ME Individual Portfolio | Screen Shots

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Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

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

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$7,150.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$7,150.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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):	3

Plan Description:

Name: Aetna Leap Catastrophic Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 61.70%

Metal Tier: Catastrophic

This product, Aetna Leap Catastrophic Whole Health Maine (HIOS Plan ID 73250ME0070002-00), satisfies the HHS guidelines for a Catastrophic plan with an Actuarial Value of 61.70%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$7,150.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$7,150.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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):	3

Plan Description:

Name: Aetna Leap Catastrophic Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 61.70%

Metal Tier: Catastrophic

This product, Aetna Leap Catastrophic Whole Health Maine (HIOS Plan ID 73250ME0070002-01), satisfies the HHS guidelines for a Catastrophic plan with an Actuarial Value of 61.70%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$7,050.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$7,050.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$0.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$0.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Basic Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 61.94%

Metal Tier: Bronze

This product, Aetna Leap Basic Whole Health Maine (HIOS Plan ID 73250ME0070001-00), satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.94%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$7,050.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$7,050.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$0.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$0.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Basic Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 61.94%

Metal Tier: Bronze

This product, Aetna Leap Basic Whole Health Maine (HIOS Plan ID 73250ME0070001-01), satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.94%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

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

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,950.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$3,950.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☑
Specialist Visit	☐	☐		$70.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$70.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Gold Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 78.00%

Metal Tier: Gold

This product, Aetna Leap Gold Whole Health Maine (HIOS Plan ID 73250ME0070003-00), satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.00%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

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

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,950.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$3,950.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☑
Specialist Visit	☐	☐		$70.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$70.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Gold Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 78.00%

Metal Tier: Gold

This product, Aetna Leap Gold Whole Health Maine (HIOS Plan ID 73250ME0070003-01), satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.00%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$6,075.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,075.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$10.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 68.07%

Metal Tier: Silver

This product, Aetna Leap Everyday Whole Health Maine (HIOS Plan ID 73250ME0070005-00), satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.07%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$6,075.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,075.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$10.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 68.07%

Metal Tier: Silver

This product, Aetna Leap Everyday Whole Health Maine (HIOS Plan ID 73250ME0070005-01), satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.07%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$4,875.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$4,875.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$10.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Whole Health Maine - CSR 73%

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 72.03%

Metal Tier:

This product, Aetna Leap Everyday Whole Health Maine CSR 73% (HIOS Plan ID 73250ME0070005-04), satisfies the HHS guidelines for a Silver CSR 73% plan with an Actuarial Value of 72.03%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$1,825.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$1,825.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$3.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Whole Health Maine - CSR 87%

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 86.06%

Metal Tier:

This product, Aetna Leap Everyday Whole Health Maine CSR 87% (HIOS Plan ID 73250ME0070005-05), satisfies the HHS guidelines for a Silver CSR 87% plan with an Actuarial Value of 86.06%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$775.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$775.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$3.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Whole Health Maine - CSR 94%

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 93.11%

Metal Tier:

This product, Aetna Leap Everyday Whole Health Maine CSR 94% (HIOS Plan ID 73250ME0070005-06), satisfies the HHS guidelines for a Silver CSR 94% plan with an Actuarial Value of 93.11%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$5,050.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$5,050.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Plus Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:	
Actuarial Value:	71.72%
Metal Tier:	Silver

This product, Aetna Leap Everyday Plus Whole Health Maine (HIOS Plan ID 73250ME0070006-00), satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 71.72%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$5,050.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$5,050.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Plus Whole Health Maine

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:	
Actuarial Value:	71.72%
Metal Tier:	Silver

This product, Aetna Leap Everyday Plus Whole Health Maine (HIOS Plan ID 73250ME0070006-01), satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 71.72%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$4,490.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$4,490.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$5.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Plus Whole Health Maine - CSR 73%

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 73.72%

Metal Tier:

This product, Aetna Leap Everyday Plus Whole Health Maine CSR 73% (HIOS Plan ID 73250ME0070006-04), satisfies the HHS guidelines for a Silver CSR 73% plan with an Actuarial Value of 73.72%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

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

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,825.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$1,825.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$3.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Plus Whole Health Maine - CSR 87%

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 86.06%

Metal Tier:

This product, Aetna Leap Everyday Plus Whole Health Maine CSR 87% (HIOS Plan ID 73250ME0070006-05), satisfies the HHS guidelines for a Silver CSR 87% plan with an Actuarial Value of 86.06%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS 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 ($)			$775.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$775.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$0.00	☑	☑			☐	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$0.00	☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑			☐	☑
Specialist Visit	☑	☐		$0.00	☑	☑			☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$0.00	☑	☑			☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☑	☐		$0.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$0.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$5.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☐		$0.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$0.00	☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	100%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑				
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$3.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Non-Preferred Brand Drugs	☑	☐		$0.00	☑	☑			☐	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$0.00	☑	☑			☐	☐

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: Aetna Leap Everyday Plus Whole Health Maine - CSR 94%

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 93.11%

Metal Tier:

This product, Aetna Leap Everyday Plus Whole Health Maine CSR 94% (HIOS Plan ID 73250ME0070006-06), satisfies the HHS guidelines for a Silver CSR 94% plan with an Actuarial Value of 93.11%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

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

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	80%
2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)	$1,500.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum ($)	$4,500.00		
OOP Maximum if Separate ($)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)	$3,750.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	60.00%	100.00%	
OOP Maximum ($)	$6,000.00		
OOP Maximum if Separate ($)			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☐		$250.00	☑	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☑	80%		☑	☑	60%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☐	☐		$30.00	☐	☐
Specialist Visit	☐	☐		$40.00	☑	☐		$75.00	☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☑	☐		$75.00	☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☑	80%		☑	☑	60%		☐	☐
Rehabilitative Speech Therapy	☑	☑	80%		☑	☑	80%		☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	80%		☑	☑	80%		☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑	80%		☑	☑	80%		☐	☐
X-rays and Diagnostic Imaging	☑	☑	80%		☑	☑	60%		☐	☐
Skilled Nursing Facility	☑	☑	80%		☑	☑	60%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	80%		☑	☑	60%			
Outpatient Surgery Physician/Surgical Services	☑	☑	80%		☑	☑	60%			
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$6.50	☐	☐		$6.50	☐	☐
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		$30.00	☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐		$50.00	☐	☐
Specialty Drugs (i.e. high-cost)	☐	☑	60%		☐	☑	60%		☐	☐

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: Aetna Whole Health Gold $5 Copay PD

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 78.14%

Metal Tier: Gold

This product, Aetna Whole Health Gold $5 Copay PD (HIOS Plan ID 73250ME0040006-00), satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.14%

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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

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

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	80%
2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)	$4,000.00	$500.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum ($)	$6,000.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
$5,750.00	$500.00	
60.00%	100.00%	
$6,850.00		

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☐		$250.00	☑	☑
All Inpatient Hospital Services (inc. MHSA)	☑	☑	80%		☑	☑	60%		☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☐		$50.00	☐	☑
Specialist Visit	☐	☐		$60.00	☑	☐		$75.00	☐	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$60.00	☑	☐		$75.00	☐	☑
Imaging (CT/PET Scans, MRIs)	☑	☑	80%		☑	☑	60%		☐	☐
Rehabilitative Speech Therapy	☑	☑	80%		☑	☑	80%		☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	80%		☑	☑	80%		☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑	80%		☑	☑	80%		☐	☐
X-rays and Diagnostic Imaging	☑	☑	80%		☑	☑	60%		☐	☐
Skilled Nursing Facility	☑	☑	80%		☑	☑	60%		☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	77%		☑	☑	50%			
Outpatient Surgery Physician/Surgical Services	☑	☑	80%		☑	☑	60%			
Drugs	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$6.50	☐	☐		$6.50	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$50.00	☑	☐		$50.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☑	60%		☑	☑	60%		☐	☐

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: Aetna Whole Health Silver $10 Copay PD

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value: 68.49%

Metal Tier: Silver

This product, Aetna Whole Health Silver $10 Copay PD (HIOS Plan ID 73250ME0040007-00), satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.49%