	98185MI0810001
2027 Blue Elect Plus POS Gold Option 2	98185MI0790002	98185MI0800002	98185MI0810002
2027 Blue Elect Plus POS Gold Option 3	98185MI0790007	98185MI0800007	98185MI0810007
2027 Blue Elect Plus POS Gold Option 4	98185MI0790003	98185MI0800003	98185MI0810003
2027 Blue Elect Plus POS Gold Option 5	98185MI0790004	98185MI0800004	98185MI0810004
2027 Blue Elect Plus POS Gold Option 6	98185MI0790011	98185MI0800011	98185MI0810011
2027 Blue Elect Plus POS Gold Option 7	98185MI0790009	98185MI0800009	98185MI0810009
2027 Blue Elect Plus POS Gold Option 8	98185MI0790010	98185MI0800010	98185MI0810010
2027 BCN Fixed Cost Platinum	98185MI0760001	98185MI0770001	98185MI0780001
2027 BCN Fixed Cost Gold Option 1	98185MI0760002	98185MI0770002	98185MI0780002
2027 BCN Fixed Cost Gold Option 2	98185MI0760003	98185MI0770003	98185MI0780003
2027 BCN Fixed Cost PCP Focus Platinum	98185MI0760004	98185MI0770004	98185MI0780004
2027 BCN Fixed Cost PCP Focus Gold Option 1	98185MI0760005	98185MI0770005	98185MI0780005
2027 BCN Fixed Cost PCP Focus Gold Option 2	98185MI0760006	98185MI0770006	98185MI0780006
2027 BCN Platinum Option 1	98185MI0190007	98185MI0210004	98185MI0270007
2027 BCN PCP Focus Platinum Option 1	98185MI0190014	98185MI0210014	98185MI0270014
2027 BCN Platinum Option 2	98185MI0190009	98185MI0210005	98185MI0270009
2027 BCN PCP Focus Platinum Option 2	98185MI0190015	98185MI0210015	98185MI0270015
2027 BCN Gold	98185MI0190011	98185MI0210006	98185MI0270011
2027 BCN PCP Focus Gold	98185MI0190016	98185MI0210016	98185MI0270016
2027 BCN Platinum	98185MI0130001	98185MI0200001	98185MI0260001
2027 BCN PCP Focus Platinum	98185MI0130003	98185MI0200002	98185MI0260003
2027 BCN Gold Option 1	98185MI0130041	98185MI0200022	98185MI0260041
2027 BCN PCP Focus Gold Option 1	98185MI0130050	98185MI0200050	98185MI0260050
2027 BCN Gold Option 2	98185MI0130023	98185MI0200012	98185MI0260023
2027 BCN PCP Focus Gold Option 2	98185MI0130042	98185MI0200023	98185MI0260042
2027 BCN Gold Option 3	98185MI0130025	98185MI0200013	98185MI0260025
2027 BCN PCP Focus Gold Option 3	98185MI0130027	98185MI0200014	98185MI0260027
2027 BCN Gold Option 4	98185MI0130029	98185MI0200015	98185MI0260029
2027 BCN PCP Focus Gold Option 4	98185MI0130031	98185MI0200016	98185MI0260031

2027 BCN Gold Option 5	98185MI0130044	98185MI0200025	98185MI0260044
2027 BCN PCP Focus Gold Option 5	98185MI0130045	98185MI0200026	98185MI0260045
2027 BCN Gold Option 6	98185MI0130046	98185MI0200027	98185MI0260046
2027 BCN PCP Focus Gold Option 6	98185MI0130047	98185MI0200028	98185MI0260047
2027 BCN Gold Option 7	98185MI0130051	98185MI0200051	98185MI0260051
2027 BCN PCP Focus Gold Option 7	98185MI0130052	98185MI0200052	98185MI0260052
2027 BCN Gold Option 8	98185MI0130048	98185MI0200029	98185MI0260048
2027 BCN PCP Focus Gold Option 8	98185MI0130049	98185MI0200030	98185MI0260049
2027 BCN Gold Option 9	98185MI0130053	98185MI0200053	98185MI0260053
2027 BCN PCP Focus Gold Option 9	98185MI0130054	98185MI0200054	98185MI0260054
2027 BCN Silver Option 1	98185MI0130055	98185MI0200055	98185MI0260055
2027 BCN PCP Focus Silver Option 1	98185MI0130056	98185MI0200056	98185MI0260056
2027 BCN Silver Option 2	98185MI0130033	98185MI0200017	98185MI0260033
2027 BCN PCP Focus Silver Option 2	98185MI0130035	98185MI0200018	98185MI0260035
2027 BCN Silver Option 3	98185MI0130057	98185MI0200057	98185MI0260057
2027 BCN PCP Focus Silver Option 3	98185MI0130058	98185MI0200058	98185MI0260058
2027 Blue Elect Plus HRA POS Gold Option 1	98185MI0950001	98185MI0930001	98185MI0960001
2027 Blue Elect Plus HRA POS Gold Option 2	98185MI0950002	98185MI0930002	98185MI0960002
2027 BCN HRA Platinum Option 1	98185MI0150013	98185MI0230007	98185MI0290013
2027 BCN HRA PCP Focus Platinum Option 1	98185MI0150019	98185MI0230019	98185MI0290019
2027 BCN HRA Platinum Option 2	98185MI0150015	98185MI0230008	98185MI0290015
2027 BCN HRA PCP Focus Platinum Option 2	98185MI0150020	98185MI0230020	98185MI0290020
2027 BCN HRA Platinum Option 3	98185MI0150009	98185MI0230005	98185MI0290009
2027 BCN HRA PCP Focus Platinum Option 3	98185MI0150011	98185MI0230006	98185MI0290011
2027 BCN HRA Gold Option 1	98185MI0150017	98185MI0230009	98185MI0290017
2027 BCN HRA PCP Focus Gold Option 1	98185MI0150021	98185MI0230021	98185MI0290021
2027 BCN HRA Gold Option 2	98185MI0150018	98185MI0230010	98185MI0290018
2027 BCN HRA PCP Focus Gold Option 2	98185MI0150022	98185MI0230022	98185MI0290022
2027 Blue Elect Plus HSA POS Platinum Option 1	98185MI0820005	98185MI0830005	98185MI0840005
2027 Blue Elect Plus HSA POS Platinum Option 2	98185MI0820006	98185MI0830006	98185MI0840006
2027 Blue Elect Plus HSA POS Gold Option 1	98185MI0820001	98185MI0830001	98185MI0840001
2027 Blue Elect Plus HSA POS Gold Option 2	98185MI0820002	98185MI0830002	98185MI0840002
2027 Blue Elect Plus HSA POS Gold Option 3	98185MI0820007	98185MI0830007	98185MI0840007
2027 Blue Elect Plus HSA POS Silver Option 1	98185MI0820003	98185MI0830003	98185MI0840003
2027 Blue Elect Plus HSA POS Silver Option 2	98185MI0820008	98185MI0830008	98185MI0840008
2027 Blue Elect Plus HSA POS Silver Option 3	98185MI0820009	98185MI0830009	98185MI0840009
2027 Blue Elect Plus HSA POS Silver Option 4	98185MI0820010	98185MI0830010	98185MI0840010
2027 Blue Elect Plus HSA POS Bronze	98185MI0820004	98185MI0830004	98185MI0840004

2027 BCN HSA Platinum Option 1	98185MI0160017	98185MI0240011	98185MI0300017
2027 BCN HSA PCP Focus Platinum Option 1	98185MI0160018	98185MI0240018	98185MI0300018
2027 BCN HSA Platinum Option 2	98185MI0160027	98185MI0240027	98185MI0300027
2027 BCN HSA PCP Focus Platinum Option 2	98185MI0160028	98185MI0240028	98185MI0300028
2027 BCN HSA Gold Option 1	98185MI0160001	98185MI0240001	98185MI0300001
2027 BCN HSA PCP Focus Gold Option 1	98185MI0160026	98185MI0240026	98185MI0300026
2027 BCN HSA Gold Option 2	98185MI0160014	98185MI0240008	98185MI0300014
2027 BCN HSA PCP Focus Gold Option 2	98185MI0160019	98185MI0240019	98185MI0300019
2027 BCN HSA Gold Option 3	98185MI0160003	98185MI0240002	98185MI0300003
2027 BCN HSA PCP Focus Gold Option 3	98185MI0160020	98185MI0240020	98185MI0300020
2027 BCN HSA Silver Option 1	98185MI0160005	98185MI0240003	98185MI0300005
2027 BCN HSA PCP Focus Silver Option 1	98185MI0160021	98185MI0240021	98185MI0300021
2027 BCN HSA Silver Option 2	98185MI0160015	98185MI0240009	98185MI0300015
2027 BCN HSA PCP Focus Silver Option 2	98185MI0160025	98185MI0240025	98185MI0300025
2027 BCN HSA Silver Option 3	98185MI0160016	98185MI0240010	98185MI0300016
2027 BCN HSA PCP Focus Silver Option 3	98185MI0160022	98185MI0240022	98185MI0300022
2027 BCN HSA Silver Option 4	98185MI0160029	98185MI0240029	98185MI0300029
2027 BCN HSA PCP Focus Silver Option 4	98185MI0160030	98185MI0240030	98185MI0300030
2027 BCN HSA Bronze Option 1	98185MI0160023	98185MI0240023	98185MI0300023
2027 BCN HSA PCP Focus Bronze Option 1	98185MI0160024	98185MI0240024	98185MI0300024
2027 BCN HSA Bronze Option 2	98185MI0160007	98185MI0240004	98185MI0300007
2027 BCN HSA PCP Focus Bronze Option 2	98185MI0160009	98185MI0240005	98185MI0300009
2027 BCN Healthy Blue Living Platinum	98185MI0170011	98185MI0250006	98185MI0310011
2027 BCN Healthy Blue Living PCP Focus Platinum	98185MI0170014	98185MI0250014	98185MI0310014
2027 BCN Healthy Blue Living Gold Option 1	98185MI0170012	98185MI0250007	98185MI0310012
2027 BCN Healthy Blue Living PCP Focus Gold Option 1	98185MI0170015	98185MI0250015	98185MI0310015
2027 BCN Healthy Blue Living Gold Option 2	98185MI0170009	98185MI0250005	98185MI0310009
2027 BCN Healthy Blue Living PCP Focus Gold Option 2	98185MI0170016	98185MI0250016	98185MI0310016
2027 BCN Healthy Blue Living Gold Option 3	98185MI0170013	98185MI0250008	98185MI0310013
2027 BCN Healthy Blue Living PCP Focus Gold Option 3	98185MI0170017	98185MI0250017	98185MI0310017

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Section C.2: Appendix

Section C.2.A BCN Small Group AV Calculator Screen Shots

The screen shots from the Actuarial Value calculator for the 2027 Small Group portfolio are below.

Name: Blue Elect Plus POS Platinum Option 1

Plan HIOS ID: 98185MI0790005⁽¹⁾, 98185MI0800005⁽²⁾, 98185MI0810005⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			
		80.00%			
		\$6,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$150.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$8.30	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.91%

Platinum

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

Additional Notes:

Calculation Time:

0.0586 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus POS Platinum Option 2

Plan HIOS ID: 98185MI0790006 ⁽¹⁾, 98185MI0800006 ⁽²⁾, 98185MI0810006⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

Desired Metal Tier: Platinum

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$500.00			
		80.00%			
		\$4,500.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$150.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$8.30	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.39%

Platinum

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.

Additional Notes:

Calculation Time:

0.0547 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus POS Gold Option 1

Plan HIOS ID: 98185MI0790001⁽¹⁾, 98185MI0800001⁽²⁾, 98185MI0810001⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,000.00			
		80.00%			
		\$6,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation.
83.78%

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.

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus POS Gold Option 2

Plan HIOS ID: 98185MI0790002⁽¹⁾, 98185MI0800002⁽²⁾, 98185MI0810002⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,500.00			
		80.00%			
		\$6,500.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation.
83.79%

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.

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus POS Gold Option 3

Plan HIOS ID: 98185MI0790007⁽¹⁾, 98185MI0800007⁽²⁾, 98185MI0810007⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,000.00			
		80.00%			
		\$7,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation.
83.00%

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.

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus POS Gold Option 4

Plan HIOS ID: 98185MI0790003⁽¹⁾, 98185MI0800003⁽²⁾, 98185MI0810003⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,500.00			
		80.00%			
		\$8,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.05%

Gold

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.

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus POS Gold Option 5

Plan HIOS ID: 98185MI0790004⁽¹⁾, 98185MI0800004⁽²⁾, 98185MI0810004⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$3,500.00			
		80.00%			
		\$8,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.60%

Gold

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.

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus POS Gold Option 6

Plan HIOS ID: 98185MI0790011⁽¹⁾, 98185MI0800011⁽²⁾, 98185MI0810011⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$4,000.00			
		100.00%			
		\$10,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$200.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$339.60
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.43%

Gold

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.

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus POS Gold Option 7

Plan HIOS ID: 98185MI0790009⁽¹⁾, 98185MI0800009⁽²⁾, 98185MI0810009⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$4,500.00			
		80.00%			
		\$10,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.27%

Gold

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.

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus POS Gold Option 8

Plan HIOS ID: 98185MI0790010⁽¹⁾, 98185MI0800010⁽²⁾, 98185MI0810010⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,500.00			
		70.00%			
		\$10,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

[Calculate](#)

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
78.98%
Gold

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.

Additional Notes:

Calculation Time:
Final 2027 AV Calculator

0.3828 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Fixed Cost Platinum

Plan HIOS ID: 98185MI0760001⁽¹⁾, 98185MI0770001⁽²⁾, 98185MI0780001⁽³⁾

Issuer HIOS ID: 98185

Name: BCN Fixed Cost PCP Focus Platinum

Plan HIOS ID: 98185MI0760004⁽¹⁾, 98185MI0770004⁽²⁾, 98185MI0780004⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☒
Apply Skilled Nursing Facility Copay per Day? ☒
Use Separate MOOP for Medical and Drug Spending? ☒
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: **Platinum** ▼
Deductible (\$)
Coinsurance (% Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		100.00%
		\$4,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐		\$1,000.00	☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$15.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$123.45	☐	☐			☐	☐
Speech Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		\$25.10	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		\$50.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		\$845.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☐	☐		\$0.00	☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$8.30	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		\$219.80	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 91.84%
Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.0547 seconds
Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Fixed Cost Gold Option 1

Plan HIOS ID: 98185MI0760002⁽¹⁾, 98185MI0770002⁽²⁾, 98185MI0780002⁽³⁾

Issuer HIOS ID: 98185

Name: BCN Fixed Cost PCP Focus Gold Option 1

Plan HIOS ID: 98185MI0760005⁽¹⁾, 98185MI0770005⁽²⁾, 98185MI0780005⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Deductible (\$)

Coinsurance (%; Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		100.00%
		\$12,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$350.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐		\$1,000.00	☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$164.60	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		\$50.20	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		\$50.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		\$845.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☐	☐		\$0.00	☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		\$219.80	☐	☐			☐	☐

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):	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:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.37%

Gold

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.0547 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Fixed Cost Gold Option 2

Plan HIOS ID: 98185MI0760003⁽¹⁾, 98185MI0770003⁽²⁾, 98185MI0780003⁽³⁾

Issuer HIOS ID: 98185

Name: BCN Fixed Cost PCP Focus Gold Option 2

Plan HIOS ID: 98185MI0760006⁽¹⁾, 98185MI0770006⁽²⁾, 98185MI0780006⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$12,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$550.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐		\$1,500.00	☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$40.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$288.05	☐	☐			☐	☐
Speech Therapy	☐	☐		\$60.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$60.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		\$50.20	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		\$50.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		\$845.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☐	☐		\$0.00	☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		\$219.80	☐	☐			☐	☐

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):	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:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.93%

Gold

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.0625 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Platinum Option 1

Plan HIOS ID: 98185MI0190007⁽¹⁾, 98185MI0210004⁽²⁾, 98185MI0270007⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Platinum Option 1

Plan HIOS ID: 98185MI0190014⁽¹⁾, 98185MI0210014⁽²⁾, 98185MI0270014⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

Desired Metal Tier: **Platinum**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			
		90.00%			
		\$1,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$40.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

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

Actuarial Value:

96.06%

Metal Tier:

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

Additional Notes:

Calculation Time:

0.0898 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Platinum Option 2

Plan HIOS ID: 98185MI0190009⁽¹⁾, 98185MI0210005⁽²⁾, 98185MI0270009⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Platinum Option 2

Plan HIOS ID: 98185MI0190015⁽¹⁾, 98185MI0210015⁽²⁾, 98185MI0270015⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

Desired Metal Tier **Platinum**

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			
		80.00%			
		\$1,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$40.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	Specialty Rx Coinsurance Maximum: \$219.80
Set a Maximum Number of Days for Charging an IP Copay? ☐	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	# Copays (1-10):

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

96.01%

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

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.0586 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold

Plan HIOS ID: 98185MI0190011⁽¹⁾, 98185MI0210006⁽²⁾, 98185MI0270011⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Gold

Plan HIOS ID: 98185MI0190016⁽¹⁾, 98185MI0210016⁽²⁾, 98185MI0270016⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		70.00%
		\$12,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$350.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$40.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$250.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$200.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$339.60
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

82.00%

Gold

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

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.0508 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Platinum

Plan HIOS ID: 98185MI0130001⁽¹⁾, 98185MI0200001⁽²⁾, 98185MI0260001⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Platinum

Plan HIOS ID: 98185MI0130003⁽¹⁾, 98185MI0200002⁽²⁾, 98185MI0260003⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$500.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$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	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$30.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$30.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.83%

Platinum

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.

Additional Notes:

Calculation Time:

0.0859 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold Option 1

Plan HIOS ID: 98185MI0130041⁽¹⁾, 98185MI0200022⁽²⁾, 98185MI0260041⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Gold Option 1

Plan HIOS ID: 98185MI0130050⁽¹⁾, 98185MI0200050⁽²⁾, 98185MI0260050⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		80.00%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$350.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation.
83.05%

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.

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.0664 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold Option 2

Plan HIOS ID: 98185MI0130023⁽¹⁾, 98185MI0200012⁽²⁾, 98185MI0260023⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Gold Option 2

Plan HIOS ID: 98185MI0130042⁽¹⁾, 98185MI0200023⁽²⁾, 98185MI0260042⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		80.00%
		\$5,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$250.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$40.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$40.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	
Specialty Rx Coinsurance Maximum: \$219.80	
Set a Maximum Number of Days for Charging an IP Copay? ☐	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation.
83.84%

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.

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.0664 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold Option 3

Plan HIOS ID: 98185MI0130025(1), 98185MI0200013(2), 98185MI0260025(3)

Issuer HIOS ID: 98185

Name: BCN PCP Focus Gold Option 3

Plan HIOS ID: 98185MI0130027(1), 98185MI0200014(2), 98185MI0260027(3)

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,000.00			
		80.00%			
		\$5,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$250.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$40.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$40.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	
Specialty Rx Coinsurance Maximum: \$219.80	
Set a Maximum Number of Days for Charging an IP Copay? ☐	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

83.96%

Metal Tier:

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.

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold Option 4

Plan HIOS ID: 98185MI0130029⁽¹⁾, 98185MI0200015⁽²⁾, 98185MI0260029⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Gold Option 4

Plan HIOS ID: 98185MI0130031⁽¹⁾, 98185MI0200016⁽²⁾, 98185MI0260031⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,500.00			
		80.00%			
		\$5,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All	☐ All	☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐	☐	☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐	☐	☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐	☐	☐	☐
Specialist Visit	☐	☐		\$40.00	☐	☐			☐	☐	☐	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐	☐	☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐	☐	☐	☐
Speech Therapy	☒	☐		\$40.00	☐	☐			☒	☐	☐	☐	☐
Occupational and Physical Therapy	☒	☐		\$40.00	☐	☐			☒	☐	☐	☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐	☐	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐	☐	☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐	☐	☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐	☐	☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐			☐	☐			☐	☐	☐	☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐	☐	☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All	☐ All	☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐	☐	☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐	☐	☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐	☐	☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐	☐	☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
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/Coinurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

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

83.47%

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.

0.0664 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold Option 5

Plan HIOS ID: 98185MI0130044⁽¹⁾, 98185MI0200025⁽²⁾, 98185MI0260044⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Gold Option 5

Plan HIOS ID: 98185MI0130045⁽¹⁾, 98185MI0200026⁽²⁾, 98185MI0260045⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Deductible (\$)

Coinsurance (%; Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		80.00%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	
Specialty Rx Coinsurance Maximum: \$219.80	
Set a Maximum Number of Days for Charging an IP Copay? ☐	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.27%

Gold

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.

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold Option 6

Plan HIOS ID: 98185MI0130046⁽¹⁾, 98185MI0200027⁽²⁾, 98185MI0260046⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Gold Option 6

Plan HIOS ID: 98185MI0130047⁽¹⁾, 98185MI0200028⁽²⁾, 98185MI0260047⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$3,500.00			
		80.00%			
		\$6,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☐	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.00%

Gold

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.

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.0625 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold Option 7

Plan HIOS ID: 98185MI0130051⁽¹⁾, 98185MI0200051⁽²⁾, 98185MI0260051⁽³⁾

Issuer HIOS ID: 98185

Name BCN PCP Focus Gold Option 7

Plan HIOS ID: 98185MI0130052⁽¹⁾, 98185MI0200052⁽²⁾, 98185MI0260052⁽³⁾

Issuer HIOS ID: 98185

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:
	2nd Tier Utilization:

Deductible (\$)

Coinsurance (%; Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,500.00
		100.00%
		\$8,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$250.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$40.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$40.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	
Specialty Rx Coinsurance Maximum: \$219.80	
Set a Maximum Number of Days for Charging an IP Copay? ☐	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.05%

Gold

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.

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold Option 8

Plan HIOS ID: 98185MI0130048⁽¹⁾, 98185MI0200029⁽²⁾, 98185MI0260048⁽³⁾

Issuer HIOS ID: 98185

Name BCN PCP Focus Gold Option 8

Plan HIOS ID: 98185MI0130049⁽¹⁾, 98185MI0200030⁽²⁾, 98185MI0260049⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,500.00
		90.00%
		\$7,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.40%

Gold

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.

Additional Notes:

Calculation Time:

0.0586 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Gold Option 9

Plan HIOS ID: 98185MI0130053⁽¹⁾, 98185MI0200053⁽²⁾, 98185MI0260053⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Gold Option 9

Plan HIOS ID: 98185MI0130054⁽¹⁾, 98185MI0200054⁽²⁾, 98185MI0260054⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,500.00			
		90.00%			
		\$9,450.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$250.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$10.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$10.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☒	☐		\$30.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$17.82	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
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/Coinurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.21%

Gold

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.

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.0664 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Silver Option 1

Plan HIOS ID: 98185MI0130055⁽¹⁾, 98185MI0200055⁽²⁾, 98185MI0260055⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Silver Option 1

Plan HIOS ID: 98185MI0130056⁽¹⁾, 98185MI0200056⁽²⁾, 98185MI0260056⁽³⁾

Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		100.00%
		\$12,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$350.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$40.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$60.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$60.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$200.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	
Specialty Rx Coinsurance Maximum: \$339.60	
Set a Maximum Number of Days for Charging an IP Copay? ☐	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.97%

Silver

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.

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Silver Option 2

Plan HIOS ID: 98185MI0130033⁽¹⁾, 98185MI0200017⁽²⁾, 98185MI0260033⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Silver Option 2

Plan HIOS ID: 98185MI0130035⁽¹⁾, 98185MI0200018⁽²⁾, 98185MI0260035⁽³⁾

Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		70.00%
		\$12,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$350.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$40.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$60.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$60.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$200.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	Specialty Rx Coinsurance Maximum: \$339.60
Set a Maximum Number of Days for Charging an IP Copay? ☐	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	# Copays (1-10):

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.31%

Silver

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.

Additional Notes:

Calculation Time:

0.0664 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Silver Option 3

Plan HIOS ID: 98185MI0130057⁽¹⁾, 98185MI0200057⁽²⁾, 98185MI0260057⁽³⁾

Issuer HIOS ID: 98185

Name: BCN PCP Focus Silver Option 3

Plan HIOS ID: 98185MI0130058⁽¹⁾, 98185MI0200058⁽²⁾, 98185MI0260058⁽³⁾

Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,500.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$12,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$350.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$40.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$60.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$60.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$200.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	
Specialty Rx Coinsurance Maximum:	\$339.60
Set a Maximum Number of Days for Charging an IP Copay? ☐	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.05%

Silver

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.

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HRA Gold Option 1

Plan HIOS ID: 98185MI0950001⁽¹⁾, 98185MI0930001⁽²⁾, 98185MI0960001⁽³⁾

Issuer HIOS ID: 98185

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:	\$100.00	1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,000.00			
		80.00%			
		\$8,500.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$100.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$200.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$339.60
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.34%

Gold

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.

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HRA Gold Option 2

Plan HIOS ID: 98185MI0950002⁽¹⁾, 98185MI0930002⁽²⁾, 98185MI0960002⁽³⁾

Issuer HIOS ID: 98185

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:	\$250.00	1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$4,000.00			
		80.00%			
		\$12,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$13.43	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.00%

Gold

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.

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HRA Platinum Option 1

Plan HIOS ID: 98185MI0150013⁽¹⁾, 98185MI0230007⁽²⁾, 98185MI0290013⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HRA PCP Focus Platinum Option 1

Plan HIOS ID: 98185MI0150019⁽¹⁾, 98185MI0230019⁽²⁾, 98185MI0290019⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☒	Tiered Network Plan?	☐
Annual Contribution Amount:	\$500.00	1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		80.00%
		\$2,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$40.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$40.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$8.30	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation.
95.33%

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.

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.2773 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HRA Platinum Option 2**Plan HIOS ID: 98185MI0150015⁽¹⁾, 98185MI0230008⁽²⁾, 98185MI0290015⁽³⁾****Issuer HIOS ID: 98185****Name: BCN HRA PCP Focus Platinum Option 2****Plan HIOS ID: 98185MI0150020⁽¹⁾, 98185MI0230020⁽²⁾, 98185MI0290020⁽³⁾****Issuer HIOS ID: 98185****User Inputs for Plan Parameters**

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

Desired Metal Tier

Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☒	Tiered Network Plan?	☐
Annual Contribution Amount:	\$750.00	1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		80.00%
		\$2,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for important instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All	☐ All	☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐	☐	☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐	☐	☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐	☐	☐	☐
Specialist Visit	☐	☐		\$40.00	☐	☐			☐	☐	☐	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐	☐	☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐	☐	☐	☐
Speech Therapy	☒	☐		\$40.00	☐	☐			☒	☐	☐	☐	☐
Occupational and Physical Therapy	☒	☐		\$40.00	☐	☐			☒	☐	☐	☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐	☐	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐	☐	☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐	☐	☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐	☐	☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐			☐	☐			☐	☐	☐	☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐	☐	☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All	☐ All	☐ All	☐ All
Generics	☐	☐		\$8.30	☐	☐			☐	☐	☐	☐	☐
Preferred Brand Drugs	☐	☐		\$40.00	☐	☐			☐	☐	☐	☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐	☐	☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐	☐	☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
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/Coinurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

95.05%

Metal Tier:

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.

Additional Notes:

Calculation Time:

0.3516 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HRA Platinum Option 3

Plan HIOS ID: 98185MI0150009⁽¹⁾, 98185MI0230005⁽²⁾, 98185MI0290009⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HRA PCP Focus Platinum Option 3

Plan HIOS ID: 98185MI0150011⁽¹⁾, 98185MI0230006⁽²⁾, 98185MI0290011⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☒	Tiered Network Plan?	☐
Annual Contribution Amount:	\$2,000.00	1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,000.00			
		80.00%			
		\$6,350.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$40.00	☐	☐			☐	☐
Occupational and Physical Therapy	☒	☐		\$40.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☐			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$13.43	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
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/Coinurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.84%

Platinum

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.

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.3438 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HRA Gold Option 1

Plan HIOS ID: 98185MI0150017⁽¹⁾, 98185MI0230009⁽²⁾, 98185MI0290017⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HRA PCP Focus Gold Option 1

Plan HIOS ID: 98185MI0150021⁽¹⁾, 98185MI0230021⁽²⁾, 98185MI0290021⁽³⁾

Issuer HIOS ID: 98185

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
Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☒	Tiered Network Plan?	☐
Annual Contribution Amount:	\$150.00	1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$3,000.00			
		80.00%			
		\$9,100.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☒	☐		\$50.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☐			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$13.43	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒
Specialty Rx Coinsurance Maximum: \$219.80
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/Coinurance After a Set Number of Copays? ☐
Copays (1-10):

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.70%

Gold

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.

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HRA Gold Option 2

Plan HIOS ID: 98185MI0150018⁽¹⁾, 98185MI0230010⁽²⁾, 98185MI0290018⁽³⁾

Issuer HIOS ID: 98185

Name BCN HRA PCP Focus Gold Option 2

Plan HIOS ID: 98185MI0150022⁽¹⁾, 98185MI0230022⁽²⁾, 98185MI0290022⁽³⁾

Issuer HIOS ID: 98185

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:	\$350.00	1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,000.00			
Coinsurance (% , Insurer's Cost Share)			80.00%			
MOOP (\$)			\$9,100.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$60.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$60.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$13.43	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$269.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.60%

Gold

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.

Additional Notes:

Calculation Time:

0.0664 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Platinum Option 1

Plan HIOS ID: 98185MI0820005⁽¹⁾, 98185MI0830005⁽²⁾, 98185MI0840005⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

Desired Metal Tier: Platinum

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,800.00			
		100.00%			
		\$1,800.00			

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.88%

Platinum

Additional Notes:

Calculation Time:

0.125 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Platinum Option 2

Plan HIOS ID: 98185MI0820006⁽¹⁾, 98185MI0830006⁽²⁾, 98185MI0840006⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

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

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 89.51%
Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.2305 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Gold Option 1
Plan HIOS ID: 98185MI0820001(1), 98185MI0830001(2), 98185MI0840001(3)
Issuer HIOS ID: 98185

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:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,750.00			
		80.00%			
		\$5,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☐		\$17.82	☐	☐			☒	☐
Preferred Brand Drugs	☒	☐		\$60.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☐		\$80.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.53%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1094 seconds
Final 2027 AV Calculator

Notes:

- (1): plan with contraceptives and without voluntary abortion
(2): plan without contraceptives and without voluntary abortion
(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Gold Option 2

Plan HIOS ID: 98185MI0820002⁽¹⁾, 98185MI0830002⁽²⁾, 98185MI0840002⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,500.00			
		100.00%			
		\$4,500.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☒	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☐		\$24.78	☐	☐			☒	☐
Preferred Brand Drugs	☒	☐		\$100.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☐		\$200.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$339.60
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.91%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0625 seconds
Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Gold Option 3

Plan HIOS ID: 98185MI0820007⁽¹⁾, 98185MI0830007⁽²⁾, 98185MI0840007⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$3,500.00			
		100.00%			
		\$3,500.00			

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.01%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1445 seconds
Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Silver Option 1

Plan HIOS ID: 98185MI0820003⁽¹⁾, 98185MI0830003⁽²⁾, 98185MI0840003⁽³⁾
Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$4,000.00			
Coinsurance (% , Insurer's Cost Share)		80.00%			
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?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☐		\$13.43	☐	☐			☒	☐
Preferred Brand Drugs	☒	☐		\$60.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☐		\$80.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	Specialty Rx Coinsurance Maximum: \$219.80
Set a Maximum Number of Days for Charging an IP Copay? ☐	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	# Copays (1-10):

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.35%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.0508 seconds
Final 2027 AV Calculator

Notes:

- (1): plan with contraceptives and without voluntary abortion
(2): plan without contraceptives and without voluntary abortion
(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Silver Option 2

Plan HIOS ID: 98185MI0820008⁽¹⁾, 98185MI0830008⁽²⁾, 98185MI0840008⁽³⁾

Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$4,500.00			
		90.00%			
		\$8,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☐		\$24.78	☐	☐			☒	☐
Preferred Brand Drugs	☒	☐		\$80.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☐		\$100.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.24%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.0586 seconds
Final 2027 AV Calculator

Notes:

- (1): plan with contraceptives and without voluntary abortion
(2): plan without contraceptives and without voluntary abortion
(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Silver Option 3

Plan HIOS ID: 98185MI0820009⁽¹⁾, 98185MI0830009⁽²⁾, 98185MI0840009⁽³⁾

Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,500.00			
		100.00%			
		\$8,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☐		\$24.78	☐	☐			☒	☐
Preferred Brand Drugs	☒	☐		\$80.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☐		\$100.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	Specialty Rx Coinsurance Maximum: \$219.80
Set a Maximum Number of Days for Charging an IP Copay? ☐	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	# Copays (1-10):

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.87%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.0703 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Silver Option 4
Plan HIOS ID: 98185MI0820010⁽¹⁾, 98185MI0830010⁽²⁾, 98185MI0840010⁽³⁾
Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$6,500.00			
		100.00%			
		\$6,500.00			

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.04%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1602 seconds
Final 2027 AV Calculator

Notes:

- (1): plan with contraceptives and without voluntary abortion
(2): plan without contraceptives and without voluntary abortion
(3): plan with contraceptives and with voluntary abortion

Name: Blue Elect Plus HSA POS Bronze

Plan HIOS ID: 98185MI0820004⁽¹⁾, 98185MI0830004⁽²⁾, 98185MI0840004⁽³⁾
Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2027_1b

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.51%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1719 seconds
Final 2027 AV Calculator

Notes:

- (1): plan with contraceptives and without voluntary abortion
 (2): plan without contraceptives and without voluntary abortion
 (3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Platinum Option 1

Plan HIOS ID: 98185MI0160017⁽¹⁾, 98185MI0240011⁽²⁾, 98185MI0300017⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Platinum Option 1

Plan: HIOS ID: 98185MI0160018⁽¹⁾, 98185MI0240018⁽²⁾, 98185MI0300018⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,800.00			
		100.00%			
		\$1,800.00			

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 91.88%
Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.1172 seconds
Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Platinum Option 2

Plan HIOS ID: 98185MI0160027⁽¹⁾, 98185MI0240027⁽²⁾, 98185MI0300027⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Platinum Option 2

Plan: HIOS ID: 98185MI0160028⁽¹⁾, 98185MI0240028⁽²⁾, 98185MI0300028⁽³⁾

Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

Desired Metal Tier: Platinum ▼

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

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		100.00%
		\$2,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

[Calculate](#)

Status/Error Messages:
Actuarial Value: 89.51%
Metal Tier: Platinum

Calculation Successful.
89.51%
Platinum

Additional Notes:

Calculation Time: 0.1406 seconds
Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Gold Option 1

Plan HIOS ID: 98185MI0160001⁽¹⁾, 98185MI0240001⁽²⁾, 98185MI0300001⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Gold Option 1

Plan HIOS ID: 98185MI0160026⁽¹⁾, 98185MI0240026⁽²⁾, 98185MI0300026⁽³⁾

Issuer HIOS ID: 98185

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:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,750.00			
		80.00%			
		\$5,000.00			

Deductible (\$)

Coinsurance (%; Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☒	☒			☐	☐			☐	☐		
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐		
Specialist Visit	☒	☒			☐	☐			☐	☐		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐		
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐		
Speech Therapy	☒	☒			☐	☐			☐	☐		
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐		
Preventive Care/Screening/Immunization	☒	☒	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐		
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐		
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐		
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All		
Generics	☒	☒		\$17.82	☐	☐			☒	☒		
Preferred Brand Drugs	☒	☒		\$60.00	☐	☐			☒	☒		
Non-Preferred Brand Drugs	☒	☒		\$80.00	☐	☐			☒	☒		
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: \$219.80

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value: 81.53%

Metal Tier: Gold

Calculation Successful.

0.0664 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Gold Option 2

Plan HIOS ID: 98185MI0160014⁽¹⁾, 98185MI0240008⁽²⁾, 98185MI0300014⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Gold Option 2

Plan HIOS ID: 98185MI0160019⁽¹⁾, 98185MI0240019⁽²⁾, 98185MI0300019⁽³⁾

Issuer HIOS ID: 98185

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:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,500.00			
		100.00%			
		\$4,500.00			

Deductible (\$)

Coinsurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☒	☒			☐	☐			☐	☐		
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐		
Specialist Visit	☒	☒			☐	☐			☐	☐		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐		
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐		
Speech Therapy	☒	☒			☐	☐			☐	☐		
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐		
Preventive Care/Screening/Immunization	☒	☒	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐		
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐		
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐		
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All		
Generics	☒	☒		\$24.78	☐	☐			☒	☒		
Preferred Brand Drugs	☒	☒		\$100.00	☐	☐			☒	☒		
Non-Preferred Brand Drugs	☒	☒		\$200.00	☐	☐			☒	☒		
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: \$339.60

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value: 81.91%

Metal Tier: Gold

Calculation Successful.

0.0742 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Gold Option 3

Plan HIOS ID: 98185MI0160003⁽¹⁾, 98185MI0240002⁽²⁾, 98185MI0300003⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Gold Option 3

Plan HIOS ID: 98185MI0160020⁽¹⁾, 98185MI0240020⁽²⁾, 98185MI0300020⁽³⁾

Issuer HIOS ID: 98185

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: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$3,500.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.01%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1484 seconds
Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Silver Option 1

Plan HIOS ID: 98185MI0160005⁽¹⁾, 98185MI0240003⁽²⁾, 98185MI0300005⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Silver Option 1

Plan HIOS ID: 98185MI0160021⁽¹⁾, 98185MI0240021⁽²⁾, 98185MI0300021⁽³⁾

Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,000.00
		80.00%
		\$8,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☒	☒	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☒		\$13.43	☐	☐			☒	☐
Preferred Brand Drugs	☒	☐		\$60.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☐		\$80.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.35%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.0547 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Silver Option 2

Plan HIOS ID: 98185MI0160015⁽¹⁾, 98185MI0240009⁽²⁾, 98185MI0300015⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Silver Option 2

Plan HIOS ID: 98185MI0160025⁽¹⁾, 98185MI0240025⁽²⁾, 98185MI0300025⁽³⁾

Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,500.00
		90.00%
		\$8,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☐		\$24.78	☐	☐			☒	☐
Preferred Brand Drugs	☒	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☐		\$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	Specialty Rx Coinsurance Maximum: \$219.80
Set a Maximum Number of Days for Charging an IP Copay? ☐	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	# Copays (1-10):

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.24%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.0586 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Silver Option 3

Plan HIOS ID: 98185MI0160016⁽¹⁾, 98185MI0240010⁽²⁾, 98185MI0300016⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Silver Option 3

Plan HIOS ID: 98185MI0160022⁽¹⁾, 98185MI0240022⁽²⁾, 98185MI0300022⁽³⁾

Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Deductible (\$)
Coinsurance (%; Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		100.00%
		\$8,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☐		\$24.78	☐	☐			☒	☐
Preferred Brand Drugs	☒	☐		\$80.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☐		\$100.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒	Specialty Rx Coinsurance Maximum: \$219.80
Set a Maximum Number of Days for Charging an IP Copay? ☐	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐	# Copays (1-10):

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.87%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Silver Option 4

Plan HIOS ID: 98185MI0160029⁽¹⁾, 98185MI0240029⁽²⁾, 98185MI0300029⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Silver Option 4

Plan HIOS ID: 98185MI0160030⁽¹⁾, 98185MI0240030⁽²⁾, 98185MI0300030⁽³⁾

Issuer HIOS ID: 98185

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?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$6,500.00			
		100.00%			
		\$6,500.00			

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Click Here for Important Instructions	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	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	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☒	☒	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☒			☐	☐			☐	☐
Preferred Brand Drugs	☒	☒			☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☒			☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒			☐	☐			☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.04%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.168 seconds
Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Bronze Option 1

Plan HIOS ID: 98185MI0160023⁽¹⁾, 98185MI0240023⁽²⁾, 98185MI0300023⁽³⁾

Issuer HIOS ID: 98185

Name: BCN HSA PCP Focus Bronze Option 1

Plan HIOS ID: 98185MI0160024⁽¹⁾, 98185MI0240024⁽²⁾, 98185MI0300024⁽³⁾

Issuer HIOS ID: 98185

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,500.00			
Coinsurance (% , Insurer's Cost Share)			80.00%			
MOOP (\$)			\$8,500.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MIV/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☐		\$24.78	☐	☐			☐	☐
Preferred Brand Drugs	☒	☐		\$100.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☐		\$200.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$339.60
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
Actuarial Value: 64.68%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.0742 seconds
Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN HSA Bronze Option 2**Plan HIOS ID: 98185MI0160007⁽¹⁾, 98185MI0240004⁽²⁾, 98185MI0300007⁽³⁾****Issuer HIOS ID: 98185****Name: BCN HSA PCP Focus Bronze Option 2****Plan HIOS ID: 98185MI0160009⁽¹⁾, 98185MI0240005⁽²⁾, 98185MI0300009⁽³⁾****Issuer HIOS ID: 98185****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?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$8,000.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$8,000.00			
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?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☒	☒	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☒			☐	☐			☐	☐
Preferred Brand Drugs	☒	☒			☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☒			☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒			☐	☐			☐	☐

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output**Calculate**

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
Actuarial Value: 64.51%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1641 seconds
Final 2027 AV Calculator

Notes:

- (1): plan with contraceptives and without voluntary abortion
(2): plan without contraceptives and without voluntary abortion
(3): plan with contraceptives and with voluntary abortion

Name: BCN Healthy Blue Living Platinum
Plan HIOS ID: 98185MI0170011⁽¹⁾, 98185MI0250006⁽²⁾, 98185MI0310011⁽³⁾
Issuer HIOS ID: 98185

Name: BCN Healthy Blue Living PCP Focus Platinum
Plan HIOS ID: 98185MI0170014⁽¹⁾, 98185MI0250014⁽²⁾, 98185MI0310014⁽³⁾
Issuer HIOS ID: 98185

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? ☐	Tiered Network Plan? ☒
Annual Contribution Amount:	1st Tier Utilization: 50%
	2nd Tier Utilization: 50%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$500.00			\$1,250.00
		100.00%			80.00%
		\$2,000.00			\$4,000.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☒	☐		\$150.00	☒	☒
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☒	☒			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$10.00	☐	☐		\$20.00	☐	☐
Specialist Visit	☐	☐		\$30.00	☐	☐		\$40.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$10.00	☐	☐		\$20.00	☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☒	☐		\$150.00	☒	☒
Speech Therapy	☒	☐		\$30.00	☒	☐		\$40.00	☒	☒
Occupational and Physical Therapy	☒	☐		\$30.00	☒	☐		\$40.00	☒	☒
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00		
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐	100%		☐	☐
X-rays and Diagnostic Imaging	☒	☒			☒	☒			☐	☐
Skilled Nursing Facility	☒	☒			☒	☒			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☒	☒			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☒	☒			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$13.43	☐	☐		\$17.82	☐	☐
Preferred Brand Drugs	☐	☐		\$50.00	☐	☐		\$60.00	☐	☐
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐		\$80.00	☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☒	80%		☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 91.80%

Metal Tier: Platinum

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.

Additional Notes:

Calculation Time: 0.1367 seconds

Final 2027 AV Calculator

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

Name: BCN Healthy Blue Living Gold Option 1
Plan HIOS ID: 98185MI0170012⁽¹⁾, 98185MI0250007⁽²⁾, 98185MI0310012⁽³⁾
Issuer HIOS ID: 98185

Name: BCN Healthy Blue Living PCP Focus Gold Option 1
Plan HIOS ID: 98185MI0170015⁽¹⁾, 98185MI0250015⁽²⁾, 98185MI0310015⁽³⁾
Issuer HIOS ID: 98185

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:	50%
		2nd Tier Utilization:	50%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,000.00			\$3,000.00
		80.00%			70.00%
		\$4,500.00			\$7,000.00

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?			
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☒	☐		\$150.00	☒	☐		\$250.00	☒	☒		
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☒	☒			☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐		\$40.00	☐	☐		
Specialist Visit	☐	☐		\$40.00	☐	☐		\$60.00	☐	☐		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐		\$40.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☒	☐		\$150.00	☒	☒		
Speech Therapy	☒	☐		\$40.00	☒	☐		\$60.00	☒	☒		
Occupational and Physical Therapy	☒	☐		\$40.00	☒	☐		\$60.00	☒	☒		
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐	100%		☐	☐		
X-rays and Diagnostic Imaging	☒	☒			☒	☒			☐	☐		
Skilled Nursing Facility	☒	☒			☒	☒			☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☒	☒			☐	☐		
Outpatient Surgery Physician/Surgical Services	☒	☒			☒	☒			☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		\$17.82	☐	☐		\$24.78	☐	☐		
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐		\$60.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐		\$80.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☒	80%		☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$219.80
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:
Error: Result is outside of [-2, +2] percent de minimis variation.
Actuarial Value: 82.30%
Metal Tier:

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.

Additional Notes:

Calculation Time: 0.1211 seconds
Final 2027 AV Calculator

Notes:

- (1): plan with contraceptives and without voluntary abortion
- (2): plan without contraceptives and without voluntary abortion
- (3): plan with contraceptives and with voluntary abortion

Name: BCN Healthy Blue Living Gold Option 2
Plan HIOS ID: 98185MI0170009⁽¹⁾, 98185MI0250005⁽²⁾, 98185MI0310009⁽³⁾
Issuer HIOS ID: 98185

Name: BCN Healthy Blue Living PCP Focus Gold Option 2
Plan HIOS ID: 98185MI0170016⁽¹⁾, 98185MI0250016⁽²⁾, 98185MI0310016⁽³⁾
Issuer HIOS ID: 98185

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

Deductible (\$)

Coinurance (% Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☒

1st Tier Utilization: 50%

2nd Tier Utilization: 50%

Tier 1 Plan Benefit Design

Medical

Drug

Combined

\$1,500.00

80.00%

\$4,000.00

Tier 2 Plan Benefit Design

Medical

Drug

Combined

\$4,000.00

70.00%

\$8,150.00

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?			
Emergency Room Services	☒	☐		\$150.00	☒	☐		\$250.00	☒	☒		
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☒	☒			☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐		\$40.00	☐	☐		
Specialist Visit	☐	☐		\$40.00	☐	☐		\$60.00	☐	☐		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐		\$40.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☒	☐		\$150.00	☒	☒		
Speech Therapy	☒	☐		\$40.00	☒	☐		\$60.00	☒	☒		
Occupational and Physical Therapy	☒	☐		\$40.00	☒	☐		\$60.00	☒	☒		
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐	100%		☐	☐		
X-rays and Diagnostic Imaging	☒	☒			☒	☒			☐	☐		
Skilled Nursing Facility	☒	☒			☒	☒			☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☒	☒			☐	☐		
Outpatient Surgery Physician/Surgical Services	☒	☒			☒	☒			☐	☐		
Generics	☐	☐		\$13.43	☐	☐		\$17.82	☐	☐		
Preferred Brand Drugs	☐	☐		\$50.00	☐	☐		\$60.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐		\$80.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☒	80%		☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum: \$219.80

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/Coinurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.79%

Gold

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.

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

0.1172 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

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Name: BCN Healthy Blue Living Gold Option 3
Plan HIOS ID: 98185MI0170013⁽¹⁾, 98185MI0250008⁽²⁾, 98185MI0310013⁽³⁾
Issuer HIOS ID: 98185

Name: BCN Healthy Blue Living PCP Focus Gold Option 3
Plan HIOS ID: 98185MI0170017⁽¹⁾, 98185MI0250017⁽²⁾, 98185MI0310017⁽³⁾
Issuer HIOS ID: 98185

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

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

HSA/HRA Options

HSA/HRA Employer Contribution? ☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan? ☒

1st Tier Utilization: 50%

2nd Tier Utilization: 50%

Tier 1 Plan Benefit Design

Medical

Drug

Combined

\$2,000.00

80.00%

\$3,000.00

Tier 2 Plan Benefit Design

Medical

Drug

Combined

\$4,000.00

70.00%

\$6,000.00

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☒	☐		\$150.00	☒	☐		\$250.00	☒	☒		
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☒	☒			☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$30.00	☐	☐		\$40.00	☐	☐		
Specialist Visit	☐	☐		\$40.00	☐	☐		\$60.00	☐	☐		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$30.00	☐	☐		\$40.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☒	☐		\$150.00	☒	☐		\$150.00	☒	☒		
Speech Therapy	☒	☐		\$40.00	☒	☐		\$60.00	☒	☒		
Occupational and Physical Therapy	☒	☐		\$40.00	☒	☐		\$60.00	☒	☒		
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☐	☐	100%		☐	☐	100%		☐	☐		
X-rays and Diagnostic Imaging	☒	☒			☒	☒			☐	☐		
Skilled Nursing Facility	☒	☒			☒	☒			☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☒	☒			☐	☐		
Outpatient Surgery Physician/Surgical Services	☒	☒			☒	☒			☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		\$17.82	☐	☐		\$24.78	☐	☐		
Preferred Brand Drugs	☐	☐		\$60.00	☐	☐		\$60.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		\$80.00	☐	☐		\$80.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☒	80%		☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: \$219.80

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/Coinurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2027_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2027 AV Calculator

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

83.48%

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.

0.6094 seconds

Notes:

(1): plan with contraceptives and without voluntary abortion

(2): plan without contraceptives and without voluntary abortion

(3): plan with contraceptives and with voluntary abortion

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