

BCN 2026 Individual Rate Filing
Actuarial Memorandum
June 16th, 2025

Table of Contents

Executive Summary.....	4
Section 1: General Information.....	5
Company Information	5
Company Contact Information	5
General Filing Information	5
Section 2: Proposed Rate Change(s)	6
Exhibit 2.1: Expected Average Annual Premium.....	6
Cost Share Reduction (CSR) Subsidy Funding	6
Exhibit 2.2: CSR Load Development	7
Section 3: Experience Period Premium and Claims	7
Allowed and Incurred Claims During the Experience Period	7
Exhibit 3.1: Experience Allowed Claims Cost Development	8
Exhibit 3.2: Reconciliation of Experience Period Data and Supplemental Health Care Exhibit.....	9
Section 4: Benefit Categories.....	9
Section 5: Projection Factors	10
Section 5.1 Projection Factors	10
Exhibit 5.1: Trend Projection Factors.....	11
Section 5.2 Projected Changes in the Morbidity of the Population Insured	11
Section 5.3 Projected Changes in the Demographics	12
Exhibit 5.3: Projected Demographic Change	12
Section 5.4 Plan Design Changes	12
Section 5.5 Other Adjustments	12
Exhibit 5.5: Other Adjustment Factor	12
Section 6: Credibility Manual Rate Development.....	13
Section 7: Credibility of Experience	13
Section 8: Paid to Allowed Ratio	13
Section 9: Risk Adjustment and Reinsurance.....	13
Risk Adjustment	13
Reinsurance.....	13
Section 10: Non-Benefit Expense, Profit, and Risk	13
Exhibit 10.1: Retention Factors	14

Exhibit 10.2: Taxes and Fees	14
Section 11: Projected Loss Ratio	14
Section 12: Single Risk Pool.....	15
Section 13: Index Rate	15
Exhibit 13.1: Index Rate Development.....	15
Section 14: Market Adjusted Index Rate	15
Exhibit 14.1: Market Adjusted Index Rate Development.....	15
Section 15: Plan Adjusted Index Rates.....	16
Exhibit 15.1: Induced Demand Factors	16
Section 16: Calibration	18
Age Curve Calibration	18
Geographic Factor Calibration	18
Tobacco Factor Calibration	18
Section 17: Consumer Adjusted Premium Rate Development.....	18
Exhibit 17.1: Consumer Adjusted Premium Rate Development.....	18
Section 18: Actuarial Value Metal Levels	19
Section 19: Membership Projections	19
Section 20: Terminated Plans and Products	20
Section 21: Plan Type	20
Section 22: Effective Rate Review Information	20
ARPA Subsidy Expiration Rate Impacts and Commentary	20
Section 23: Reliance on Third Parties.....	21
Section 24: Actuarial Certifications.....	22
Section 25: Rate Change Summary.....	26
Age Factors.....	26
Geographic Factors	26
Exhibit 25.1: Area Rating Factors	26
Tobacco Factors	27
Exhibit 25.2: Tobacco Rating Factors	27
Family Composition	27
Catastrophic Adjustment	27
Appendix	28
Exhibit A: DIFS Checklist.....	28

Exhibit B: Actuarial Value Memorandum (Medical and Rx)..... 35

Exhibit C: 2026 Plan Mapping 66

Executive Summary

In support of the Part I Unified Rate Review Template (URRT) for the 2026 Blue Care Network of Michigan (BCN) individual market rate submission, we submit this Part III Actuarial Memorandum, which includes a corresponding actuarial certification, as required by the Affordable Care Act (ACA). The memorandum provides documentation for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable rate increases. As requested within the Part III instructions, the actuarial memorandum also provides actuarial certifications related to:

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

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

Section 1: General Information

Company Information

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

Company Contact Information

- Primary Contact Name: Joseph Bojman
- Primary Contact Title: Director, Commercial Pricing
- Primary Contact Telephone Number: (248) 320-4605
- Primary Contact Email Address: JBojman@bcbsm.com

General Filing Information

- Market: This filing covers products that will be offered in the individual market.
- Review Requested: Rate Change
- Brief Description of Benefits: The products included in this filing provide comprehensive medical benefits subject to cost-sharing provisions relating to deductible, coinsurance, and co-payments. All Essential Health Benefits (EHBs) are covered as described in the state benchmark plan and no EHB substitutions were made (as they are not allowed per guidance from the State of Michigan). Appendix Exhibit C.1 provides an outline of the benefits under all products in this filing and the corresponding HIOS identifiers. Please refer to the benefit template and schedule pages for additional details.
- Effective Date: For policies issued or renewed from January 1, 2026, through December 31, 2026
- Prior Filing Information:
 - 2025 filing
 - Effective Date: For policies issued or renewed from January 1, 2025, through December 31, 2025
 - SERFF Tracking Number: BCNT-134535362
 - Binder Number: BCNT-MI26-125120204

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

Section 2: Proposed Rate Change(s)

BCN is filing a year-over-year average rate increase for 2026 for all individual products that were offered in 2025 of 16.3%. Significant contributors to rate change are outlined in the table below:

Factor	Rate Impact
Experience Restate	4.0%
Medical and pharmaceutical price and utilization trend	5.4%
ARPA Subsidy Expiration Impact	4.6%
Benefit Change and CSR	-2.6%
Margin Impact	1.2%

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

Although the rates for each product were based on the projected experience for the single risk pool as noted in Section 12 of this memorandum, the rate changes vary by product and plan. While the primary drivers of rate change variation by plan are changes in cost sharing provisions and updates to the Paid to Allowed Ratios as described in Section 8 of this memorandum, changes in network discount and other model changes can also contribute to variations by plan. Rating impacts of ARPA Subsidy expiration are detailed in Section 22.

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

Exhibit 2.1: Expected Average Annual Premium

Projected Average Annual 2026 Premium per Member with proposed increase	\$7,909
Projected Average Annual 2026 Premium per Member without proposed increase	\$6,801
Number of Policy Holders	59,243
Covered Lives	83,207

Cost Share Reduction (CSR) Subsidy Funding

Consistent with the 2025 filing, BCN has assumed no CSR payments will be made by the federal government for 2026. Therefore, rates for Silver plans offered on exchange are 20.5% higher than if the federal government funded CSR subsidies.

Exhibit 2.2 includes current and projected distribution of Silver plan members and the expected unfunded CSR subsidy at each variant level that produces the CSR load. Experience period CSR load was calculated by evaluating experience period risk-normalized PMPM paid costs for each CSR-variant enrollee cohort relative to the unsubsidized cohort. All Silver variants are projected to 2026 using modeled benefit changes and then weighted using projected membership, for an overall load of 20.5%.

Exhibit 2.2: CSR Load Development

	Experience Period Membership Distribution	Experience Period CSR Load	Projection Period Membership Distribution	Projected "Silver 70" Claims PMPM	Projected CSR Amount PMPM	Projected Additional Cost
Silver 70	24.6%	0.0%	22.3%	\$681	\$0	0.0%
Silver 73	17.8%	3.7%	16.6%	\$610	\$50	8.2%
Silver 87	29.2%	14.3%	30.3%	\$778	\$144	18.5%
Silver 94	28.5%	33.8%	30.7%	\$837	\$330	39.5%
Total*	100.0%	15.8%	100.0%	\$747	\$153	20.5%

*Total was calculated using only on-exchange membership

Section 3: Experience Period Premium and Claims

The underlying data used to establish 2026 rates reflects the experience of all policies that currently meet the State of Michigan definition of an individual policy.

- Dates of Service for the Experience Period Used to Develop Rates: January 1, 2024, through December 31, 2024
 - Paid through date: March 31, 2025
- Dates of Service for Experience Period Shown in the URRT: January 1, 2024, through December 31, 2024
 - Paid through date: March 31, 2025
- Current Date: June 16th, 2025
- Premiums in Experience Period: We confirm that the premium does not reflect any MLR rebates paid to the policyholders. Total 2024 individual premium prior to MLR rebates was \$601,169,163, as shown in Worksheet 1 of the URRT.

Allowed and Incurred Claims During the Experience Period

Allowed claims for the experience period were derived by taking actual paid claims and adding actual member cost sharing amounts (deductibles, coinsurance, and co-pays).

These amounts were taken from our claims payments systems with the exception of Other Costs and Capitation which come from our internal financial statements.

The amounts were adjusted for actual rebates for prescription drugs as reported by our third-party pharmacy benefit manager. These two items are reflected as adjustments to claim costs.

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

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

Exhibit 3.1: Experience Allowed Claims Cost Development

2026 Blue Cross Blue Shield of Michigan Individual Rate Development							
	Benefit Category						Total
	Inpatient Hospital	Outpatient Hospital	Other Medical	Professional	Capitation	Prescription Drug	
Experience Period Data							
Experience Period Membership							94,393
Utilization per 1,000	58.28	1,325.85	12,000.00	15,311.15	1,102.68	10,636.40	
IBNR	1.05	1.02	1.00	1.03	1.00	1.00	
Completed Utilization per 1,000	61.21	1,352.92	12,000.00	\$15,920	1,102.68	10,636.40	
Cost per Service	\$23,209.36	\$1,422.81	\$9.77	\$118.77	\$64.28	\$131.65	
Experience Period Allowed Claims PMPM	\$118.38	\$160.41	\$9.77	\$157.57	\$5.91	\$116.69	\$568.74
Experience Period Index Rate							\$568.74

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

Premium Reconciliation		
SHCE Health Premiums Earned (Part 1, Line 1.1)	\$	580,335,408
SHCE Risk Adjustment	\$	20,834,015
Other	\$	(260)
Other %		0.00%
URRT Experience Period Premium	\$	601,169,163

Incurred Claims Reconciliation		
SHCE Total Incurred Claims (Part 1, Line 5.0)	\$	510,574,951
Change in Reserve for Rate Credits	\$	1,073,528
IBNR variance (adjusted in SHCE, not in filing)	\$	(13,560,089)
Claims incurred prior to 2024 paid in 2024	\$	(44,713,746)
Claims incurred in 2024 paid in 2025	\$	36,599,211
Claims incurred in 2024 not yet paid	\$	12,175,202
Rx Rebate financial vs filing	\$	147,004
Other Costs (PRP, PCG, HSL, CAP)	\$	(227,820)
Other	\$	(1,352,791)
Other %		-0.27%
URRT Experience Period Incurred Claims	\$	500,715,449

Section 4: Benefit Categories

The claims were classified into the different benefit categories based on a multitude of attributes but included the following common fields: Claims Source (Source), Place of Service (POS), Procedure codes (CPT/HCPCS), Diagnosis codes (ICD9/ICD10), Revenue Codes, and Type of Claims (medical, Rx, etc.).

Section 5: Projection Factors

As noted in Section 3, the underlying rate development for 2026 uses 2024 claims and membership as the basis.

For each of the benefit categories within the URRT, the following adjustments were made at an overall pool level to project 2024 allowed PMPM costs to 2026.

Section 5.1 Projection Factors

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

- BCN IBU experience was used to measure historical and project future trend. Experience period trends by type of service (Facility, Professional and Pharmacy) were projected forward accounting for expected changes in utilization and price.
- Anticipated changes in provider contracts were included as future cost trend adjustments.
- New medical management and other initiatives designed to lower health care costs were considered to adjust utilization and cost trends.
- Utilization trends for all types-of-service are projected forward based on analysis of historical patterns and expected changes in the future.
- Changes in age, benefit mix, and large claims were examined to project changes in expected trend during the projection period.
- We assumed that COVID-19 has no impact on trend.

In 2026, the majority of plans will continue with modification. The Metro Detroit network is being discontinued, and so associated plans are being terminated. Members that don't have the option to renew their plan in 2026 will be cross-walked to a plan in the 2026 portfolio. Four additional off-market plans are also being introduced. The change in cost sharing from the experience period (2024) to the projected period (2026) and assumed changes in membership distribution by plans over time is projected to have a 1.3% decrease on the allowed PMPM cost due to a decrease in benefit richness. This amount is included in the utilization trend.

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

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

Exhibit 5.1: Trend Projection Factors

2024 to 2025 Trend	<u>IP Hospital</u>	<u>OP Hospital</u>	<u>Other Medical</u>	<u>Professional</u>	<u>Capitation</u>	<u>Rx</u>
Cost	4.0%	5.4%	19.4%	1.1%	2.3%	0.2%
Utilization	2.2%	1.5%	0.0%	3.1%	0.0%	2.5%
2024 to 2025 Trend	6.3%	7.0%	19.4%	4.3%	2.4%	2.7%

2025 to 2026 Trend	<u>IP Hospital</u>	<u>OP Hospital</u>	<u>Other Medical</u>	<u>Professional</u>	<u>Capitation</u>	<u>Rx</u>
Cost	4.9%	6.4%	-15.4%	1.0%	2.3%	10.2%
Utilization	1.0%	-0.3%	-1.3%	1.3%	-1.3%	1.9%
2025 to 2026 Trend	5.9%	6.0%	-16.5%	2.3%	1.0%	12.3%

Annualized 2024 to 2026 Trend	<u>IP Hospital</u>	<u>OP Hospital</u>	<u>Other Medical</u>	<u>Professional</u>	<u>Capitation</u>	<u>Rx</u>
Cost	4.5%	5.9%	0.5%	1.0%	2.3%	5.1%
Utilization	1.6%	0.6%	-0.6%	2.2%	-0.6%	2.2%
Total Annualized Trend	6.1%	6.5%	-0.1%	3.3%	1.7%	7.4%

** Note "other medical" is a smaller PMPM category that includes provider settlements and other non fee-for-service benefits which can be more volatile year over year.*

Incorporated in the above, BCN assumed an additional pharmacy price trend due to tariffs, as follows.

Generic	+2.5%
Brand	+10%
Specialty	0%
Total Impact	+2.5%

For each of the benefit categories within the URRT, the following additional adjustments were made at an overall pool level to project 2024 allowed PMPM costs to 2026.

Section 5.2 Projected Changes in the Morbidity of the Population Insured

Between 2024 and 2026, BCN assumed an annual combined morbidity and demographic trend of 1.0% not including the selection impact associated with ARPA subsidy expiration, which would include the demographic / age trend noted in Section 5.3 below. Morbidity projections included a review of historical experience and projected membership changes. This impact does not take into account changes in area mix or model changes.

Section 5.3 Projected Changes in the Demographics

We are projecting a 0.6% increase in demographics / age risk from 2024 to 2026. We are projecting a -0.2% decrease in area risk based on the change in distribution of members by area.

Exhibit 5.3: Projected Demographic Change

Projected Demographic and Risk Pool Change			
BCN Individual	2024	2026	Change
Average Age	40.7	41.0	
Average Age Factor	1.700	1.710	0.6%
Average Area Factor	1.005	1.003	-0.2%

Section 5.4 Plan Design Changes

An adjustment was made to remove cost associated with gender affirming care from essential health benefits and the index rate. This cost is then added as a benefit in addition to EHB.

Section 5.5 Other Adjustments

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

- Change in pharmacy rebates relative to the experience period
 - We are projecting to receive less in pharmacy rebates as a percentage of claims relative to the experience period. This impact is an 3.2% increase in overall allowed claims.
 - Similar to trend projections, our pricing assumptions for pharmacy rebates are updated each year based on the most up to date information available including pharmacy vendor contracts, and projected pharmacy spend.
- Changes in network relative to the experience period
 - Projected changes drive a 0.2% decrease in overall allowed claims.

Exhibit 5.5: Other Adjustment Factor

Adjustments from 2024 Experience Period to 2026 Projection Period	Total
Other Adjustments	
Network Discount Impact	0.998
Pharmacy Rebate Impact	1.032
Total Other Adjustment	1.029

Section 6: Credibility Manual Rate Development

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

Section 7: Credibility of Experience

100% credibility was assigned to the experience data due to the volume of membership and claims in the experience period.

Section 8: Paid to Allowed Ratio

We used our experience Paid to Allowed ratios and applied adjustments based on benefit changes from the experience to projection periods to develop the Projection Period Paid to Allowed Factor.

Section 9: Risk Adjustment and Reinsurance

Risk Adjustment

BCN projected 2026 membership and risk scores for the Individual market and BCN as described in Section 5. Age rating and other applicable adjustments were factored into the risk adjustment transfer calculation.

Based on our modeling, we anticipate having a lower risk profile than the market for 2026. BCN is projected to pay \$13.48 PMPM in the risk adjustment transfer process. This amount also includes the expected impact of the high-cost claim pooling provision. The \$13.48 was grossed up by the expected paid to allowed ratio and then applied to the Market Adjusted Index Rate (shown in URRT Worksheet 1) and is therefore applied uniformly to all Plan Adjusted Index Rates.

Reinsurance

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

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

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

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

Profit margin within proposed 2026 premiums has been adjusted from 1.0% to 2.0%. This adjustment has been made in recognition of increased volatility associated with the current benefit cost environment, along with

desired capital contributions. The contribution to surplus varies by plan as shown in Worksheet 2 of the URRT and is consistent with prior year. Exhibit 10.1 shows the average retention percentages for the total block.

Exhibit 10.1: Retention Factors

Retention Factors	% of Premium
Administrative Costs	10.5%
Commissions	2.1%
Contribution to Surplus	2.0%
Total Retention	14.6%

Please see the following exhibit below for taxes and fees used in 2026 individual rate filing.

Exhibit 10.2: Taxes and Fees

Tax	% of Premium
Comparative Effectiveness Fee	0.05%
Insurance Provider Assessment	0.42%
Exchange Fee	2.04%
State Premium Tax	0.00%
Federal Income Tax	0.00%
Risk Adjustment Fee	0.03%

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

BCN is projecting an exchange fee of 2.5% based on the Notice of Benefit and Payment Parameters for 2026 issued in April. BCN is projecting 81.6% of individual members will enroll through the Exchange in 2026. Therefore, BCN is applying a 2.04% Exchange user fee in the Market Adjusted Index Rate Development.

The total taxes and fees equate to 2.54% of premium.

Section 11: Projected Loss Ratio

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

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

We expect the BCN individual segment to be above the MLR thresholds, and using historical HQI ranges we are projecting an MLR of 83.3%.

Section 12: Single Risk Pool

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

Section 13: Index Rate

The index rate was developed by taking the projected 2026 allowed claims PMPM for the single risk pool and removing any benefits that are in excess of the Essential Health Benefit (EHB) requirements. The development of the index rates for the experience period and projection period are shown below.

Exhibit 13.1: Index Rate Development

	Experience Period	Projection Period
Index Rate Development		
Allowed Claims PMPM	\$568.74	\$690.11
- Non-EHB Allowed Claims		\$0.16
Index Rate PMPM		\$689.96

More information on the Projection Period allowed claims PMPM development can be found in the URR.

Section 14: Market Adjusted Index Rate

To set the 2026 plan level rates, the 2026 index rate was adjusted for the anticipated allowed risk adjustment transfer and the Exchange user fee as shown below.

Exhibit 14.1: Market Adjusted Index Rate Development

Market Adjusted Index Rate Development	
Projected 2026 Index Rate	\$689.96
- Projected Risk Adjustment PMPM	(\$17.46)
+ Projected Exchange User Fee	\$17.42
2026 Market Adjusted Index Rate	<u>\$724.83</u>
Projected Issuer's Portion of Total Allowed Claims (TAC)	\$689.96
Allowed Risk Adjustment + Reinsurance + Exchange Fees	(\$0.04)

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

Section 15: Plan Adjusted Index Rates

The projected 2026 Market Adjusted Index Rate from Exhibit 14.1 is the starting allowed claims PMPM (after risk adjustment and Exchange Fees) for all plans BCN intends to offer in 2026. To develop the Plan Adjusted Index Rates, the Market Adjusted Index Rate was adjusted by the following:

- Actuarial Value and Cost Sharing Design of the Plan including utilization differences due to differences in cost sharing.
- Provider Network / Utilization Management to reflect the impact of alternate network products.
- Impact of specific eligibility categories for the Catastrophic Risk Pool.
- Administrative Costs including administrative expense factors, contribution to surplus factors, and taxes and fees (less exchange user fee).

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

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

Exhibit 15.1 shows calculated and normalized induced demand factors.

Exhibit 15.1: Induced Demand Factors

Plan ID	Induced Demand Factor	Relative Induced Demand Factor
Total	0.7671	1.0000
98185MI0440015	0.7584	0.9887
98185MI0440016	0.8329	1.0859
98185MI0180005	0.8329	1.0859
98185MI0180009	0.8249	1.0753
98185MI0440017	0.8311	1.0835
98185MI0180015	0.8311	1.0835
98185MI0440018	0.7731	1.0078
98185MI0180020	0.7731	1.0078
98185MI0180022	0.0000	0.0000
98185MI0440006	0.7129	0.9294
98185MI0180030	0.0000	0.0000
98185MI0180028	0.7129	0.9294
98185MI0550001	0.8916	1.1624
98185MI0550002	0.8916	1.1624
98185MI0550004	0.0000	0.0000
98185MI0180024	0.7584	0.9887
98185MI0550018	0.8851	1.1538
98185MI0440019	0.7057	0.9201
98185MI0180029	0.7057	0.9201
98185MI0550020	0.7419	0.9672
98185MI0550021	0.0000	0.0000
98185MI0550022	0.7419	0.9672
98185MI0550019	0.8916	1.1624
98185MI0180027	0.7731	1.0078
98185MI0180026	0.8311	1.0835
98185MI0550023	0.7419	0.9672
98185MI0180031	0.7129	0.9294
98185MI0180032	0.7057	0.9201
98185MI0180033	0.7707	1.0047
98185MI0180034	0.7492	0.9767
98185MI0180035	0.7426	0.9681
98185MI0180036	0.7168	0.9345
98185MI0180037	0.7707	1.0047
98185MI0180038	0.7492	0.9767
98185MI0180039	0.7426	0.9681
98185MI0180040	0.7168	0.9345
98185MI0440020	0.7707	1.0047
98185MI0440021	0.7492	0.9767
98185MI0440022	0.7426	0.9681
98185MI0440023	0.7168	0.9345

Section 16: Calibration

Age Curve Calibration

BCN's individual age curve calibration is a premium weighted average using the age factors prescribed by the ACA. The membership is based on the projected population described in Section 5, while the age-specific premium amounts are based on the plan distribution by age of the 2025 open enrollment population. The average age factor for this population is 1.710. To account for the three-child cap, non-billable members will receive an age factor of 0.996. Re-calculating the average age factor setting non-billable members to 0.000 results in a 1.703 projected average age factor for the total single risk pool in 2026.

Geographic Factor Calibration

The geographic factor calibration uses a member weighted average across the 16 Michigan rating regions. However, area factors are normalized based on expected 2026 membership by area, resulting in an average area factor of 1.000.

Tobacco Factor Calibration

The tobacco factor calibration uses a member weighted average of the tobacco surcharge included in tobacco premium. The expected average tobacco surcharge is 1.006. To calibrate the plan to a 1.000 for a non-smoker, the plan adjusted index rate is divided by 1.006.

Section 17: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is calculated by first taking the Plan Adjusted Index Rate and dividing by the calibration factors stated in Section 16 to create the starting plan base rate as shown in Worksheet 2 of the URRT. Each member's rate is determined by applying the appropriate area factor and age factor to the starting plan base rate.

Exhibit 17.1: Consumer Adjusted Premium Rate Development

Plan ID	Rating Area ID	Age	Calibrated PAIR*	Area Factor	Age Factor	Tobacco	Final Rate (non-Tobacco)	Final Rate (Tobacco)
98185MI0180005	Rating Area 1	0 - 14	\$538.73	0.952	0.765	1.000	\$392.38	\$392.38
98185MI0180005	Rating Area 1	15	\$538.73	0.943	0.833	1.000	\$423.09	\$423.09
98185MI0180005	Rating Area 1	16	\$538.73	1.013	0.859	1.000	\$469.01	\$469.01
98185MI0180005	Rating Area 1	17	\$538.73	1.035	0.885	1.000	\$493.51	\$493.51
98185MI0180005	Rating Area 1	18	\$538.73	0.941	0.913	1.000	\$462.94	\$462.94
98185MI0180005	Rating Area 1	19	\$538.73	1.003	0.941	1.000	\$508.67	\$508.67
98185MI0180005	Rating Area 1	20	\$538.73	1.023	0.970	1.000	\$534.33	\$534.33
98185MI0180005	Rating Area 1	21	\$538.73	0.985	1.000	1.050	\$530.60	\$557.13
98185MI0180005	Rating Area 1	22	\$538.73	1.187	1.000	1.050	\$639.36	\$671.33
98185MI0180005	Rating Area 1	23	\$538.73	1.130	1.000	1.050	\$608.82	\$639.26
98185MI0180005	Rating Area 1	24	\$538.73	1.175	1.000	1.050	\$633.17	\$664.83
98185MI0180005	Rating Area 1	25	\$538.73	1.137	1.004	1.050	\$614.88	\$645.62
98185MI0180005	Rating Area 1	26	\$538.73	1.061	1.024	1.050	\$585.14	\$614.40
98185MI0180005	Rating Area 1	27	\$538.73	0.921	1.048	1.050	\$520.27	\$546.28
98185MI0180005	Rating Area 1	28	\$538.73	1.005	1.087	1.050	\$588.47	\$617.89

*Plan-Adjusted Index Rate

The final rate for a non-tobacco user is calculated by multiplying the Starting Plan Base Rate by the Area Factor and rounding to two decimals to create the area rate. This is then multiplied by the Age Factor and rounded to two decimals to get the Final Member Rate for non-smoker. The final rate for a tobacco-user is calculated by multiplying the final rate for a non-tobacco user by the smoker load and rounding to two decimals.

Section 18: Actuarial Value Metal Levels

Exhibit B in the Appendix summarizes the process and analysis performed by BCN to derive the Actuarial Values (AVs) of the proposed 2026 Individual products in order to comply with rules governing the definition of Qualified Health Plans (QHPs). All analyses and calculations comply with prescribed regulations. The conclusions in this report are based on the regulations as we understand them as of the date of the Final Rule, including all subsequent interpretation and guidance provided by CCIIO.

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

- Platinum at 90% (86% to 92%)
- Gold at 80% (76% to 82%)
- Silver at 70% (66% to 72%)
- Bronze at 60% (56% to 65%)

Also, the Affordable Care Act calls for cost sharing reductions (CSRs) for qualified low-income members in the individual market with variations as follows, off the anchor percentage for each income category.

- 100-150% of FPL at 94% (93% to 95%)
- 150-200% of FPL at 87% (86% to 88%)
- 200-250% of FPL at 73% (72% to 74%)

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

Section 19: Membership Projections

BCN's individual book of business is projected to decrease by 12% from experience period enrollment of approximately 94,000 members in 2024 to approximately 83,000 members in 2026. BCN used 2025 enrollment as the starting point for the 2026 membership projection. The key driver of the membership decrease is the ARPA subsidy expiration, though additional adjustments were made based on marketplace and historical trends.

Section 20: Terminated Plans and Products

Please see appendix Exhibit C for the list of all BCN individual HIOS Plan IDs for single risk pool plans that were effective during or after the experience period but terminated before 2026. The names of the plans are included as well as the crosswalk between the terminated plan IDs to the 2026 plan IDs.

Section 21: Plan Type

All products BCN intends to offer in the individual market are HMO products.

Section 22: Effective Rate Review Information

ARPA Subsidy Expiration Rate Impacts and Commentary

Rates were developed under the assumption that the enhanced premium tax-credit subsidies established by the American Rescue Plan Act (ARPA) and extended through 2025 by the Inflation Reduction Act (IRA) expire at end of 2025. Consequently, premium tax credits will revert to base ACA APTC levels starting in 2026. Modeling of impacts associated with this expiration was performed by segmenting the current enrolled population by subsidy level and developing cohort-specific APTC-related lapse assumptions. Within our modeling, we have considered the impact of this expiration on four major inputs to our rate development.

- **Trend:** The reduction in premium subsidies leads to anti-selection causing the average morbidity of the individual insured population to increase, resulting in increased trend in 2026.
- **Risk Adjustment:** Consideration was made for anti-selection impacts on average BCN and statewide morbidity, as well as the impact on statewide average premium increases and the associated scaling of risk adjustment payables and receivables.
- **Cost Sharing Reduction (CSR) Silver Loading:** It is assumed that the relative price sensitivity of cost-sharing-subsidized cohorts and unsubsidized Silver cohorts leads to relative anti-selection impacts which tend to decrease the proportion of the Silver population enrolled in the higher subsidized plan variants. This decreases the required CSR load that is applied to Silver plans.
- **Exchange Fees:** BCN is assuming a 2.5% exchange user fee, however the percentage of membership on exchange is lower under the ARPA subsidy expiration scenario. This lowers our rate impact relative to an ARPA subsidy continuation scenario.

The net impact of subsidy expiration associated with the above inputs on our requested rate increase is expected to be a further increase of 4.6% compared to a scenario where subsidies are renewed or enhanced in 2026. This load is incorporated in our current requested rate increase.

Section 23: Reliance on Third Parties

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

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

BCN is attesting to the completeness of all plan product and pricing actuarial analysis. Milliman, Inc. provided a high-level peer review for all medical plan pricing, non-standard AV calculations, and documentation.

Section 24: Actuarial Certifications

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

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

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

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

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

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

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

I am disclosing the Part I Unified Rate Review Template does not demonstrate the process used by BCN to develop the rates, but rather represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers. As required by DIFS, the Part I Unified Rate Review Template was completed with 2024 experience data.

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

- Actuarial Standard of Practice No. 5, 'Incurred Health and Disability Claims',

- Actuarial Standard of Practice No. 8, 'Regulatory Filings for Rates and Financial Projections for Health Plans',
- Actuarial Standard of Practice No. 12, 'Risk Classification',
- Actuarial Standard of Practice No. 23, 'Data Quality',
- Actuarial Standard of Practice No. 25, 'Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages',
- Actuarial Standard of Practice No. 41, 'Actuarial Communications', and
- Actuarial Standard of Practice No. 50, 'Determining Minimum Value and Actuarial Value under the Affordable Care Act'.



Adam Dee, FSA, MAAA
Vice President, Actuary, Commercial
600 E. Lafayette Blvd.
Detroit, MI 48226-2998
(734) 625-2783

I, Joseph Bojman, Director, Commercial Pricing, am an employee of Blue Cross Blue Shield of Michigan and a member of the American Academy of Actuaries.

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

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

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

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

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

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

I am disclosing the Part I Unified Rate Review Template does not demonstrate the process used by BCN to develop the rates, but rather represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers. As required by DIFS, the Part I Unified Rate Review Template was completed with 2024 experience data.

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

- Actuarial Standard of Practice No. 5, 'Incurred Health and Disability Claims',
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- Actuarial Standard of Practice No. 12, 'Risk Classification',
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- Actuarial Standard of Practice No. 25, 'Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages',
- Actuarial Standard of Practice No. 41, 'Actuarial Communications', and
- Actuarial Standard of Practice No. 50, 'Determining Minimum Value and Actuarial Value under the Affordable Care Act'.

Joseph Bojman

Joseph Bojman, FSA, MAAA
Director, Commercial Pricing
600 E. Lafayette Blvd.
Detroit, MI 48226-2998
(248) 320-4605

Section 25: Rate Change Summary

In support of the DIFS rate checklist, a description of the allowable rating factors for 2026 is included below:

Age Factors

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

Geographic Factors

- All rates will utilize the area rating factor associated with the geographic location of the policy holder within the state.
- There are 16 geographic rating areas as established by the State of Michigan.
- BCN's area factors for 2026 are shown in Exhibit 25.1.

Exhibit 25.1: Area Rating Factors

Rating Area		2026 Area Factor
A	Wayne/Monroe	0.952
B	Oakland/Macomb	0.943
C	St. Clair	1.013
D	Ann Arbor	1.035
E	Flint	0.941
F	Thumb	1.003
G	Lansing	1.023
H	Saginaw	0.985
I	Southwest	1.187
J	Kalamazoo	1.130
K	Allegan/Barry	1.175
L	Grand Rapids	1.137
M	Midland	1.061
N	Northwest	0.921
O	Northeast	1.005
P	Upper Peninsula	1.197

Tobacco Factors

- BCN will be utilizing the tobacco rating factors as shown in Exhibit 25.2, unchanged from prior year.

Exhibit 25.2: Tobacco Rating Factors

BCN Tobacco Load					
Age	Load	Age	Load	Age	Load
0 - 14	0.00	32	0.05	50	0.09
15	0.00	33	0.05	51	0.09
16	0.00	34	0.05	52	0.10
17	0.00	35	0.05	53	0.11
18	0.00	36	0.05	54	0.12
19	0.00	37	0.05	55	0.12
20	0.00	38	0.05	56	0.13
21	0.05	39	0.05	57	0.14
22	0.05	40	0.06	58	0.15
23	0.05	41	0.06	59	0.15
24	0.05	42	0.06	60	0.15
25	0.05	43	0.06	61	0.15
26	0.05	44	0.06	62	0.15
27	0.05	45	0.07	63	0.15
28	0.05	46	0.07	64	0.20
29	0.05	47	0.08	65 and older	0.20
30	0.05	48	0.08		
31	0.05	49	0.08		

Family Composition

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

Catastrophic Adjustment

Catastrophic plans are adjusted to reflect the expected impact of the specific eligibility category. This adjustment is 0.818.

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

Appendix

Exhibit A: DIFS Checklist

FIS 2306 (4/25) Department of Insurance and Financial Services

Page 1 of 8



Checklist for Individual and Small Group Medical Plans

RATES

Effective for Plan Years beginning on or after January 1, 2026
(See FIS 2304) for Rates Checklist for Stand-Alone Dental Plans)

Issuer Name: Blue Cross Blue Shield of Michigan	HIOS ID: 98185	Market: Individual <input checked="" type="checkbox"/> Small Group <input type="checkbox"/>
Rate Contacts (provide two): Joseph Bojman, Adam Dee		Phone Numbers: (248) 320-4605; (313) 225-0500
Emails: JBojman@bcbsm.com; Adeee@bcbsm.com		
Third Party Filer Name and Contact (if applicable): Click here to enter text.		

Medical Plans Rate Checklist Instructions:

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

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

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
General Information				4.2
Review Requested (<i>select only one</i>): <ul style="list-style-type: none">• Rate change• New in ACA MI market• Continued use of existing rates	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 1	Pg 5	
Description of Benefits (<i>a narrative description of the benefits that will be provided by the policy forms included in the filing.</i>)	<input checked="" type="checkbox"/>	Section 1	Pg 5	
Effective Date of Requested Rate Adjustments	<input checked="" type="checkbox"/>	Section 1	Pg 5	
Complete entirely the Rate Justification Field under the Rate/Rule Schedule Tab in SERFF. The SERFF tracking Number of the last filing may be a small group quarterly rate adjustment filing.	<input checked="" type="checkbox"/>	Section 1	Pg 5	
Proposed Rate Change(s)				4.3
Reasons for Rate Change Overall <ul style="list-style-type: none">• Identify and quantify the specific drivers for the proposed percentage rate change.• Identify the projected pmpm and percentage impact, by category, associated with the treatment of COVID-19.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Section 2 Section 5	Pg 6 Pg 10	
Average Annual Premium (<i>The average premium for the entire single risk pool, before and after the requested rate change</i>)	<input checked="" type="checkbox"/>	Section 2	Pg 6	
Number of Policyholders and Covered Lives (<i>The number of Michigan policyholders and covered lives affected by the proposed rate change</i>) <i>Number of Policyholders is the number of policies in the individual market and the number of enrollees in the small group market. Dependents should not be counted. Number of Covered Lives is the total number of lives insured, including dependents.</i>	<input checked="" type="checkbox"/>	Section 2	Pg 6	
Ensure the Company Rate Information in the SERFF Rate/Rule Tab is complete including proposed minimum, maximum, and average rate change; the number of proposed policyholders and covered lives; and this data is consistent with Actuarial Memorandum and the URRT.	<input checked="" type="checkbox"/>	N/A	text here	

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
Market Experience	<input checked="" type="checkbox"/>	Section 3	Pg 7-8	4.4
Experience Period Premium, Claims, and Enrollment NOTE: All current rates should be developed using 2023 as the experience period				4.4.1
Paid Through Date	<input checked="" type="checkbox"/>	Section 3	Pg 7	
Current Date	<input checked="" type="checkbox"/>	Section 3	Pg 7	
Experience Period Premium <i>(Provide support for the determination of earned premium and confirm that the premium does not reflect any MLR rebates to the policyholders)</i>	<input checked="" type="checkbox"/>	Section 3	Pg 7	
Allowed and Incurred Claims Incurred During the Experience Period	<input checked="" type="checkbox"/>	Section 3	Pg 7-8	
Benefit Categories	<input checked="" type="checkbox"/>	Section 4	Pg 9	4.4.2
Projections Factors	<input checked="" type="checkbox"/>	Section 5	Pg 10	4.4.3
Trend Factors (cost/utilization)	<input checked="" type="checkbox"/>	Section 5	Pg 11	4.4.3.1
Adjustments to Trended EHB Allowed Claims PMPM				4.4.3.2
Morbidity Adjustment	<input checked="" type="checkbox"/>	Section 5	Pg 11	
Demographics Shift	<input checked="" type="checkbox"/>	Section 5	Pg 12	
Plan Design Changes	<input checked="" type="checkbox"/>	Section 5	Pg 12	
Other Adjustments	<input checked="" type="checkbox"/>	Section 5	Pg 12	
Manual Rate Adjustments				4.4.3.3
Sources and Appropriateness of Experience Data Used	<input checked="" type="checkbox"/>	Section 6	Pg 13	

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
Adjustments Made to the Data	<input checked="" type="checkbox"/>	Section 6	Pg 13	
Inclusion of Capitation Payments	<input checked="" type="checkbox"/>	Section 6	Pg 13	
Credibility of Experience				4.4.3.4
Description of the Credibility Methodology Used	<input checked="" type="checkbox"/>	Section 7	Pg 13	
Credibility Level Assigned to the Base Period Experience	<input checked="" type="checkbox"/>	Section 7	Pg 13	
Establishing the Index Rate	<input checked="" type="checkbox"/>	Section 13	Pg 15	4.4.3.5
Development of the Market-wide Adjusted Index Rate				4.4.3.6
Reinsurance	<input checked="" type="checkbox"/>	Section 9	Pg 13	
Risk Adjustment Payment/Charge	<input checked="" type="checkbox"/>	Section 9	Pg 13	
Exchange User Fees	<input checked="" type="checkbox"/>	Section 10 & 14	Pg 14, 15	
Plan Adjusted Index Rate	<input checked="" type="checkbox"/>	Section 15	Pg 16-17	4.4.4
<u>Cost Sharing Design:</u> The methodology used to determine the Cost-Sharing Design factor must be explained. Additionally, support (quantitative where possible) must be provided detailing the methodology for removing the impact of morbidity. Include an explanation of any plan specific benefits that drive unusual cost-sharing design factors or relativities and provide an exhibit demonstrating the calculation of the cost sharing design factor.	<input checked="" type="checkbox"/>	Section 15	Pg 16	
<u>Induced Demand Factors:</u> Provide detailed quantitative and qualitative support for the induced demand factors (IDF) for both the	<input checked="" type="checkbox"/>	Section 15	Pg 17	

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
individual and small group market and demonstrate that the induced demand factors are normalized to a weighted average of 1.0. <u>CSR Loading:</u> Include current and projected distribution of silver plan members and the expected unfunded CSR subsidy at each variant level (70/73/87/94) that produce the CSR load. Provide a separate exhibit to show how the plan-level adjustment for Cost-Sharing Design was adjusted to remove the impact of CSR subsidies in the experience period data and include in the actuarial memorandum a description of the methodology used to remove the impact of CSR subsidies included in the experience data. Refer to the Bulletin for further instructions in determining CSR loads.	<input checked="" type="checkbox"/>	Section 2	Pg 6-7	
Calibration				4.4.5
Age Curve Calibration	<input checked="" type="checkbox"/>	Section 16	Pg 18	
Geographic Factor Calibration	<input checked="" type="checkbox"/>	Section 16	Pg 18	
Tobacco Use Rating Factor Calibration	<input checked="" type="checkbox"/>	Section 16	Pg 18	
Consumer Adjusted Premium Rate Development	<input checked="" type="checkbox"/>	Section 17	Pg 18-19	4.4.6
Projected Loss Ratio	<input checked="" type="checkbox"/>	Section 11	Pg 14	4.5
Plan Product Information	<input checked="" type="checkbox"/>	Section 18, 20, & 21	Pg 19, 20	4.6
AV Metal Values/Unique Plan Designs Screenshots Please provide screenshots of the AV calculator for unique plan designs. If option 45 CFR 156.135(b)(2) and/or (3) is used, provide the adjustments and	<input checked="" type="checkbox"/>	Section 18	Pg 19	4.6.1

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
the development of the adjustments that were made to reach the correct AV percentage. Each screenshot must be labeled with the corresponding Plan ID. If effective coinsurance is used, provide the development.				
Membership Projections	<input checked="" type="checkbox"/>	Section 19	Pg 19	4.6.2
Terminated Plans and Products	<input checked="" type="checkbox"/>	Section 20	Pg 20	4.6.3
Plan Type	<input checked="" type="checkbox"/>	Section 21	Pg 20	4.6.4
Miscellaneous Instructions	<input checked="" type="checkbox"/>	Section 10, 22-24	Pg 13-14, 20-23	4.7
Effective Rate Review Information				4.7.1
Administrative Expense Load (<i>see below for further required information</i>)	<input checked="" type="checkbox"/>	Section 10	Pg 13-14	
<ul style="list-style-type: none"> Describe how expenses vary by plan or product Describe the source data and how its use is appropriate Show support of the allocation of the following non-benefit expenses: <ul style="list-style-type: none"> Commissions and Brokers Fees General Expenses Reinsurance Other Admin Costs 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Section 10	Pg 13-14	
Profit (or Contribution to Surplus) and Risk Margin	<input checked="" type="checkbox"/>	Section 10	Pg 13-14	
Taxes and Fees	<input checked="" type="checkbox"/>	Section 10	Pg 14	
Sample Rate Calculation	<input checked="" type="checkbox"/>	Section 17	Pg 18-19	
Reliance	<input checked="" type="checkbox"/>	Section 23	Pg 21	4.7.2
HIOS Submission Tracking Number	<input checked="" type="checkbox"/>	N/A	text here	
Actuarial Certification	<input checked="" type="checkbox"/>	Section 24	Pg 22-23	4.7.3

Checklist for Individual and Small Group Medical Plans - Rates

Requirement	Requirement Met:	Provide Either:		URR Instructions Section Reference
		Actuarial Memorandum Section Number	Exhibit or Chart Number or page # if applicable	
Do any plan-level annualized rate changes equal or exceed the 15% rate review threshold?	<input checked="" type="checkbox"/>	N/A	text here	5

Additional Michigan Requirements

Rate Change Summary				
Rate tables and factors: Quarterly rate tables in the small group market	<input checked="" type="checkbox"/>	Section 25	Pg 26-27	
Factors: Age, tobacco, geographic, and family status	<input checked="" type="checkbox"/>	Section 25	Pg 26-27	
Supplemental Health Care Exhibit (SHCE) Provide a reconciliation between SHCE and URRT Experience Period Premiums and Incurred Claims, and include a copy of SHCE in Binder and Rate/Form filing.	<input checked="" type="checkbox"/>	Section 3	Pg 9	
SERFF Rate Data Fields				
All fields in the Rate/Rule tab have been completed, including the Company Rate Information and Rate Review Detail sections. Each proposed HIOS Product must be listed in the Products section of the Rate Review Detail section and all percentage changes, number of policyholders and lives, and premium changes should be shown.	<input checked="" type="checkbox"/>			

Checklist for Individual and Small Group Medical Plans - Rates

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

Rates and Service Areas				
Rates have been submitted for all rating areas covering the proposed service areas. Submit only Michigan-specific rates.	<input checked="" type="checkbox"/>			
Additional Michigan Requirements				
All templates must be submitted in the filing and/or binder in XLSM or XLS format.	<input checked="" type="checkbox"/>			
Any new submission of a template and/or document placed in the Binder will be placed in the filing and vice versa (see page 1 for required format).	<input checked="" type="checkbox"/>			
Full product names are shown on worksheet 2 of the URRT.	<input checked="" type="checkbox"/>			
All on-Marketplace and off-Marketplace plans offered in a market are included in a single URRT.	<input checked="" type="checkbox"/>			
The requested rate change percentage must be the same on the URRT, Actuarial Memorandum, SERFF Rate Ribbon, and Supplemental Documentation.	<input checked="" type="checkbox"/>			

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

Exhibit B: Actuarial Value Memorandum (Medical and Rx)

Section B.1: Calculating Actuarial Value (AV)

- A.** Plan Designs Not Compatible with the AV Calculator
 - a. Issue 1: Two Tier Generic Rx Copays
 - b. Issue 2: Two Tier Specialty Rx Coinsurance
 - c. Issue 3: Emergency Room Cost Share Effective Copay
- B.** Summary of Actuarial Values by Plan

Section B.2: Appendix

- A. BCN Individual AV Calculator Screen Shots

Exhibit C: 2026 Plan Mapping

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

The AV of each medical and prescription drug plan was calculated using the prescribed AV Calculator as updated and modified for the 2026 calendar year.

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

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

For plan designs that were not compatible with the AV Calculator, Section B.1.A describes how BCN estimated a fit of plan design parameters of the AV Calculator using the AV Calculator continuance tables, where possible, or an internal proprietary benefit relativity model.

The population utilized within the model includes large and small group customers, for both fully insured and self-insured arrangements. Since the experience of these pools encompasses plans that also cover the required essential health benefits for the Michigan marketplace in 2026, and is large and credible, we feel the model is a good proxy of expected cost and utilization patterns for the individual and small group markets.

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

For plan designs that were not compatible with the AV Calculator, Section B.1.A describes how BCN estimated a fit of plan design parameters of the AV Calculator.

Issue 1: Two-Tier Generic Rx Copays

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

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

	% Script	Copay
Tier 1a	62.2%	\$4.00
Tier 1b	37.8%	\$20.00
Effective Copay		\$10.05

Issue 2: Two-Tier Specialty Rx Coinsurance

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

Solution Approach: We determined an effective specialty coinsurance based on the weighting of claims between the two specialty tiers in our internal pricing model. The cost sharing design where this adjustment applies is shown below.

	% of Claim Dollars	Coinsurance
Tier 4	81.5%	60%
Tier 5	18.5%	55%
Effective Amount		59.1%

Issue 3: Emergency Room Cost Share Effective Copay

Issue Description: The CCIO AV calculator does not accommodate a benefit design where ER is subject to deductible, copay, and coinsurance.

Solution Approach: We modeled this in the AV Calculator's ER line by:

1. Checking the "Subject to Deductible?" box.
2. Unchecking the "Subject to Coinsurance?" box.
3. Checking the "Copay applies only after deductible?" box.
4. Determining an effective copay using the formula:
 - $\text{Effective Copay} = (\text{ER Copay}) + (\text{Member Coinsurance Percentage}) \times (\text{Avg ER Cost per Visit from AVC} - \text{ER Copay})$.
 - Note the Cost per Visit from the AVC varies based on metal level.

The table below shows the data used in calculating the effective copay for each metal level. Note that the Silver 87 variations used the Gold continuance table and the Silver 94 used the Platinum.

Cost Share	ER Cost per Visit from AVC	Coinsurance	ER Copay	Effective Copay
Gold	\$3,661.88	20%	\$250	\$932.38
Silver 70/73	\$3,709.86	20%	\$250	\$941.97
Silver 87	\$3,661.88	10%	\$250	\$591.19
Silver 94	\$3,477.16	10%	\$100	\$437.72
Silver Saver 70/73	\$3,709.86	35%	\$250	\$1,460.95
Silver Saver 87	\$3,661.88	25%	\$250	\$1,102.97
Silver Saver 94	\$3,477.16	25%	\$100	\$944.29
Silver Secure	\$3,709.86	20%	\$250	\$941.97
Silver HSA	\$3,709.86	20%	\$250	\$941.97
Silver Plus	\$3,709.86	20%	\$250	\$941.97

Section B.1.B: Summary of Actuarial Values by Plan

Plan Name	Final AV
Blue Cross® HMO Gold	77.89%
Blue Cross® HMO Silver	68.48%
Blue Cross® HMO Silver 73	72.12%
Blue Cross® HMO Silver 87	86.19%
Blue Cross® HMO Silver 94	93.09%
Blue Cross® HMO Silver Secure ⁽¹⁾	67.73%
Blue Cross® HMO Silver HSA ⁽²⁾	70.38%
Blue Cross® HMO Silver Plus ⁽²⁾	67.58%
Blue Cross® HMO Bronze HSA ⁽²⁾	64.07%
Blue Cross® HMO Bronze Plus ⁽²⁾	63.55%
Blue Cross® HMO Value	63.55%
Blue Cross® HMO Silver Saver	66.05%
Blue Cross® HMO Silver Saver 73	72.01%
Blue Cross® HMO Silver Saver 87	86.04%
Blue Cross® HMO Silver Saver 94	93.02%
Blue Cross® HMO Bronze Saver HSA	62.13%
Blue Cross® HMO Gold Extra	78.04%
Blue Cross® HMO Silver Extra	70.01%
Blue Cross® HMO Silver Extra 73	73.07%
Blue Cross® HMO Silver Extra 87	87.04%
Blue Cross® HMO Silver Extra 94	94.11%
Blue Cross® HMO Bronze Extra	64.12%
Blue Cross® HMO Bronze Secure	58.46%

Notes:

(1): Formerly named Blue Cross Premier HMO Silver Off Marketplace

(2): New Off Marketplace plan

Section B.2: Appendix

Plan Name	Off Exchange	On Exchange	Native American <300% FPL	Native American >300% FPL
Blue Cross® Preferred HMO Gold	98185MI0180009-00	98185MI0180009-01	98185MI0180009-02	98185MI0180009-03
Blue Cross® Preferred HMO Silver	98185MI0180005-00	98185MI0180005-01	98185MI0180005-02	98185MI0180005-03
Blue Cross® Select HMO Silver	98185MI0440016-00	98185MI0440016-01	98185MI0440016-02	98185MI0440016-03
Blue Cross® Preferred HMO Silver 73	N/A	98185MI0180005-04	N/A	N/A
Blue Cross® Select HMO Silver 73	N/A	98185MI0440016-04	N/A	N/A
Blue Cross® Preferred HMO Silver 87	N/A	98185MI0180005-05	N/A	N/A
Blue Cross® Select HMO Silver 87	N/A	98185MI0440016-05	N/A	N/A
Blue Cross® Preferred HMO Silver 94	N/A	98185MI0180005-06	N/A	N/A
Blue Cross® Select HMO Silver 94	N/A	98185MI0440016-06	N/A	N/A
Blue Cross® Preferred HMO Silver Secure	98185MI0180020-00	N/A	N/A	N/A
Blue Cross® Select HMO Silver Secure	98185MI0440018-00	N/A	N/A	N/A
Blue Cross® Local HMO Silver Secure	98185MI0180027-00	N/A	N/A	N/A
Blue Cross® Preferred HMO Silver HSA	98185MI0180034-00	N/A	N/A	N/A
Blue Cross® Select HMO Silver HSA	98185MI0440021-00	N/A	N/A	N/A
Blue Cross® Local HMO Silver HSA	98185MI0180038-00	N/A	N/A	N/A
Blue Cross® Preferred HMO Silver Plus	98185MI0180033-00	N/A	N/A	N/A
Blue Cross® Select HMO Silver Plus	98185MI0440020-00	N/A	N/A	N/A
Blue Cross® Local HMO Silver Plus	98185MI0180037-00	N/A	N/A	N/A
Blue Cross® Preferred HMO Bronze HSA	98185MI0180036-00	N/A	N/A	N/A
Blue Cross® Select HMO Bronze HSA	98185MI0440023-00	N/A	N/A	N/A

Blue Cross® Local HMO Bronze HSA	98185MI0180040-00	N/A	N/A	N/A
Blue Cross® Preferred HMO Bronze Plus	98185MI0180035-00	N/A	N/A	N/A
Blue Cross® Select HMO Bronze Plus	98185MI0440022-00	N/A	N/A	N/A
Blue Cross® Local HMO Bronze Plus	98185MI0180039-00	N/A	N/A	N/A
Blue Cross® Preferred HMO Value	98185MI0180024-00	98185MI0180024-01	N/A	N/A
Blue Cross® Select HMO Value	98185MI0440015-00	98185MI0440015-01	N/A	N/A
Blue Cross® Preferred HMO Silver Saver	98185MI0180015-00	98185MI0180015-01	98185MI0180015-02	98185MI0180015-03
Blue Cross® Select HMO Silver Saver	98185MI0440017-00	98185MI0440017-01	98185MI0440017-02	98185MI0440017-03
Blue Cross® Local HMO Silver Saver	98185MI0180026-00	98185MI0180026-01	98185MI0180026-02	98185MI0180026-03
Blue Cross® Preferred HMO Silver Saver 73	N/A	98185MI0180015-04	N/A	N/A
Blue Cross® Select HMO Silver Saver 73	N/A	98185MI0440017-04	N/A	N/A
Blue Cross® Local HMO Silver Saver 73	N/A	98185MI0180026-04	N/A	N/A
Blue Cross® Preferred HMO Silver Saver 87	N/A	98185MI0180015-05	N/A	N/A
Blue Cross® Select HMO Silver Saver 87	N/A	98185MI0440017-05	N/A	N/A
Blue Cross® Local HMO Silver Saver 87	N/A	98185MI0180026-05	N/A	N/A
Blue Cross® Preferred HMO Silver Saver 94	N/A	98185MI0180015-06	N/A	N/A
Blue Cross® Select HMO Silver Saver 94	N/A	98185MI0440017-06	N/A	N/A
Blue Cross® Local HMO Silver Saver 94	N/A	98185MI0180026-06	N/A	N/A
Blue Cross® Preferred HMO Bronze Saver HSA	98185MI0180028-00	98185MI0180028-01	98185MI0180028-02	98185MI0180028-03
Blue Cross® Select HMO Bronze Saver HSA	98185MI0440006-00	98185MI0440006-01	98185MI0440006-02	98185MI0440006-03
Blue Cross® Local HMO Bronze Saver HSA	98185MI0180031-00	N/A	N/A	N/A
Blue Cross® Preferred HMO Gold Extra	98185MI0550018-00	98185MI0550018-01	98185MI0550018-02	98185MI0550018-03
Blue Cross® Preferred HMO Silver Extra	98185MI0550002-00	98185MI0550002-01	98185MI0550002-02	98185MI0550002-03

Blue Cross® Select HMO Silver Extra	98185MI0550001-00	98185MI0550001-01	98185MI0550001-02	98185MI0550001-03
Blue Cross® Local HMO Silver Extra	98185MI0550019-00	98185MI0550019-01	98185MI0550019-02	98185MI0550019-03
Blue Cross® Preferred HMO Silver Extra 73	N/A	98185MI0550002-04	N/A	N/A
Blue Cross® Select HMO Silver Extra 73	N/A	98185MI0550001-04	N/A	N/A
Blue Cross® Local HMO Silver Extra 73	N/A	98185MI0550019-04	N/A	N/A
Blue Cross® Preferred HMO Silver Extra 87	N/A	98185MI0550002-05	N/A	N/A
Blue Cross® Select HMO Silver Extra 87	N/A	98185MI0550001-05	N/A	N/A
Blue Cross® Local HMO Silver Extra 87	N/A	98185MI0550019-05	N/A	N/A
Blue Cross® Preferred HMO Silver Extra 94	N/A	98185MI0550002-06	N/A	N/A
Blue Cross® Select HMO Silver Extra 94	N/A	98185MI0550001-06	N/A	N/A
Blue Cross® Local HMO Silver Extra 94	N/A	98185MI0550019-06	N/A	N/A
Blue Cross® Preferred HMO Bronze Extra	98185MI0550022-00	98185MI0550022-01	98185MI0550022-02	98185MI0550022-03
Blue Cross® Select HMO Bronze Extra	98185MI0550020-00	98185MI0550020-01	98185MI0550020-02	98185MI0550020-03
Blue Cross® Local HMO Bronze Extra	98185MI0550023-00	98185MI0550023-01	98185MI0550023-02	98185MI0550023-03
Blue Cross® Preferred HMO Bronze Secure	98185MI0180029-00	98185MI0180029-01	98185MI0180029-02	98185MI0180029-03
Blue Cross® Select HMO Bronze Secure	98185MI0440019-00	98185MI0440019-01	98185MI0440019-02	98185MI0440019-03
Blue Cross® Local HMO Bronze Secure	98185MI0180032-00	98185MI0180032-01	98185MI0180032-02	98185MI0180032-03

Section B.2.A: BCN Individual AV Calculator Screen Shots

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Preferred HMO Gold	98185	98185MI0180009-00 (OFF), 98185MI0180009-01 (ON), 98185MI0180009-02 ⁽³⁾ , 98185MI0180009-03 ⁽⁴⁾

User Inputs for Plan Parameters

<input checked="" type="checkbox"/> Use Integrated Medical and Drug Deductible? <input type="checkbox"/> Apply Inpatient Copay per Day? <input type="checkbox"/> Apply Skilled Nursing Facility Copay per Day? <input type="checkbox"/> Use Separate MOOP for Medical and Drug Spending? <input type="checkbox"/> Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier: Gold	<table border="1"> <thead> <tr> <th>HSA/HRA Options</th> <th>Tiered Network Option</th> </tr> </thead> <tbody> <tr> <td>HSA/HRA Employer Contribution? <input type="checkbox"/></td> <td>Tiered Network Plan? <input type="checkbox"/></td> </tr> <tr> <td>Annual Contribution Amount:</td> <td>1st Tier Utilization:</td> </tr> <tr> <td></td> <td>2nd Tier Utilization:</td> </tr> </tbody> </table>	HSA/HRA Options	Tiered Network Option	HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>	Annual Contribution Amount:	1st Tier Utilization:		2nd Tier Utilization:
HSA/HRA Options	Tiered Network Option								
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>								
Annual Contribution Amount:	1st Tier Utilization:								
	2nd Tier Utilization:								

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,100.00			
Coinsurance (%; Insurer's Cost Share)			80.00%			
MOOP (\$)			\$8,800.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$932.38	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 77.89%
 Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time:

0.0938 seconds

Revised Final 2026 AV Calculator

Notes:

(3): Native American <300% FPL

(4): Native American >300% FPL

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver	98185	98185MI0440016-00 (OFF), 98185MI0440016-01 (ON), 98185MI0440016-02 ⁽³⁾ , 98185MI0440016-03 ⁽⁴⁾
Blue Cross® Preferred HMO Silver	98185	98185MI0180005-00 (OFF), 98185MI0180005-01 (ON), 98185MI0180005-02 ⁽³⁾ , 98185MI0180005-03 ⁽⁴⁾

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,500.00			
Coinurance (% , Insurer's Cost Share)			80.00%			
MOOP (\$)			\$10,600.00			
MOOP if Separate (\$)						

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$941.97	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

68.48%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.082 seconds

Notes:

(3): Native American <300% FPL

(4): Native American >300% FPL

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver 73	98185	98185MI0440016-04 (ON)
Blue Cross® Preferred HMO Silver 73	98185	98185MI0180005-04 (ON)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$4,300.00			
		80.00%			
		\$8,000.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$941.97	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

72.12%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1836 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver 87	98185	98185MI0440016-05 (ON)
Blue Cross® Preferred HMO Silver 87	98185	98185MI0180005-05 (ON)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,300.00			
Coinurance (% , Insurer's Cost Share)			90.00%			
MOOP (\$)			\$2,800.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$591.19	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.19%

Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.0977 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver 94	98185	98185MI0440016-06 (ON)
Blue Cross® Preferred HMO Silver 94	98185	98185MI0180005-06 (ON)

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$500.00			
		90.00%			
		\$1,100.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$437.72	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.09%

Platinum

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.0898 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Secure	98185	98185MI0440018-00 (OFF)
Blue Cross® Preferred HMO Silver Secure	98185	98185MI0180020-00 (OFF)
Blue Cross® Local HMO Silver Secure	98185	98185MI0180027-00 (OFF)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,300.00			
Coinurance (%; Insurer's Cost Share)			80.00%			
MOOP (\$)			\$10,200.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$941.97	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

67.73%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.0977 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Preferred HMO Silver HSA	98185	98185MI0180034-00 (OFF)
Blue Cross® Select HMO Silver HSA	98185	98185MI0440021-00 (OFF)
Blue Cross® Local HMO Silver HSA	98185	98185MI0180038-00 (OFF)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$3,500.00			
Coinsurance (% , Insurer's Cost Share)		80.00%			
MOOP (\$)		\$8,500.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$941.97	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

70.38%

Silver

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

0.0898 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Plus	98185	98185MI0180033-00 (OFF)
Blue Cross® Preferred HMO Silver Plus	98185	98185MI0440020-00 (OFF)
Blue Cross® Local HMO Silver Plus	98185	98185MI0180037-00 (OFF)

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$6,100.00			
Coinsurance (%; Insurer's Cost Share)		80.00%			
MOOP (\$)		\$10,600.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$941.97	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

67.58%

Silver

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

Additional Notes:

Calculation Time:

0.0938 seconds

Revised Final 2026 AV Calculator

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Preferred HMO Bronze HSA	98185	98185MI0180036-00 (OFF)
Blue Cross® Select HMO Bronze HSA	98185	98185MI0440023-00 (OFF)
Blue Cross® Local HMO Bronze HSA	98185	98185MI0180040-00 (OFF)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,500.00			
Coinurance (% , Insurer's Cost Share)			70.00%			
MOOP (\$)			\$8,500.00			
MOOP if Separate (\$)						

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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 type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<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"/>	<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 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 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 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"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$150.00	<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 checked="" type="checkbox"/>	59%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

[Calculate](#)

Status/Error Messages:
 Actuarial Value: 64.07%
 Metal Tier: Bronze
 Additional Notes:
 Calculation Time: 0.0898 seconds
 Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Bronze Plus	98185	98185MI0180035-00 (OFF)
Blue Cross® Preferred HMO Bronze Plus	98185	98185MI0440022-00 (OFF)
Blue Cross® Local HMO Bronze Plus	98185	98185MI0180039-00 (OFF)

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$8,500.00			
Coinsurance (% Insurer's Cost Share)		50.00%			
MOOP (\$)		\$10,600.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.55%

Bronze

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

0.1016 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Value	98185	98185MI0440015-00 (OFF), 98185MI0440015-01 (ON)
Blue Cross® Preferred HMO Value	98185	98185MI0180024-00 (OFF), 98185MI0180024-01 (ON)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$10,600.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
MOOP (\$)		\$10,600.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.55%

Bronze

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1875 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Saver	98185	98185MI0440017-00 (OFF), 98185MI0440017-01 (ON), 98185MI0440017-02 ⁽³⁾ , 98185MI0440017-03 ⁽⁴⁾
Blue Cross® Preferred HMO Silver Saver	98185	98185MI0180015-00 (OFF), 98185MI0180015-01 (ON), 98185MI0180015-02 ⁽³⁾ , 98185MI0180015-03 ⁽⁴⁾
Blue Cross® Local HMO Silver Saver	98185	98185MI0180026-00 (OFF), 98185MI0180026-01 (ON), 98185MI0180026-02 ⁽³⁾ , 98185MI0180026-03 ⁽⁴⁾

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier: Silver

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$5,800.00
		65.00%
		\$10,600.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,460.95	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$110.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

66.05%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1055 seconds

Notes:

(3): Native American <300% FPL

(4): Native American >300% FPL

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Saver 73	98185	98185MI0440017-04 (ON)
Blue Cross® Preferred HMO Silver Saver 73	98185	98185MI0180015-04 (ON)
Blue Cross® Local HMO Silver Saver 73	98185	98185MI0180026-04 (ON)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,700.00			
Coinurance (% , Insurer's Cost Share)			65.00%			
MOOP (\$)			\$7,000.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,460.95	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$110.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

72.01%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1016 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Saver 87	98185	98185MI0440017-05 (ON)
Blue Cross® Preferred HMO Silver Saver 87	98185	98185MI0180015-05 (ON)
Blue Cross® Local HMO Silver Saver 87	98185	98185MI0180026-05 (ON)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,100.00			
Coinurance (% , Insurer's Cost Share)			75.00%			
MOOP (\$)			\$2,500.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,102.97	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.04%

Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.0898 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Saver 94	98185	98185MI0440017-06 (ON)
Blue Cross® Preferred HMO Silver Saver 94	98185	98185MI0180015-06 (ON)
Blue Cross® Local HMO Silver Saver 94	98185	98185MI0180026-06 (ON)

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$450.00
Coinsurance (% Insurer's Cost Share)		75.00%
MOOP (\$)		\$1,050.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$944.29	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%		<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.02%

Platinum

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.082 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Preferred HMO Bronze Saver HSA	98185	98185MI0180028-00 (OFF), 98185MI0180028-01 (ON), 98185MI0180028-02 ⁽³⁾ , 98185MI0180028-03 ⁽⁴⁾
Blue Cross® Local HMO Bronze Saver HSA	98185	98185MI0180031-00 (OFF)
Blue Cross® Select HMO Bronze Saver HSA	98185	98185MI0440006-00 (OFF), 98185MI0440006-01 (ON), 98185MI0440006-02 ⁽³⁾ , 98185MI0440006-03 ⁽⁴⁾

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$8,500.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$8,500.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
Actuarial Value: 62.13%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1914 seconds
Revised Final 2026 AV Calculator

Notes:

(3): Native American <300% FPL

(4): Native American >300% FPL

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Preferred HMO Gold Extra	98185	98185MI0550018-00 (OFF), 98185MI0550018-01 (ON), 98185MI0550018-02 ⁽³⁾ , 98185MI0550018-03 ⁽⁴⁾

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Gold

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$2,000.00
		75.00%
		\$8,200.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:
Actuarial Value: 78.04%
Metal Tier: Gold
Additional Notes:
Calculation Time: 0.0859 seconds
Revised Final 2026 AV Calculator

Calculation Successful.
78.04%
Gold
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.0859 seconds

Notes:

(3): Native American <300% FPL

(4): Native American >300% FPL

Primary Filing

59

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Extra	98185	98185MI0550001-00 (OFF), 98185MI0550001-01 (ON), 98185MI0550001-02 ⁽³⁾ , 98185MI0550001-03 ⁽⁴⁾
Blue Cross® Preferred HMO Silver Extra	98185	98185MI0550002-00 (OFF), 98185MI0550002-01 (ON), 98185MI0550002-02 ⁽³⁾ , 98185MI0550002-03 ⁽⁴⁾
Blue Cross® Local HMO Silver Extra	98185	98185MI0550019-00 (OFF), 98185MI0550019-01 (ON), 98185MI0550019-02 ⁽³⁾ , 98185MI0550019-03 ⁽⁴⁾

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? <input checked="" type="checkbox"/> Apply Inpatient Copay per Day? <input type="checkbox"/> Apply Skilled Nursing Facility Copay per Day? <input type="checkbox"/> Use Separate MOOP for Medical and Drug Spending? <input type="checkbox"/> Indicate if Plan Meets CSR or Expanded Bronze AV Standard? <input type="checkbox"/> Desired Metal Tier: Silver	<table border="1"> <thead> <tr> <th>HSA/HRA Options</th> <th>Tiered Network Option</th> </tr> </thead> <tbody> <tr> <td>HSA/HRA Employer Contribution? <input type="checkbox"/></td> <td>Tiered Network Plan? <input type="checkbox"/></td> </tr> <tr> <td>Annual Contribution Amount:</td> <td>1st Tier Utilization:</td> </tr> <tr> <td></td> <td>2nd Tier Utilization:</td> </tr> </tbody> </table>	HSA/HRA Options	Tiered Network Option	HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>	Annual Contribution Amount:	1st Tier Utilization:		2nd Tier Utilization:
HSA/HRA Options	Tiered Network Option								
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>								
Annual Contribution Amount:	1st Tier Utilization:								
	2nd Tier Utilization:								

Deductible (\$) <input type="text"/> Coinsurance (% , Insurer's Cost Share) <input type="text"/> MOOP (\$) <input type="text"/> MOOP if Separate (\$) <input type="text"/>	<table border="1"> <thead> <tr> <th colspan="3">Tier 1 Plan Benefit Design</th> </tr> <tr> <th>Medical</th> <th>Drug</th> <th>Combined</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>\$6,000.00</td> </tr> <tr> <td></td> <td></td> <td>60.00%</td> </tr> <tr> <td></td> <td></td> <td>\$8,900.00</td> </tr> </tbody> </table>	Tier 1 Plan Benefit Design			Medical	Drug	Combined			\$6,000.00			60.00%			\$8,900.00	<table border="1"> <thead> <tr> <th colspan="3">Tier 2 Plan Benefit Design</th> </tr> <tr> <th>Medical</th> <th>Drug</th> <th>Combined</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Tier 2 Plan Benefit Design			Medical	Drug	Combined									
Tier 1 Plan Benefit Design																																
Medical	Drug	Combined																														
		\$6,000.00																														
		60.00%																														
		\$8,900.00																														
Tier 2 Plan Benefit Design																																
Medical	Drug	Combined																														

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input 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. MH/SUD)	<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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input 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"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input 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"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="text"/>

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.01%

Metal Tier: Silver

Additional Notes:

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

Calculation Time:

0.3281 seconds

Revised Final 2026 AV Calculator

Notes:

(3): Native American <300% FPL

(4): Native American >300% FPL

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Extra 73	98185	98185MI0550001-04 (ON)
Blue Cross® Preferred HMO Silver Extra 73	98185	98185MI0550002-04 (ON)
Blue Cross® Local HMO Silver Extra 73	98185	98185MI0550019-04 (ON)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$3,000.00			
		60.00%			
		\$7,400.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input 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"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.07%

Silver

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

0.0859 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Extra 87	98185	98185MI0550001-05 (ON)
Blue Cross® Preferred HMO Silver Extra 87	98185	98185MI0550002-05 (ON)
Blue Cross® Local HMO Silver Extra 87	98185	98185MI0550019-05 (ON)

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$700.00			
Coinurance (% , Insurer's Cost Share)		70.00%			
MOOP (\$)		\$3,300.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input 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"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:
 Actuarial Value: 87.04%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0898 seconds

Revised Final 2026 AV Calculator

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Silver Extra 94	98185	98185MI0550001-06 (ON)
Blue Cross® Preferred HMO Silver Extra 94	98185	98185MI0550002-06 (ON)
Blue Cross® Local HMO Silver Extra 94	98185	98185MI0550019-06 (ON)

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (% Insurer's Cost Share)		75.00%
MOOP (\$)		\$2,200.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.11%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Bronze Extra	98185	98185MI0550020-00 (OFF), 98185MI0550020-01 (ON), 98185MI0550020-02 ⁽³⁾ , 98185MI0550020-03 ⁽⁴⁾
Blue Cross® Preferred HMO Bronze Extra	98185	98185MI0550022-00 (OFF), 98185MI0550022-01 (ON), 98185MI0550022-02 ⁽³⁾ , 98185MI0550022-03 ⁽⁴⁾
Blue Cross® Local HMO Bronze Extra	98185	98185MI0550023-00 (OFF), 98185MI0550023-01 (ON), 98185MI0550023-02 ⁽³⁾ , 98185MI0550023-03 ⁽⁴⁾

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Bronze

Tier 1 Plan Benefit Design

	Medical	Drug	Combined
Deductible (\$)			\$7,500.00
Coinurance (% , Insurer's Cost Share)			\$0.00%
MOOP (\$)			\$10,000.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design

	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.12%

Bronze

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

0.3789 seconds

Notes:

(3): Native American <300% FPL

(4): Native American >300% FPL

Primary Filing

64

Plan Name	Issuer HIOS	Plan HIOS
Blue Cross® Select HMO Bronze Secure	98185	98185MI0440019-00 (OFF), 98185MI0440019-01 (ON), 98185MI0440019-02 ⁽³⁾ , 98185MI0440019-03 ⁽⁴⁾
Blue Cross® Preferred HMO Bronze Secure	98185	98185MI0180029-00 (OFF), 98185MI0180029-01 (ON), 98185MI0180029-02 ⁽³⁾ , 98185MI0180029-03 ⁽⁴⁾
Blue Cross® Local HMO Bronze Secure	98185	98185MI0180032-00 (OFF), 98185MI0180032-01 (ON), 98185MI0180032-02 ⁽³⁾ , 98185MI0180032-03 ⁽⁴⁾

User Inputs for Plan Parameters

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$10,600.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$10,600.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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 type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
 Plan HIOS ID:
 Issuer HIOS ID:
 AVC Version: 2026_1d

Output

[Calculate](#)

Status/Error Messages: Calculation Successful.
 Actuarial Value: 58.46%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1953 seconds
 Revised Final 2026 AV Calculator

Notes:

(3): Native American <300% FPL

(4): Native American >300% FPL

Exhibit C: 2026 Plan Mapping

IBU Crosswalk for Terminated HMO Plans			
2025 Terminated Plan ID	2025 Terminated Plan Name	Crosswalk to 2026 Mapped Plan ID	2026 Mapped Plan Name
98185MI0550004-00 - 98185MI0550004-06	Metro Detroit Silver Extra	98185MI0550001-00 - 98185MI0550001-06	Select Silver Extra
98185MI0550021-00 - 98185MI0550021-03	Metro Detroit Bronze Extra	98185MI0550020-00 - 98185MI0550020-03	Select Bronze Extra
98185MI0180022-00	Metro Detroit Silver Off Marketplace	98185MI0440018-00	Select Silver Secure*
98185MI0180030-00	Metro Detroit Bronze Saver HSA	98185MI0440006-00	Select Bronze Saver HSA

*Plan name change, formerly Select Silver Off Marketplace