

Plans & Benefits Template

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*

<i>Plan</i>	
HIOS Plan ID* (Standard Component)	Plan Marketing Name*

Benefit Information

Benefits

Primary Care Visit to Treat an Injury or Illness
Specialist Visit
Other Practitioner Office Visit (Nurse, Physician Assistant)
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
Outpatient Surgery Physician/Surgical Services
Hospice Services
Non-Emergency Care When Traveling Outside the U.S.
Routine Dental Services (Adult)
Infertility Treatment
Long-Term/Custodial Nursing Home Care
Private-Duty Nursing
Routine Eye Exam (Adult)
Urgent Care Centers or Facilities
Home Health Care Services
Emergency Room Services
Emergency Transportation/Ambulance
Inpatient Hospital Services (e.g., Hospital Stay)
Inpatient Physician and Surgical Services
Bariatric Surgery
Cosmetic Surgery
Skilled Nursing Facility
Prenatal and Postnatal Care
Delivery and All Inpatient Services for Maternity Care
Mental/ Behavioral Health Outpatient Services
Mental/ Behavioral Health Inpatient Services
Substance Abuse Disorder Outpatient Services
Substance Abuse Disorder Inpatient Services
Generic Drugs
Preferred Brand Drugs

Non-Preferred Brand Drugs
Specialty Drugs
Outpatient Rehabilitation Services
Habilitation Services
Chiropractic Care
Durable Medical Equipment
Hearing Aids
Imaging (CT/PET Scans, MRIs)
Preventive Care/Screening/Immunization
Routine Foot Care
Acupuncture
Weight Loss Programs
Routine Eye Exam for Children
Eye Glasses for Children
Dental Check-Up for Children
Rehabilitative Speech Therapy
Rehabilitative Occupational and Rehabilitative Physical Therapy
Well Baby Visits and Care
Laboratory Outpatient and Professional Services
X-rays and Diagnostic Imaging
Basic Dental Care – Child
Orthodontia – Child
Major Dental Care – Child
Basic Dental Care – Adult
Orthodontia – Adult
Major Dental Care – Adult
Abortion for Which Public Funding is Prohibited
Transplant
Accidental Dental
Dialysis
Allergy Treatment
Chemotherapy
Radiation
Diabetes Education
Prosthetic Devices
Infusion Therapy
Treatment for Temporomandibular Joint Disorders
Nutritional Counseling
Reconstructive Surgery
Additional State-Required Benefits

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddl.
To create the cost share variance worksheet and enter the cost sharing amc
To create additional Benefits Package worksheets, use the Create New Ben
To populate the benefits on the Benefits Package worksheet with your State

Identifiers

HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*
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EHB (Autopopulated)	EHB (Issuer)	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service
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n.xlam) on your machine.

ounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
Benefits Package macro.

EHB Standards, use the Refresh EHB macro.

New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*
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General Information

Limit Quantity

Limit Unit

**Quantitative Limit Units
Apply see EHB
Benchmark**

Exclusions

acro.

Is this a QHP Offered on the Exchange? *	If Off Exchange, is it the Same or Substantially the Same as a Certified Exchange QHP?	If the Same or Substantially the Same as a Certified Exchange QHP, Provide HIOS Plan ID (14-digit Standard Component) for the Certified Exchange QHP	Multi-State Plan*
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		<i>Deductible and Out of Po</i>	
Benefit Explanation	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)

Plan Attributes

Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment (Optional)
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cket Exceptions

Excluded from In Network MOOP	Excluded from Out of Network MOOP
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**Do You Want a Zero Cost
Sharing Plan Variation
Created for this Plan?***
(Y/N)

**Does this plan
allow Child-Only
Enrollments?***
(Y/N)

**Is this a Child-
Only plan?**
(Y/N)

**If No, enter
corresponding plan
ID for Child-Only
plan**

**Tobacco
Related
Wellness
Program
Offered***

**Disease
Management
Programs
Offered**

**Composite vs.
Individual Member
Rating (SHOP
Plans Only)**

**Out of Network
Coverage**

**Does the QHP Issuer
Operate a Medicaid
Health Plan with
Substantially the Same
Provider Network and
Service Area (Y/N)?**

	<i>Stand Alone Dental Only</i>	<i>Plan Dates</i>
<p>EHB as a Percent Premium</p>	<p>EHB Apportionment for Pediatric Dental</p> <p>Guaranteed vs. Estimated Rate</p>	<p>Plan Effective Date*</p> <p>Plan Expiration Date</p>

	<i>Geographic Coverage</i>		
Plan vs. Benefit Year	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*

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**Out of Service Area
Coverage Description** **National Network***

Plan Co.

HIOS Plan ID*
(Standard Component
+ Variant)

Plan Marketing Name*

**Level of
Coverage***
(Metal Level)

CSR Variation Type*

**Issuer
Actuarial
Value**

st Sharing Attributes

AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Out of Network Coverage?*	Multiple In Network Tiers?*	1st Tier Utilization*
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	<i>HSA/HRA Detail</i>			
2nd Tier Utilization	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	URL for Summary of Benefits & Coverage

<i>URLs</i>		Having
URL for Enrollment Payment	Plan Brochure	<i>Deductible Copayment</i>

<i>SBC Scenario</i>						
a Baby		Having Diabetes				In Network
<i>Coinsurance</i>	<i>Limit</i>	<i>Deductible</i>	<i>Copayment</i>	<i>Coinsurance</i>	<i>Limit</i>	<i>Individual</i> <i>Per Person</i> <i>in Family</i>

Maximum Out of Pocket for Medical EHB Benefits

	In Network (Tier 2)	Out of Network	Combined In/Out Network
<i>Family</i>	<i>Individual Per Person in Family</i>	<i>Individual Per Person in Family</i>	<i>Individual Per Person in Family</i>

Maximum Out of Pocket for Drug EHB Benefits

In Network	In Network (Tier 2)	Out of Network	Combin
<p align="center"><i>Per Individual Person in Family</i></p>	<p align="center"><i>Per Individual Person in Family</i></p>	<p align="center"><i>Per Individual Person in Family</i></p>	<p align="center"><i>Individual</i></p>

	<i>Maximum Out of Pocket for Medical and Drug EHB Be</i>		
ed In/Out Network	In Network	In Network (Tier 2)	Out of Netwc
<i>Per Person in Family</i>	<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>

Benefits (Total)			M				
ork	Combined In/Out Network		In Network		In N (T		
Family	Individual	Per Person in Family	Individual	Per Person in Family	Default Coinsurance	Individual	Per Person in Family

Medical EHB Deductible			
Network (Tier 2)	Out of Network	Combined In/Out Network	In N
<i>Family Default Coinsurance</i>	<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>

Drug EHB Deductible

Network	In Network (Tier 2)	Out of Network
<i>Family Default Coinsurance</i>	<i>Individual Per Person in Family Family Default Coinsurance</i>	<i>Individual Per Person in Family Family</i>

	<i>Combined Medical ai</i>		
Combined In/Out Network	In Network		In Network (Tier 2
<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>	<i>Default Coinsurance</i>	<i>Per Individual Person in Family</i>

nd Drug EHB Deductible			Prima					
)	Out of Network		Combined In/Out Network			Copay		
Default Coinsurance	Individual	Per Person in Family	Individual	Per Person in Family	Family	In Network (Tier 1)	In Network (Tier 2)	Out of Network

Primary Care Visit to Treat an Injury or Illness					Specialist Visit			
Coinsurance			AV Calculator Additional Benefit Design		Copay			C
<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>Begin Primary Care Cost-Sharing After a Set Number of Visits?</i>	<i>Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>

		Other Practitioner Office Visit (Nurse, Physician Assistant)			Outpatie	
Coinsurance		Copay			Copay	
<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

Non-Emergency Care When Traveling Outside the U.S.						Routine Dental Services (μ			
Copay			Coinsurance			Copay			C
<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>

Adult)	Infertility Treatment						Long-Term	
Coinsurance	Copay			Coinsurance			Copay	
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	

Facilities	Home Health Care Services						Emergency	
Coinsurance	Copay			Coinsurance			Copay	
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

nd Surgical Services	Bariatric Surgery								
Coinsurance	Copay			Coinsurance					
<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>		

Cosmetic Surgery			Skilled Nursing Facility						
Copay		Coinsurance			Copay		Coinsuranc		
<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

Services for Maternity Care			Mental/ Behavioral Health Outpatient Services						Sub
Coinsurance			Copay			Coinsurance			
<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>

Substance Abuse Disorder Outpatient Services					Mental/ Behavioral Health Inpatient Services				
Copay		Coinsurance			Copay			Coinsurance	
<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

es	Substance Abuse Disorder Inpatient Services						Generic		
e	Copay			Coinsurance			Copay		
<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>

Drugs	Preferred Brand Drugs									
Coinsurance	Copay			Coinsurance						
<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>			

Non-Preferred Brand Drugs			Specialty Drugs						
Copay		Coinsurance			Copay		Coinsuranc		
<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

	Imaging (CT/PET Scans, MRIs)						Preventive	
Coinsurance	Copay			Coinsurance			Copay	
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

s	Routine Eye Exam for Children						Ey	
Insurance	Copay			Coinsurance			Copay	
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	

Preventive Physical	Well Baby Visits and Care			Laboratory Out	
Coinsurance	Copay			Copay	
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

	Major Dental Care – Child						Ba
Coinsurance	Copay			Coinsurance			Copay
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i>

g is Prohibited	Transplant						
Coinsurance	Copay			Coinsurance			Copay
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i>

	Radiation						
Coinsurance	Copay			Coinsurance			Copay
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i>

Joint Disorders	Nutritional Counseling						Risk
Coinsurance	Copay			Coinsurance			Copay
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

