

# BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

## Introduction

On January 21, 2016, CMS released the final methodology on the Actuarial Value and the final Actuarial Value Calculator (AVC) for 2017. CMS made few changes in the 2017 AVC. Most notably, they trended the underlying claims to calendar year.

## Limitations of the Federal Actuarial Calculator

The AVC is known to have some limitations with respect to certain benefit designs. The most important limitations in the Final Actuarial Value Calculator for the Blue Rewards (Non-Standard) plans are:

- The AVC does not support the Rx OOPM Limit as dictated by Act 171.
- The AVC does not support Wellness (Safe Harbor) pharmacy drugs outside the deductible on HSA compliant plans.
- The AVC does not support certain MH/SA visits at no cost share before the deductible.
- The AVC does not support a copayment on Outpatient Surgery, Urgent Care, Emergency Medical Transportation, DME services nor Home Health Care.
- The AVC does not support Class I Pediatric Dental covered at no cost share.

## Method Used to Calculate Adjustments

The objective of the adjustment process is to produce an estimate of the result the AVC would have produced with respect to the specific plan in question had it been able to measure all cost sharing elements for that plan. We created a model to calculate the ratio of expected benefits to allowed charges. See the description of the BCBSVT AV Model (BAVM) below. We used the BAVM to calculate both the complete benefit design and the benefit design for items supported by the AVC. We then applied the ratio of the two values to the AVC output for items supported by the AVC.

## BCBSVT AV Model Methodology

BCBSVT uses a re-adjudication model to assess the impact of various deductible types, Rx limits, and out-of-pocket maximums to calculate the paid-to-allowed ratio for different benefit designs. The re-adjudication is performed using the same set of claims for all benefit plans. Claims data was taken from BCBSVT's data warehouse. The starting point of the analysis is allowed charges as determined by the BCBSVT claims adjudication system. The claims data includes benefit codes that enable us to identify the services and benefit structures (copays, deductibles, and coinsurance). The in-network claims from BCBSVT Insured Groups and Individuals expected to be in the Qualified Health Plans in 2017, representing 771,212 member months, are included in the analysis. Claims have been adjusted to reflect the network used for BCBSVT QHPs. Calendar year 2013 claims, trended to 2017 using 6.5% trend<sup>1</sup>, were used in the model. The claims were categorized based on the cost sharing applied for each service, and one record was generated for each unique combination of member and service

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<sup>1</sup> BCBSVT used the same trend that CMS used in the 2017 Final AV Calculator (see page 6 of <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-AVC-Methodology-012016.pdf>)

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date. For all products, claims for preventive mandated benefits were kept separate. The model assumes these are paid in a manner consistent with the mandates.

The tables following the Actuarial Opinion show the relationship between the BAVM and the AVC.

A complete description of plan provisions is attached at the end of this document. The tables following the Actuarial Opinion contain information regarding the specific benefits that were calculated as adjustments to the AVC model.

Actuarial Opinion

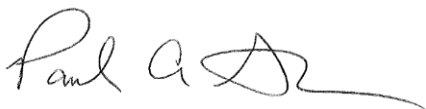
The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3). The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. These calculations are not intended to be used for other purposes.

I am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

In my opinion, each of the plans described herein meets the AV requirements in the metal tiers for calendar year 2017.

The adjustments for plan design features unable to be determined directly through application of the AV calculator were developed in accordance with generally accepted actuarial principals and methodologies, Actuarial Standards of Practice established by the Actuarial Standards Board, and applicable laws and regulations, and are appropriate for the purpose intended.

Data used for the analysis were taken from the BCBSVT claims adjudication system, and normalized to the data underlying the AV calculator. This data was reviewed for reasonableness and consistency, but an audit was not performed.



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Paul A. Schultz, F.S.A., M.A.A.A.  
Chief Actuary  
Blue Cross and Blue Shield of Vermont

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### Blue Rewards CDHP Plans

Plan : Blue Rewards (Non-Standard) CDHP Plan - Gold		
Items supported by the AV Calculator	Deductible	\$2,500
	Coinsurance	0%
	OOPM	\$2,500
AVC Output for items supported by the AVC		(a)      78.2%
BCBSVT Model Output for items supported by the AVC		(b)      80.5%
BCBSVT Model Output for complete benefit design		(c)      81.2%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)      78.8%

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options					
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>				
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:					
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:					
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>								
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>								
Desired Metal Tier	Gold								
<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>						
	Medical	Drug	Combined	Medical	Drug	Combined			
Deductible (\$)			\$2,500.00						
Coinsurance (%; Insurer's Cost Share)			100.00%						
OOP Maximum (\$)			\$2,500.00						
OOP Maximum if Separate (\$)									
<a href="#">Click Here for Important Instructions</a>									
Type of Benefit	Tier 1			Tier 2					
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Coplay, if separate	Subject to Deductible	Subject to Coinsurance, if different	Coplay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>							<b>Plan Description:</b>		
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Gold					Blue Rewards CDHP - Gold		
Set a Maximum on Specialty Rx Coinsurance Maximum	<input type="checkbox"/>	Plan HIOS ID: 13627V T0390001 and 13627V T0370001					Plan HIOS ID: 13627V T0390001 and 13627V T0370001		
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):					Issuer HIOS ID: 13627		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):							
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):							
<b>Output</b>									
Calculate							Calculation Successful.		
Status/Error Messages:							78.13%		
Actuarial Value:							Gold		
Metal Tier:									
2017 AV Calculator									

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Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver			
Items supported by the AV Calculator	Deductible	\$4,500	
	Coinsurance	0%	
	OOPM	\$4,500	
AVC Output for items supported by the AVC		(a)	67.6%
BCBSVT Model Output for items supported by the AVC		(b)	72.3%
BCBSVT Model Output for complete benefit design		(c)	73.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>69.0%</b>

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

4	A	B	C	D	E	F	G	H	I	K	L	M
1	<b>User Inputs for Plan Parameters</b>											
2	Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>							
3	Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>							
4	Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:							
5	Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:							
6	Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>										
7	Desired Metal Tier	Silver										
8	<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>								
9		Medical	Drug	Combined	Medical	Drug	Combined					
10	Deductible (\$)			\$4,500.00								
11	Coinsurance (%; Insurer's Cost Share)			100.00%								
12	OOP Maximum (\$)			\$4,500.00								
13	OOP Maximum if Separate (\$)											
14	<a href="#">Click Here for Important Instructions</a>											
15	<b>Type of Benefit</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Tier 1 Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance, if different</b>	<b>Tier 2 Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2</b>		
16	<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All		
17	Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
18	All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
19	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
20	Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
21	Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
22	Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
23	Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
24	Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
25	Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
26	Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00			
27	Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
28	X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
29	Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
30	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
31	Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
32	<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All	<input type="checkbox"/> All		
33	Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
34	Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
35	Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
36	Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
37	<b>Options for Additional Benefit Design Limits:</b>											
38	Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>										
39	Specialty Rx Coinsurance Maximum:											
40	Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>										
41	# Days (1-10):											
42	Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>										
43	# Visits (1-10):											
44	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>										
45	# Copays (1-10):											
46	<b>Plan Description:</b>											
47	Name: Blue Rewards CDHP - Silver											
48	Plan HIOS ID: 13627VT0390002 and 13627VT0370002											
49	Issuer HIOS ID: 13627											
50	<b>Output</b>											
51	Status:	Error Messages:										
52	Actuarial Value:	Error: Result is outside of +/- 2 percent de minimis variation.										
53	Metal Tier:	67.64%										
54	<b>2017 AV Calculator</b>											

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 73% CSR		
Items supported by the AV Calculator	Deductible	\$3,500
	Coinsurance	0%
	OOPM	\$3,500
AVC Output for items supported by the AVC		(a)      72.3%
BCBSVT Model Output for items supported by the AVC		(b)      76.0%
BCBSVT Model Output for complete benefit design		(c)      77.0%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)      73.2%

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters									
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>					
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>					
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:					
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:					
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>								
Desired Metal Tier	Silver	<b>Tier 1 Plan Benefit Design</b>				<b>Tier 2 Plan Benefit Design</b>			
		Medical	Drug	Combined	Medical	Drug	Combined		
Deductible (\$)				\$3,500.00					
Coinsurance (% , Insurer's Cost Share)				100.00%					
OOP Maximum (\$)				\$3,500.00					
OOP Maximum if Separate (\$)									
<a href="#">Click Here for Important Instructions</a>									
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	Tier 1 Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory/Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>					<b>Plan Description:</b>				
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Silver CSR 73%							
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID: 13627VT0390002 and 13627VT0370002							
Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	Issuer HIOS ID: 13627							
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>								
<b>Output</b>									
Status/ErrorMessage:	Calculate	CSR Level of 73% (200-250% FPL), Calculation Successful.							
Actuarial Value:		72.29%							
Metal Tier:		Silver							
<b>2017 AV Calculator</b>									

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 77% CSR			
Items supported by the AV Calculator	Deductible	\$2,800	
	Coinsurance	0%	
	OOPM	\$2,800	
AVC Output for items supported by the AVC		(a)	76.1%
BCBSVT Model Output for items supported by the AVC		(b)	79.1%
BCBSVT Model Output for complete benefit design		(c)	79.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>76.7%</b>

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters																					
Use Integrated Medical and Drug Deductible?		<input checked="" type="checkbox"/>			<b>HSA/HRA Options</b>					<b>Narrow Network Options</b>											
Apply Inpatient Copay per Day?		<input type="checkbox"/>			HSA/HRA Employer Contribution? <input type="checkbox"/>					Blended Network/POS Plan? <input type="checkbox"/>											
Apply Skilled Nursing Facility Copay per Day?		<input type="checkbox"/>			Annual Contribution Amount:					1st Tier Utilization:											
Separate OOP Maximum for Medical and Drug Spending?		<input type="checkbox"/>								2nd Tier Utilization:											
Indicate if Plan Meets CSR Standard?		<input checked="" type="checkbox"/>																			
Desired Metal Tier		Silver																			
<b>Tier 1 Plan Benefit Design</b>					<b>Tier 2 Plan Benefit Design</b>																
		Medical			Drug			Combined			Medical			Drug			Combined				
Deductible (\$)																					
Coinsurance (%; Insurer's Cost Share)																					
OOP Maximum (\$)																					
OOP Maximum if Separate?																					
<a href="#">Click Here for Important Instructions</a>																					
<b>Type of Benefit</b>		Subject to Deductible?		Subject to Coinsurance?		Tier 1 Coinsurance, if different		Copay, if separate		Subject to Deductible?		Subject to Coinsurance?		Tier 2 Coinsurance, if different		Copay, if separate		Tier 1 Copay applies only after deductible?		Tier 2	
<b>Medical</b>		<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All						<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All						<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. M-HSA)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Abuse Disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Services		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Rehabilitative Speech Therapy		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Rehabilitative Occupational and Rehabilitative Physical Therapy		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization		<input type="checkbox"/>		<input type="checkbox"/>		100%		\$0.00		<input type="checkbox"/>		<input type="checkbox"/>		100%		\$0.00		<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
<b>Drugs</b>		<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All						<input checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> All						<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	
<b>Options for Additional Benefit Design Limits:</b>																					
Set a Maximum on Specialty Rx Coinsurance Payments?		<input type="checkbox"/>			<b>Plan Description:</b> Name: Blue Rewards CDHP - Silver CSR 77% Plan HIOS ID: 13627V T0390002 and 13627V T0370002 Issuer HIOS ID: 13627																
Set a Maximum Number of Days for Charging an IP Copay?		<input type="checkbox"/>																			
Primary Care Cost-Sharing After a Set Number of Visits?		<input type="checkbox"/>																			
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?		<input type="checkbox"/>																			
<b>Output</b>																					
Calculate																					
Status/ErrorMessage: Error: Result is outside of +/- 1 percent de minimis variation for CSRs.																					
Actuarial Value: 76.11%																					
Metal Tier:																					
<b>2017 AV Calculator</b>																					

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 87% CSR		
Items supported by the AV Calculator	Deductible	\$1,300
	Coinsurance	0%
	OOPM	\$1,300
AVC Output for items supported by the AVC		(a)      86.8%
BCBSVT Model Output for items supported by the AVC		(b)      87.6%
BCBSVT Model Output for complete benefit design		(c)      87.7%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a) <b>86.9%</b>

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options				
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>			
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:				
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:				
Separate ODP Maximum for Medical and Drug Spending?	<input type="checkbox"/>							
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>							
Desired Metal Tier	Gold							
		Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
		Medical	Drug	Combined	Medical	Drug	Combined	
Deductible (\$)				\$1,300.00				
Coinsurance (% , Insurer's Cost Share)				100.00%				
ODP Maximum (\$)				\$1,300.00				
ODP Maximum if Separate (\$)								
<a href="#">Click Here for Important Instructions</a>								
Type of Benefit	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
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Options for Additional Benefit Design Limits:</b>				<b>Plan Description:</b>				
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>			Name: Blue Rewards CDHP - Silver CSR 87%				
Specialty Rx Coinsurance Maximum:				Plan HIOS ID: 13627VT0390002 and 13627VT0370002				
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>			Issuer HIOS ID: 13627				
# Days (1-10):								
Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>							
# Visits (1-10):								
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>							
# Copays (1-10):								
<b>Output</b>								
Calculate								
Status/Error Messages:	CSR Level of 87% (150-200% FPL), Calculation Successful.							
Actuarial Value:	86.80%							
Metal Tier:	Gold							
2017 AV Calculator								

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 94% CSR		
Items supported by the AV Calculator	Deductible	\$600
	Coinsurance	0%
	OOPM	\$600
AVC Output for items supported by the AVC	(a)	93.3%
BCBSVT Model Output for items supported by the AVC	(b)	93.3%
BCBSVT Model Output for complete benefit design	(c)	93.3%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a) <b>93.3%</b>

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		HSA/HRA Options		Narrow Network Options				
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>			
Apply Inpatient Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:				
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>			2nd Tier Utilization:				
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>							
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>							
Desired Metal Tier	Platinum							
		Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
		Medical	Drug	Combined	Medical	Drug	Combined	
Deductible (\$)				\$600.00				
Coinsurance (%; Insurer's Cost Share)				100.00%				
OOP Maximum (\$)				\$600.00				
OOP Maximum if Separate (\$)								
<a href="#">Click Here for Important Instructions</a>								
Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible	Subject to Coinsurance, if different	Copay, if separate	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All <input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		<input type="checkbox"/> All <input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>		<b>Plan Description:</b>						
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Silver CSR 94%						
Specialty Rx Coinsurance Maximum:		Plan HIOS ID: 13627VT0390002 and 13627VT0370002						
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID: 13627						
# Days (1-10):								
Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>							
# Visits (1-10):								
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>							
# Copays (1-10):								
<b>Output</b>								
Calculate								
Status/ErrorMessage:		CSR Level of 94% (100-150% FPL), Calculation Successful.						
Actuarial Value:		93.26%						
Metal Tier:		Platinum						
<b>2017 AV Calculator</b>								



## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Bronze			
Items supported by the AV Calculator	Deductible	\$7,150	
	Coinsurance	0%	
	OOPM	\$7,150	
AVC Output for items supported by the AVC		(a)	59.4%
BCBSVT Model Output for items supported by the AVC		(b)	64.6%
BCBSVT Model Output for complete benefit design		(c)	66.9%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	<b>61.6%</b>

Items not supported by the AV Calculator for this plan are the Pharmacy MOOP of \$1,300 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters		Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design						
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>										
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Options			Narrow Network Options						
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>			Blended Network/PCS Plan? <input type="checkbox"/>						
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	Annual Contribution Amount:			1st Tier Utilization:						
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>				2nd Tier Utilization:						
Desired Metal Tier	Bronze										
Deductible (\$)		Medical	Drug	Combined	Medical	Drug	Combined				
Coinsurance (% Insurer's Cost Share)				\$7,150.00							
OOP Maximum (\$)				100.00%							
OOP Maximum if Separate?				\$7,150.00							
<a href="#">Click Here for Important Instructions</a>											
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Tier 1 Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Tier 2 Coinsurance, if different	Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PE T Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Options for Additional Benefit Design Limits:</b>				<b>Plan Description:</b>							
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name: Blue Rewards CDHP - Bronze									
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	Plan HIOS ID: 13627VT0390003 and 13627VT0370003									
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	Issuer HIOS ID: 13627									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>										
<b>Output</b>				Status: Error Messages: Calculation Successful. Actuarial Value: 59.43% Metal Tier: Bronze							
<b>2017 AV Calculator</b>											

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS  
METAL ACTUARIAL VALUES CERTIFICATION**

**Blue Rewards Copayment Plans**

Items not supported by the AV Calculator for these plans are

- Pharmacy MOOP of \$1,300
- Three Mental Health office visits at no cost share before the deductible
- Class I Pediatric Dental at no cost share
- Copayment on Outpatient Surgery, Urgent Care, Emergency Medical Transportation, DME services and Home Health Care

For Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, we blended the Office Visit copayment and the Outpatient Facility copayment based on the frequency of services from the continuance tables in the AVC to calculate the input needed in the AVC.

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Gold		
Items supported by the AV Calculator	Deductible	\$1,250
	Coinsurance	0%
	OOPM	\$4,250
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a)      79.4%
BCBSVT Model Output for items supported by the AVC		(b)      82.5%
BCBSVT Model Output for complete benefit design		(c)      84.2%
Estimated AVC value		(d)=(c)/(b)*(a) <b>81.0%</b>

User Inputs for Plan Parameters		Tier 1 Plan Benefit Design		Tier 2 Plan Benefit Design	
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>				
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Options		Narrow Network Options	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/PCS Plan? <input type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>			2nd Tier Utilization:	
Desired Metal Tier	Gold	Medical	Drug	Medical	Drug
		Combined		Combined	
Deductible (\$)			\$1,250.00		
Coinsurance (%; Insurer's Cost Share)			100.00%		
OOP Maximum (\$)			\$4,250.00		
OOP Maximum if Separate (\$)					

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?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:		Plan Description:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	<b>Name:</b>	Blue Rewards Gold
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	<b>Plan HIOS ID:</b>	13627VT0380001 and 13627VT0360001
# Days (1-10):		<b>Issuer HIOS ID:</b>	13627
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>		
# Visits (1-10):	3		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays (1-10):			

Output	
Calculate	
Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.35%
Metal Tier:	Gold

**2017 AV Calculator**

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver		
Items supported by the AV Calculator	Deductible	\$2,300
	Coinsurance	0%
	OOPM	\$7,150
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a)      69.5%
BCBSVT Model Output for items supported by the AVC		(b)      74.2%
BCBSVT Model Output for complete benefit design		(c)      76.4%
Estimated AVC value		(d)=(c)/(b)*(a) <b>71.6%</b>

User Inputs for Plan Parameters														
1	Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>									
2	Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/PDS Plan? <input type="checkbox"/>									
3	Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:									
4	Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:									
5	Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>												
6	Desired Metal Tier	Silver												
7			<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>								
8			Medical	Drug	Combined	Medical	Drug	Combined						
9	Deductible (\$)				\$2,300.00									
10	Coinsurance (% , Insurer's Cost Share)				100.00%									
11	OOP Maximum (\$)				\$7,150.00									
12	OOP Maximum if Separate (\$)													
13														
14														
15	<a href="#">Click Here for Important Instructions</a>													
16	<b>Type of Benefit</b>	<b>Subject to Deductible?</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2 Copay applies only after deductible?</b>			
17	<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
18	Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
19	All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
20	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
21	Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
22	Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
23	Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
24	Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
25	Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
26	Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
27	Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			
28	Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
29	X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
30	Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
31	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
32	Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
33	<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
34	Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
35	Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
36	Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
37	Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
38	<b>Options for Additional Benefit Design Limits:</b>													
39	Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>												
40	Specialty Rx Coinsurance Maximum:													
41	Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>												
42	# Days (1-10):													
43	Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>												
44	# Visits (1-10):	3												
45	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>												
46	# Copays (1-10):													
47	<b>Plan Description:</b>													
48	Name:	Blue Rewards Silver												
49	Plan HIOS ID:	13627VT0380002 and 13627VT0380002												
50	Issuer HIOS ID:	13627												
51	<b>Output</b>													
52	Calculate													
53	Status/Error Messages:	Calculation Successful.												
54	Actuarial Value:	69.48%												
55	Metal Tier:	Silver												
56	<b>2017 AV Calculator</b>													

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 73%		
Items supported by the AV Calculator	Deductible	\$2,100
	Coinsurance	0%
	OOPM	\$5,700
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) <span style="float: right;">71.8%</span>
BCBSVT Model Output for items supported by the AVC		(b) <span style="float: right;">75.7%</span>
BCBSVT Model Output for complete benefit design		(c) <span style="float: right;">77.7%</span>
Estimated AVC value		(d)=(c)/(b)*(a) <span style="float: right;">73.6%</span>

User Inputs for Plan Parameters	HSA/HRA Options	Narrow Network Options	Tier 1 Plan Benefit Design	Tier 2 Plan Benefit Design						
Use Integrated Medical and Drug Deductible? <input checked="" type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>	<b>Medical</b>	<b>Medical</b>						
Apply Inpatient Copay per Day? <input type="checkbox"/>	Annual Contribution Amount:	1st Tier Utilization:	<b>Drug</b>	<b>Drug</b>						
Apply Skilled Nursing Facility Copay per Day? <input type="checkbox"/>		2nd Tier Utilization:	<b>Combined</b>	<b>Combined</b>						
Use Separate OOP Maximum for Medical and Drug Spending? <input type="checkbox"/>			Deductible (\$)							
Indicate if Plan Meets CSR Standard? <input checked="" type="checkbox"/>			Coinsurance (% Insurer's Cost Share)							
Desired Metal Tier: Silver			OOP Maximum (\$)							
			OOP Maximum if Separate (\$)							
<a href="#">Click Here for Important Instructions</a>										
<b>Type of Benefit</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if separate</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if separate</b>	<b>Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2 Copay applies only after deductible?</b>
<b>Medical</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Options for Additional Benefit Design Limits:</b>	<b>Plan Description:</b>									
Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Name: [Input Plan Name]									
Specialty Rx Coinsurance Maximum: [Input]	Plan HIOS ID [Input Plan HIOS ID]									
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	Issuer HIOS [Input Issuer HIOS ID]									
# Days (1-10): [Input]										
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input checked="" type="checkbox"/>										
# Visits (1-10): 3										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>										
# Copays (1-10): [Input]										
<b>Output</b>										
Calculate										
Status/Error Messages:	Error: Result is outside of +/- 1 percent de minimis variation for CSRs.									
Actuarial Value:	71.78%									
Metal Tier:										
<b>2017 AV Calculator</b>										

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 77%			
Items supported by the AV Calculator	Deductible	\$1,300	
	Coinsurance	0%	
	OOPM	\$5,200	
	Copayments after the deductible	See print below	
	PCP visits at no cost share before the deductible	3	
AVC Output for items supported by the AVC		(a)	75.7%
BCBSVT Model Output for items supported by the AVC		(b)	79.5%
BCBSVT Model Output for complete benefit design		(c)	80.8%
Estimated AVC value		(d)=(c)/(b)*(a)	<b>76.9%</b>

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>									
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>								
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:									
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	Annual Contribution Amount:		2nd Tier Utilization:									
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>												
Desired Metal Tier	Silver	<b>Tier 1 Plan Benefit Design</b>				<b>Tier 2 Plan Benefit Design</b>							
		Medical	Drug	Combined	Medical	Drug	Combined						
Deductible (\$)				\$1,300.00									
Coinsurance (%; Insurer's Cost Share)				100.00%									
OOP Maximum (\$)				\$5,200.00									
OOP Maximum if Separate (\$)													
<a href="#">Click Here for Important Instructions</a>													
<b>Type of Benefit</b>	<b>Subject to Deductible?</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if separate</b>	<b>Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2 Copay applies only after deductible?</b>			
<b>Medical</b>													
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>Drugs</b>													
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>Options for Additional Benefit Design Limits:</b>													
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>												
Specialty Rx Coinsurance Maximum:													
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>												
# Days (1-10):													
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>												
# Visits (1-10):	3												
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>												
# Copays (1-10):													
<b>Output</b>													
Calculate													
Status/Error Messages:		Error: Result is outside of +/- 1-percent de minimis variation for CSRs.											
Actuarial Value:		75.67%											
Metal Tier:													
<b>2017 AV Calculator</b>													

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 87%			
Items supported by the AV Calculator	Deductible	\$200	
	Coinsurance	0%	
	OOPM	\$2,250	
	Copayments after the deductible	See print below	
	PCP visits at no cost share before the deductible	3	
AVC Output for items supported by the AVC		(a)	87.1%
BCBSVT Model Output for items supported by the AVC		(b)	90.2%
BCBSVT Model Output for complete benefit design		(c)	90.3%
Estimated AVC value		(d)=(c)/(b)*(a)	87.2%

User Inputs for Plan Parameters													
1	Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>								
2	Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>								
3	Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:								
4	Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:								
5	Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>											
6	Desired Metal Tier	Gold											
7	<b>Tier 1 Plan Benefit Design</b>			<b>Tier 2 Plan Benefit Design</b>									
8		Medical	Drug	Combined	Medical	Drug	Combined						
9	Deductible (\$)			\$200.00									
10	Coinsurance (%; Insurer's Cost Share)			100.00%									
11	OOP Maximum (\$)			\$2,250.00									
12	OOP Maximum if Separate (\$)												
13													
14													
15	<a href="#">Click Here for Important Instructions</a>												
16	<b>Type of Benefit</b>	<b>Subject to Deductible?</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Tier 1 Copay applies only after deductible?</b>	<b>Tier 2 Copay applies only after deductible?</b>		
17	<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
18	Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
19	All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
20	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
21	Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
22	Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
23	Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
24	Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
25	Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
26	Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
27	Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
28	Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
29	X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
30	Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
31	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
32	Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
33	<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
34	Generic	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
35	Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
36	Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
37	Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
38	<b>Options for Additional Benefit Design Limits:</b>												
39	Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>											
40	Set a Maximum on Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>											
41	Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>											
42	Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>											
43	# Visits (1-10):	3											
44	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>											
45	# Copays (1-10):												
46	<b>Plan Description:</b>												
47	Name:	Blue Rewards Silver CSR 87%											
48	Plan HIOS ID:	13627V10380002 and 13627V10360002											
49	Issuer HIOS ID:	13627											
50	<b>Output</b>												
51	Status/Error Messages:	CSR Level of 87% (150-200% FPL). Calculation Successful.											
52	Actuarial Value:	87.09%											
53	Metal Tier:	Gold											
54	<b>2017 AV Calculator</b>												
55	Calculate												

## BLUE CROSS AND BLUE SHIELD OF VERMONT 2017 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

### Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 94%

The inclusion of Mental Health office visits in the three PCP or Mental Health Office visits at no cost share before the deductible benefit and copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care are not supported by the AVC for this plan. The difference between the AVC benefit of three PCP visits at no cost share before the deductible and the BCBSVT benefit of three PCP or MHSA visits at no cost share is immaterial<sup>2</sup> and the addition of copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care is also immaterial; therefore we are using the AVC directly for this plan.

A	B	C	D	E	F	G	H	I	K	L	
<b>User Inputs for Plan Parameters</b>											
Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>			<b>Narrow Network Options</b>						
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>			Blended Network/POS Plan? <input type="checkbox"/>						
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:			1st Tier Utilization:						
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>				2nd Tier Utilization:						
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>										
Desired Metal Tier	Platinum										
			<b>Tier 1 Plan Benefit Design</b>						<b>Tier 2 Plan Benefit Design</b>		
		<b>Medical</b>	<b>Drug</b>	<b>Combined</b>		<b>Medical</b>	<b>Drug</b>	<b>Combined</b>			
Deductible (\$)				\$0.00							
Coinsurance (%; Insurer's Cost Share)				100.00%							
OOP Maximum (\$)				\$1,100.00							
OOP Maximum if Separate (\$)											
<a href="#">Click Here for Important Instructions</a>											
		<b>Tier 1</b>				<b>Tier 2</b>				<b>Tier 1</b>	<b>Tier 2</b>
<b>Type of Benefit</b>	<b>Subject to Deductible?</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Subject to Deductible</b>	<b>Subject to Coinsurance</b>	<b>Coinsurance, if different</b>	<b>Copay, if separate</b>	<b>Copay applies only after deductible?</b>		
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Options for Additional Benefit Design Limits:</b>											
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>										
Specialty Rx Coinsurance Maximum:											
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>										
# Days (1-10):											
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>										
# Visits (1-10):	3										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>										
# Copays (1-10):											
<b>Output</b>											
calculate											
Status/Error Messages:	CSR Level of 94% (100-150%: FPL), Calculation Successful.										
Actuarial Value:	94.03%										
Metal Tier:	Platinum										
<b>2017 AV Calculator</b>											

<sup>2</sup> The AV calculator produces an AV of 94.13% for a plan with identical inputs other than MHSA cost sharing which is set to no cost sharing, therefore the waiving of cost sharing on up to three MHSA visits for those not having 3 or more PCP visits is not expected to have any material impact.



**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS  
METAL ACTUARIAL VALUES CERTIFICATION**

## Appendix – Complete Benefit Designs

	Gold	Silver	73% AV	77% AV	87% AV	94% AV
Deductible/OOP Max	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$1,250	\$2,300	\$2,100	\$1,300	\$200	\$0
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$4,250	\$7,150	\$5,700	\$5,200	\$2,250	\$1,100
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,100
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I
Drug Deductible waived for:	N/A	N/A	N/A	N/A	N/A	N/A
Service Category						
Preventive	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$15 copay
MH/SA Office Visit						
Specialist Office Visit	\$30	\$50	\$50	\$50	\$50	\$35
Urgent Care	\$30	\$50	\$50	\$50	\$50	\$35
Ambulance	\$30	\$50	\$50	\$50	\$50	\$35
DME	\$30	\$50	\$50	\$50	\$50	\$35
ER	\$250	\$400	\$400	\$400	\$250	\$250
Radiology (MRI, CT, PET)	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0
Outpatient	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0
Inpatient	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0
Rx Generic	\$5	\$5	\$5	\$5	\$5	\$5
Rx Preferred Brand	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%

**BLUE CROSS AND BLUE SHIELD OF VERMONT  
2017 VERMONT QUALIFIED HEALTH PLANS  
METAL ACTUARIAL VALUES CERTIFICATION**

	<b>Gold</b>	<b>Silver</b>	<b>73% AV</b>	<b>77% AV</b>	<b>87% AV</b>	<b>94% AV</b>	<b>Bronze</b>
<b>Deductible/OOP Max</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP</b>	<b>CDHP - Not HSAQ</b>	<b>CDHP - Not HSAQ</b>
Medical Ded	\$2,500	\$4,500	\$3,500	\$2,800	\$1,300	\$600	\$7,150
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$2,500	\$4,500	\$3,500	\$2,800	\$1,300	\$600	\$7,150
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,150
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
<b>Service Category</b>							
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%	0%	0%	0%
DME	0%	0%	0%	0%	0%	0%	0%
ER	0%	0%	0%	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%	0%	0%	0%
Outpatient	0%	0%	0%	0%	0%	0%	0%
Inpatient	0%	0%	0%	0%	0%	0%	0%
Rx Generic	\$5	\$15	\$15	\$15	\$15	\$15	\$25
Rx Preferred Brand	40%	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%