HEALTH CARE
AUTHORITY

2026 Plan Year
Health Insurance Marketplace Affordability Program
Policy and Procedures Manual

Reducing Consumer Costs on
BeWell, New Mexico's Health Insurance Marketplace

Issued May 8, 2025

Section I: Health Insurance Marketplace Affordability Program

A. Overview and Summary of Changes

The Health Care Affordability Fund (HCAF or "the Fund") was created in 2021 to reduce health care costs for New Mexicans. The law directs the New Mexico Health Care Authority (HCA) to implement several programs under the Fund, including a program to reduce health insurance premiums and out-of-pocket costs for individuals and families who qualify for federal financial assistance on BeWell, the New Mexico Health Insurance Marketplace. New Mexico's Health Insurance Marketplace Affordability Program (MAP) launched on January 1, 2023, and has been expanded and improved each year since. The program only applies to plans sold on BeWell's individual market platform and is not available to consumers who enroll in coverage off-exchange. Additional materials can be found on HCA's HCAF webpage.

The "2026 Plan Year Health Insurance Marketplace Affordability Program Policy and Procedures Manual" describes the requirements for the program in 2026, administrative policies and procedures, and rate filing requirements. Below is a summary of program changes for the 2026 Plan Year:

- Maximum out-of-pocket limits for Turquoise 2 and 3 Variants are aligned with the Center for Consumer Information and Insurance Oversight's (CCIIO's) 2026 Plan Year PAPI guidance. Please note that the Centers for Medicare and Medicaid Services (CMS) has issued a proposed rule with updated maximum out-of-pocket limits. Since HCA establishes maximum out-of-pocket limits for Turquoise Plans, the HCA will continue to use the limits under the original PAPI guidance that was issued.
- The enhanced federal Premium Tax Credit (PTC) provided under the Inflation Reduction Act (IRA) of 2022 is set to expire at the end of 2025. If the IRA is not extended, the HCA will use HCAF funds to backfill lost federal revenue for eligible consumers up to 400% of the Federal Poverty Level (FPL). New Mexico's existing premium and out-of-pocket assistance programs will be continued.

B. Federal Financial Assistance

Under the Affordable Care Act (ACA), the federal government provides two types of financial assistance to qualifying individuals and families to lower their premiums and out-of-pocket costs.

Advance Premium Tax Credit (APTC)

The Advance Premium Tax Credit (APTC) is a federal refundable tax credit that can be used to reduce monthly premium costs for qualifying households. The amount of APTC is calculated using the essential health benefits (EHBs) portion of the premium of the second-lowest-cost Silver plan that is available in the household's rating area. The APTC can only be used to purchase Qualified Health Plans (QHPs) offered on New Mexico's official health insurance

marketplace, BeWell. A QHP is an insurance plan that is certified by BeWell and provides essential health benefits, follows established limits on cost-sharing, and meets other requirements under the ACA. The Office of Superintendent of Insurance (OSI) reviews and approves the rates and forms associated with these QHPs.

APTCs can be used to purchase plans in any metal tier. APTC cannot be used to purchase Catastrophic plans. As of the release of this Policy Manual, no issuers in New Mexico offer Catastrophic plans on the Marketplace. If the full premium of a QHP is less than the consumer's maximum APTC, the consumer only receives the portion of the maximum APTC that equals the EHB-share of the premium of the selected QHP. For example, if the full premium of a QHP is $550 dollars, of which $545 is for EHBs, and the consumer's maximum APTC is $575, only $545 in APTC is applied toward the consumer's premium. The remaining $5 premium would be the amount the consumer would pay each month.

Potential Federal Changes

Enhanced PTC provided under the federal American Rescue Plan Act (ARPA) and IRA have provided more affordable coverage since 2021. However, without congressional action to extend these enhanced federal subsidies, they will expire at the end of 2025, which would cause significant premium increases for New Mexicans. If the IRA enhanced PTC is discontinued, the HCA will use the HCAF to continue the premium sliding scale as it currrently exisits under HCAF. This means HCAF will cover the cost of both the current MAP program and also the enhanced PTC for households with income up to 400% of the FPL. The funding for this effort was approved in the FY26 State budget.

In addition, CMS has issued the 2025 Marketplace Integrity and Affordability Proposed Rule that could impact several aspects of New Mexico's MAP. If major elements of the proposed rule are adopted, HCA may issue a revised version of this manual to account for these changes.

Federal Silver Plan Variants for Cost Sharing Reductions (CSRs)

Federal Cost Sharing Reductions (CSRs) are a discount that reduces the amount qualifying individuals and families have to pay towards their out-of-pocket maximum, deductibles, copayments, and coinsurance. All issuers must submit federal Silver plan variants with higher actuarial values (AVs) than the standard 70% AV Silver plan. These variants provide CSRs to individuals with household income up to 250% of the FPL who are eligible to purchase QHPs on the Marketplace. The AV levels are established by the ACA and vary by income cohort: 1) qualifying individuals and families with incomes under 150% of the FPL are eligible for 94% AV Silver variants; 2) qualifying individuals and families with income between 150-200% of the FPL are eligible for 87% AV Silver variants; and 3) qualifying individuals and families with income between 200-250% of the FPL are eligible for 73% AV Silver variants. These Silver plan variants have lower annual out-of-pocket maximums, deductibles, and co-payments/coinsurance

applied to EHBs provided by in-network providers, compared to the standard (-01 variant) Silver plan.

Federal Silver variants must cover the same benefits and include the same network as the corresponding base Silver plan, also referred to as the standard plan (not to be confused with "standardized health plans"). The out-of-pocket costs for EHBs in any federal Silver plan variant may not exceed the out-of-pocket costs of the corresponding base Silver plan (also known as the "standard variant").

Note: If federal policies pertaining to Cost-Sharing Reductions (CSRs) are modified, this guidance will be revised accordingly and reissued.

C. The Health Insurance Marketplace Affordability Program

The Health Insurance Marketplace Affordability Program (MAP) reduces premiums and out-of-pocket costs using funds appropriated by the New Mexico Legislature from the HCAF. MAP builds on top of the federal financial assistance available on BeWell to offer lower-cost coverage to individuals and families who qualify.

Eligibility

In order to qualify for the program, consumers must: 1) be eligible to purchase a QHP on the Marketplace; 2) qualify for the federal Premium Tax Credit; and 3) meet income criteria established annually by the HCA Secretary.

Program Parameters

Effective Date: November 1, 2025, for application shopping and enrollment; January 1, 2026, for coverage

New Mexico Premium Assistance Program Parameters

1) State-funded premium assistance can be used to purchase plans in any metal tier other than Catastrophic. (Catastrophic plans have not been offered in the Marketplace for the past several years).
2) The premium assistance amount for the 2026 Plan Year is calculated using the second lowest cost Silver plan.
3) State-funded premium assistance supplements the federal premium assistance using a sliding scale up to 400% FPL.

Table 1: New Mexico Premium Assistance Scale

Federal Poverty Level	NMPA Sliding Scale (Premium as % of Income)
Up to 150%	0%
150-200%	0%
200-250%	0-2%

250-300%	2-5%
300-400%	5-8.5%
400%+	No HCAF Assistance

4) State-funded premium assistance is enhanced for members of federally-recognized tribes. Members of federally-recognized tribes under 300% FPL will not owe a premium for the lowest cost plan offered by each issuer, with the State covering what would otherwise be owed for the plan after accounting for federal APTC and state premium assistance. Members of federally-recognized tribes between 300-400% FPL have a premium sliding scale between 1-8.5% of household income for the second lowest cost silver plan.

Table 2: New Mexico Premium Assistance for Native Americans

Federal Poverty Level	NMPA Native American Sliding Scale (Premium as % of Income for Lowest Cost Plan by Each Issuer)
0-300%	0%
300-400%	1-8.5%
400%+	No HCAF Assistance

Calculating Monthly New Mexico Premium Assistance Payments

For Plan Year 2026, the second lowest cost Silver plan in the relevant rating area is the benchmark for calculating New Mexico Premium Assistance. For eligible individuals up to 200% FPL, the benchmark plan used to calculate the New Mexico Premium Assistance amount will be 10% above the price of the second lowest cost Silver plan. **Note:** This will not affect the APTC amount. For all other eligible enrollees, the actual price of the second lowest cost Silver plan will be used in the calculation.

The monthly New Mexico Premium Assistance payment amount is calculated using the following equation for individuals under 200% FPL:

Gross Monthly Premium for Second Lowest Cost Silver Plan *x* 1.1 – Monthly Federal APTC – Applicable Percentage of Income Established by Secretary *x* Expected Annual Household Income as Outlined in 45 C.F.R. § 155.305(f)(i) / 12.

The monthly New Mexico Premium Assistance payment amount is calculated using the following equation for individuals between 200.01-400% FPL:

Gross Monthly Premium for Second Lowest Cost Silver Plan – Monthly Federal APTC – Applicable Percentage of Income Established by Secretary *x* Expected Annual Household Income as Outlined in 45 C.F.R. § 155.305(f)(i) / 12.

The consumer's net premium cannot be lower than $0. If the combined federal and New Mexico Premium Assistance is greater than the gross premium of the plan selected by the consumer, the New Mexico Premium Assistance payment will be reduced by applicable amount to reach a $0 consumer payment.

Health Reimbursement Accounts

Qualified Small Employer Health Reimbursement Account (QSEHRA) payments reduce the New Mexico Premium Assistance amount commensurate with the QSEHRA contribution amount after the APTC has been reduced to $0. For example, consider a consumer with a $100 gross premium who qualifies for a $50 APTC and $30 New Mexico Premium Assistance payment, leaving a $20 net premium. If this individual received a $60 QSEHRA payment, the APTC will adjust to $0 since the $60 HRA payment exceeds the APTC amount. In this situation, the New Mexico Premium Assistance amount will be reduced by $10 to account for the remainder of the individual's QSEHRA payment. Consumers who accept an Individual Coverage Health Reimbursement Account (ICHRA) will not be eligible for APTC or New Mexico Premium Assistance.

New Mexico Premium Assistance Applicability

New Mexico Premium Assistance can be used to purchase Bronze, Silver, Gold, and Platinum plans. Catastrophic plans do not qualify for New Mexico Premium Assistance. Also, consumers with household income over 400% of the FPL do not qualify for New Mexico Premium Assistance.

Native American Premium Assistance Program Parameters

HCA offers an additional premium assistance program for Native Americans. In addition to the state premium assistance program described above, Native Americans who qualify for the federal Zero Cost Sharing Variant (up to 300% FPL) will have access to a $0 plan from each issuer in their rating area. That plan is the lowest-cost option offered by the issuer, with what would otherwise be the consumer portion of the premium covered by the HCAF. This ensures that lower-income Native Americans have access to at least one Zero Cost Sharing plan with a $0 premium from every issuer.

Eligibility for Native American Premium Assistance Program

To qualify for the Native American Premium Assistance program, an enrollee must qualify for the federal Zero Cost Sharing Variant.

Calculating State Payments for Native American Premium Assistance Program

The Native American Premium Assistance (also known as Premium Buy-down) payment amount is calculated by taking the gross premium of the lowest cost plan offered by an issuer, subtracting federal APTC, then subtracting the state premium assistance. The result of this calculation is the Native American Premium Assistance payment amount. **Note:** Gross monthly premiums include non-EHB benefits, that cannot be covered by federal APTC, should be included in the gross monthly premium amount for in the Premium Buy-down calculation so that

the premium under this program is guaranteed to be $0.

Gross Monthly Premium for Lowest Cost Plan Offered by Issuer – Monthly Federal APTC – New Mexico Premium Assistance Monthly Payment = State Native American Premium Assistance Payment

Native American Premium Assistance Applicability

Qualifying individuals may use the State payment to purchase the lowest-cost option offered by the respective issuer.

State Out-of-Pocket Assistance Program Parameters

To reduce consumer out-of-pocket costs, HCA builds upon the framework of the ACA's CSRs to enhance the AV of certain plans through the State Out-of-Pocket Assistance (SOPA) program. Issuers are required to submit variants that meet AV targets established by the HCA Secretary.

SOPA Applicability

1) State-funded out-of-pocket assistance only applies to Turquoise plans with an underlying Silver plan for eligible individuals with income through 200% FPL.
2) State-funded out-of-pocket assistance only applies to Turquoise plans with an underlying Gold plan for eligible individuals with income between 200.01-400% of the FPL.

Table 3: State Out-of-Pocket Assistance Actuarial Values

Federal Poverty Level	Marketplace Affordability Program AV Level for SOPA Plans	ACA AV Level for Relevant Federal Variants
Up to 150%	99% AV (Silver)	94% AV (Silver)
150.01-200%	95% AV (Silver)	87% AV (Silver)
200.01-400%	90% AV (Gold)	80% AV (Gold)

Turquoise Variant Actuarial Values

To simplify the choice landscape for consumers, the underlying metal tier for plans that offer robust out-of-pocket assistance is replaced with a "Turquoise" label during the shopping experience on the BeWell Marketplace, as mentioned above. Turquoise Variant names correspond with specific AV requirements. The naming conventions must match the level of income-based out-of-pocket assistance offered to consumers as shown in **Table 4**. The "Turquoise" label helps consumers identify which plans qualify for the most savings.

Table 4: SOPA Plan Actuarial Values and Metal Levels

Plan Number	Turquoise 1	Turquoise 2	Turquoise 3
FPL Range	Up to 150%	150-200%	200-400%
Actuarial Value	99% AV	95% AV	90% AV
SOPA Metal Level	Silver	Silver	Gold

The 73% federal Silver variant must still be available for purchase to qualifying individuals but will not be marked as a Turquoise Plan.

Limited Cost Sharing Turquoise 3 Variants for Native Americans

Federal laws and regulations require issuers to offer Limited Cost Sharing Variants to Native Americans with income over 300% of the FPL that provide access to Indian health care providers without out-of-pocket costs. With the expansion of Turquoise 3 eligibility for those with income up to 400% of the FPL, special variants must be created for eligible Native Americans to ensure that these federal cost sharing protections continue to be offered for SOPA-eligible Native Americans. -03 Gold variants for Native Americans with income between 300.01-400% of the FPL will be replaced with a -13 variant that has the same out-of-pocket cost design as the issuer's -90 variant (90% AV), with no cost sharing applied to services provided by Indian health care providers.

Hierarchy for SOPA-Eligible Plan Variants

Certain federal variants will be replaced by unique State variants for eligible individuals and families. Silver -05 variants will be replaced by a -95 Turquoise Variant (Turquoise 2) and Silver -06 variants will be replaced by a -99 variant (Turquoise 1). Gold -01 variants will be replaced by a -90 Turquoise Variant for individuals and families with income between 200.01-400% of the FPL. Gold -03 variants will be replaced by a -13 Turquoise Variant for Native Americans between 300.01-400% FPL.

Individuals and families with income between 200.01-250% of the FPL will continue to have access to the -04 Silver variant. However, SOPA will **not** be applied to the -04 Silver variant. **Table 5** demonstrates which federal variants will be replaced with State variants.

Table 5: Turquoise Variant Hierarchy

SILVER PLANS			
Income Range (FPL)	**Current Federal Variant ID**	**Does SOPA Apply to Silver?**	**New Turquoise Variant ID**
Under 150%	- 06	Yes	- 99
150.01-200%	- 05	Yes	- 95
200.01-250%	- 04	No	N/A

GOLD PLANS			
Income Range (FPL)	**Current Federal Variant ID**	**Does SOPA Apply to Gold?**	**New Turquoise Variant ID**
Under 150%	- 01	No	N/A
150.01-200%	- 01	No	N/A
200.01-400%	- 01	Yes	- 90
300.01-400% (Native Americans)	- 03	Yes	- 13

Turquoise Variants and Standardized Health Plans

All issuers are required to offer Turquoise Variants for Standardized Health Plans. Click here to view the final amended plan designs approved by the BeWell Board of Directors. **Note:** the correct underlying metal tier should be used for AV screenshots.

Maximum Annual Limitation on Cost Sharing for Turquoise Variants

For qualifying individuals and families with income between 150.01% - 400% of the FPL, the maximum out-of-pocket limit for Turquoise Variants cannot exceed $3,350 ($6,700 for families) in Plan Year 2026, which is equal to the amount specified in the 2026 PAPI Parameters Guidance for individuals and families who qualify for 94% AV and 87% AV variants. For qualifying individuals and families with income through 150% of the FPL, the maximum out-of-pocket limitation cannot exceed $500 for individuals ($1,000 for families) in Plan Year 2026.

Turquoise Variant Out-of-Pocket Requirements for Primary Care and Generic Medications

Issuers may only use co-pays for primary care visits and generic prescription medications for Turquoise Variants. Coinsurance is not allowed for these services. In addition, the deductible cannot apply to these services. These requirements only apply to Turquoise Variants and do not apply to any other variant.

Cohesion Between Standard and Turquoise Variants

In Plan Year 2026, each Turquoise Variant must closely resemble the general features of its standard variant. For example, if the standard variant of a plan uses co-pays for specialist visits, its Turquoise Variants must also use co-pays for specialist visits. The exception to this rule is the requirement that primary care and generic medications cannot require coinsurance for Turquoise Variants.

To the greatest extent possible, issuers should maintain the overall relativities for the cost sharing amounts for all variants of a plan. For an example of variants that meet this standard, see BeWell's Standardized Health Plan designs. HCA recognizes that perfect relativity may not always be achievable and will grant issuers flexibility to meet AV targets. As is true of federal CSR variants, the maximum out-of-pocket limit, deductible, co-pays, and coinsurance for Turquoise Variants cannot exceed the amount that is offered under the plan's standard variant.

De Minimis Variation for Turquoise Variants

The AV for Turquoise Variants may only vary +1/0 in Plan Year 2026.

Turquoise Variants and Mid-Year Income and Household Status Changes

Some individuals and families may experience changes in income or other household circumstances during the 2026 Plan Year that could place them in an income cohort that corresponds with a Turquoise Variant that has a different underlying metal level than that in which they originally enrolled. For example, if an individual reports an income change that causes household income to shift from 195% of the FPL at the time of enrollment to 205% of the FPL later in the year, that individual would now qualify for Turquoise 3 Variants. Since SOPA can apply to different metal levels based on income, the new underlying metal level of the Turquoise Variant in this example (Gold) would be different from the original variant of the plan (Silver). In such circumstances, enrollees are permitted to switch plans to maintain enrollment in a Turquoise Variant. Enrollees should contact BeWell to make this change, if necessary.

When SOPA-eligible consumers switch from one plan offered by an issuer to another plan offered by the same issuer due to changes in household circumstances, issuers are required to carry over any out-of-pocket costs incurred by the consumer when they were enrolled in their original plan to their new plan. This means that cost sharing accumulators should not be reset when plan changes occur under these circumstances. See **Attachment C** for plan mapping details.

Turquoise Variant Risk Adjustment Induced Demand Factors

OSI will include Turquoise Variant Risk Adjustment Induced Demand Factors in its Rate Guidance.

D. Marketplace Affordability Program Administration

To minimize duplication of effort, the administration of MAP has been aligned with federally required procedures to the greatest extent possible.

New Mexico Premium Assistance Monthly Payments

BeWell will aggregate New Mexico Premium Assistance payment amounts for each issuer on a monthly basis and report the amounts to HCA. HCA will issue New Mexico Premium Assistance payments to the issuer on a monthly basis. Upon approval from HCA, BeWell will submit the corresponding New Mexico Premium Assistance report file to each issuer. Consumers will not need to reconcile New Mexico Premium Assistance payments at the end of the year as they do for APTC. All invoices sent to consumers should clearly show the federal APTC and the amount of the New Mexico Premium Assistance payment received by the issuer to reduce their premium.

There may be instances where the New Mexico Premium Assistance amount will need to be adjusted due to delayed consumer reporting or delayed BeWell staff processing. BeWell

reconciles New Mexico Premium Assistance during monthly comparisons with the issuers. Issuers may also report discrepancies with the New Mexico Premium Assistance report on a monthly basis. BeWell, oversees this process and should be consulted should any questions arise.

Monthly SOPA Payments

As defined by the HCA Secretary, SOPA payments will be paid directly to the issuer by HCA in the form of monthly advanced payments, subject to an end-of-year reconciliation. Advanced payments are calculated by multiplying the gross member-level premium by the SOPA Variant Multiplier applicable to the enrollee's Turquoise Variant - **Table 6** shows the multipliers.

Table 6: 2026 SOPA Variant Multiplier

Income Tier (FPL)	Turquoise Variant	SOPA Metal Tier	SOPA AV	SOPA Variant Multiplier
Up to 150%	Turquoise 1	Silver	99%	.042
150.01-200%	Turquoise 2	Silver	95%	.066
200.01-400%	Turquoise 3	Gold	90%	.079

SOPA Reporting Requirements and Reconciliation

Issuers must reconcile advance SOPA payments annually. SOPA Reconciliation guidance for the 2026 Plan Year will be issued by HCA at a later date.

NOTE: *For -99 and -95 Turquoise Variants, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in -06 and -05 Silver variants, respectively. For the -90 Turquoise Variant, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in the -01 Gold variant. For the -13 Turquoise Variant, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in the -03 Gold variant.*

Section II: Rate Filing Requirements

A. Supplemental SOPA Variant Plans and Benefits Template

For SOPA-eligible Turquoise Variants, issuers are required to enter the cost sharing design for each plan in HCA's Supplemental SOPA Variant Plans and Benefits Template in the "Supporting Documentation" tab of the binder. Issuers should fill out this template the same way they would fill out the federal Plans and Benefits Template. The state version will not automatically calculate the plan AV. Issuers should enter the AV output from the AV calculator. In situations where the plan designs are incompatible with the AV calculator, issuers should use an appropriate alternative method pursuant to 45 CFR 156.135(b)(2) or 45 CFR 156.135(b)(3).

In the HIOS Plan ID, please add the corresponding variants after the standard component, as shown below:

- Turquoise Plan 1: 00001NM1234567-**99**
- Turquoise Plan 2: 00001NM1234567-**95**
- Turquoise Plan 3: 00001NM9876543-**90**

B. Actuarial Value Calculator Requirements

For each SOPA-eligible variant, issuers must submit a supplemental AV calculator output demonstrating that the cost sharing design meets the HCA's AV targets. Issuers should use the 2026 federal AV calculator to produce the output sheets. As is the case in the 2026 Notice of Benefit and Payment Parameters, the AV for Turquoise Variants cannot be lower than what is prescribed and may only be 1 point higher than in the prescribed variant during Plan Year 2026. The calculator output screenshot will come back with an error message. Issuers must ensure that the AV output is within the de minimis range. If it is entered incorrectly, HCA will notify OSI of the issue during the rate review period.

Step 1: In "Name" insert "Turquoise Variant #" and enter the corresponding number of the income tier before entering the full plan name.

Step 2: In "Desired Metal Tier," select Platinum.

Step 3: Enter plan cost sharing information.

Step 4: Click "Calculate" to generate an output.

Step 5: Verify that the AV output is within the de minimis range.

Step 6: Name the output tab the [HIOSPlanID_Turquoise Plan Number]. The "Turquoise Plan Number" should be the number of the corresponding income tier. The plan number for the income tier through 150% of the FPL is "1." The plan number for the income tier between 150.01-200% of the FPL is "2." The plan number for the income tier between 200.01-400% of the FPL is "3."

Please see **Table 7** for the correct "desired metal tier" for each Clear Cost Variant.

Table 7: Desired Metal Tier for Clear Cost Plan Variants

Clear Cost Plan Variant	Desired Metal Tier
Clear Cost Turquoise 1 with EXTRA SAVINGS	Platinum
Clear Cost Turquoise 2 with EXTRA SAVINGS	Platinum
Clear Cost Turquoise 3 with EXTRA SAVINGS	Platinum
Native American Clear Cost Turquoise 3 LCS with EXTRA SAVINGS	Platinum
Clear Cost Gold	Gold
Clear Cost Silver	Silver
Clear Cost Silver 73%	Silver
Clear Cost Silver 87%	Gold
Clear Cost Silver 94%	Platinum

C. Federal Filing Requirements

Issuers are still required to submit the ACA's variants for federal validation using the federal Plans and Benefits Template. The federal Plans and Benefits Template must be completed and accompanied by an attestation of accuracy. Issuers should submit an attestation of accuracy for the Turquoise Variants to HCA with its Supplemental SOPA Variant Plans and Benefits Template.

Attachments

Attachment A: Supplemental SOPA Variant Plans and Benefits Template

Click here to view an unformatted blank version of the SOPA template.

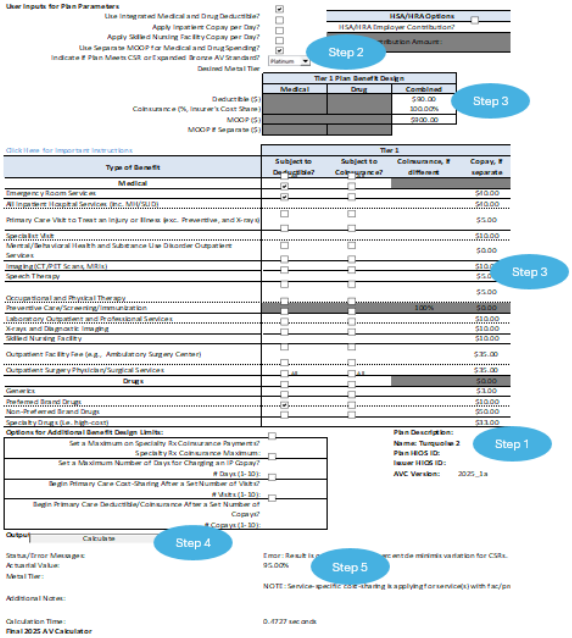
Attachment B: Sample AV Calculator with Turquoise Variants

See the sample on page 15.

Attachment C: Marketplace Plan Variant Descriptors

See pages 16-17.

Attachment B: Sample AV Calculator with Turquoise Variants



Example: Turquoise 2 – Income 150-200% FPL

Step 1: In "Name", insert "Turquoise 2".

Step 2: In the "Desired Metal Tier", select the applicable **desired** plan metal level: Platinum

Step 3: Enter plan cost sharing information

Step 4: Click "calculate" to generate an output.

Step 5: You will receive a message indicating that the calculation was for CSR-94, CSR-87, and CSR-73. Ignore the error message indicating that the results are outside the de minimis variation for CSRs for Turquoise1, 2, and 3 and for standard Gold and standard Silver

Step 6: Name the output tabl [HIOSPlanID_SOPA Plan Variant]. The "Turquoise Plan variant" should be the number of the corresponding to the income tier, and the standard Gold or Silver or the federal CSR variant tier.

Step 6

Attachment C: Marketplace Plan Variant Descriptors

Variant ID	Type	Metal	Variant Name	Eligible Population	Description
01 Variant	Federal	All Metal Tiers	Standard Variant	N/A	The 01 variant is the "Standard Variant" for on-exchange plans. This is the base plan that does not have any cost sharing/out-of-pocket modifications. It is the version that issuers use to price the plan. **No state out-of-pocket assistance or federal CSRs are applied.**
02 Variant	Federal	All Metal Tiers	Zero Cost Sharing Variant	Eligible members of federally-recognized tribes through 300% FPL	The 02 variant is a version of the plan that **does not have any out-of-pocket costs for covered services**. This is also called the "Zero Cost Sharing Variant." It is only available to eligible **members of federally-recognized tribes with income through 300% of the FPL**.
03 Variant	Federal	All Metal Tiers	Limited Cost Sharing Variant	Eligible members of federally-recognized tribes above 300% FPL	The 03 variant is a version of the plan that **does not have any out-of-pocket costs for covered services that are provided through Indian health care providers**. All other out-of-pocket costs for non-Indian health care providers are the same as they would otherwise be. This is also called the "Limited Cost Sharing Variant." It is only available to eligible **members of federally-recognized tribes with income above 300% of the FPL**.
04 Variant	Federal	Silver Only	CSR 73 Variant	Eligible individuals between 200.01-250% FPL	The 04 variant is a version of the plan required for each Silver plan that has the cost sharing design for the **73% AV** Silver CSR plan. It is available to individuals with income between **200.01-250% of the FPL**.
05 Variant	Federal	Silver Only	CSR 87 Variant	Eligible individuals between 150.01-200% FPL	The 05 variant is a version of the plan required for each Silver plan that has the cost sharing design for the **87% AV** Silver CSR plan. It is available to individuals with income between **150.01-200% of the FPL**. In New Mexico, this variant gets replaced by the 95 Turquoise variant.
06 Variant	Federal	Silver Only	CSR 94 Variant	Eligible individuals 150% FPL and below	The 06 variant is a version of the plan required for each Silver plan that has the cost sharing design for the **94% AV** Silver CSR plan. It is available to individuals with income **through 150% of the FPL**. In New Mexico, this variant gets replaced by the 99 Turquoise variant.

Variant ID	Type	Metal	Variant Name	Eligible Population	Description
90 Variant	State	Gold Only	Turquoise 3 Variant	Eligible individuals between 200.01-400% FPL	The 90 variant is a version of the plan required for each Gold plan that has the cost sharing design for the **90% AV** Turquoise Variant. It is available to individuals with income between **200.01-400% of the FPL**. **It replaces the 01 variant for Gold plans for individuals who qualify.**
13 Variant	State	Gold Only	Turquoise 3 Limited Cost Sharing Variant	Eligible members of federally-recognized tribes between 300.01-400% FPL	The 13 variant is a version of the plan required for each Gold plan that has the cost sharing design for the **90% AV** Turquoise Variant with no cost sharing applied for Indian health care providers. It is available to members of federally-recognized tribes with income between **300.01-400% of the FPL**. **It replaces the 03 variant for Gold plans for individuals who qualify.**
95 Variant	State	Silver Only	Turquoise 2 Variant	Eligible individuals between 150.01-200% FPL	The 95 variant is a version of the plan required for each Silver plan that has the cost sharing design for the **95% AV** Turquoise Variant. It is available to individuals with income between **150.01-200% of the FPL**. **It replaces the 05 variant for Silver plans for individuals who qualify.**
99 Variant	State	Silver Only	Turquoise 1 Variant	Eligible individuals 150% FPL and below	The 99 variant is a version of the plan required for each silver plan that has the cost sharing design for the **99% AV** Turquoise Variant. It is available to individuals with income **through 150% of the FPL**. **It replaces the 06 variant for Silver plans for individuals who qualify.**