

Part III: Actuarial Memorandum

Meridian Health Plan of Michigan
Annual Individual Health Rate Filing
Michigan

Assuming Enhanced Advance Premium Tax Credits (eAPTCs) Have Expired
Effective January 1, 2026
Forms: 58594MI003, 58594MI004, 58594MI005

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1. General Information

Scope and Purpose

This document contains the Part III Actuarial Memorandum for Meridian Health Plan of Michigan's individual health block of business annual rate filing, effective January 1, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). This is a renewal rate filing.

The purpose of this Actuarial Memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT. In combination, these documents support compliance with the market reform rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

Consistent with the October 12, 2017 payment memo from the U.S. Department of Health and Human Services (HHS)¹, the premium rates developed and supported by this Actuarial Memorandum assume that cost-sharing reduction (CSR) subsidies will not be funded and enhanced Advanced Premium Tax Credits (eAPTCs), as provisioned under the Inflation Reduction Act, expire on December 31, 2025 consistent with current law and regulations in effect or otherwise scheduled to take effect in plan year 2026.

Additionally, these rates assume that CMS' Marketplace Integrity and Affordability rule, published in the Federal Register on March 19, 2025, is finalized as proposed - including key rule changes regarding open enrollment, special enrollment periods, and annual eligibility redeterminations. Rates also reflect benefit designs and cost-sharing structures aligned with the revised de minimis actuarial value (AV) ranges specified in the proposed rule for the 2026 plan year.

Future modifications in legislation, regulation and/or court decisions regarding the funding of CSR payments and eAPTCs, including partial funding relative to current levels, and CMS' Marketplace Integrity and Affordability Rule, may affect the extent to which these premium rates are sufficient and neither excessive nor deficient.

Meridian Health Plan of Michigan asserts that the premium rates developed and supported by this Actuarial Memorandum are based on legislative and regulatory provisions in effect at the time of submission.

Meridian Health Plan of Michigan reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed to ensure rates are appropriate. In addition to CSR payments and risk adjustment program payments and disruption, material rating impacts could arise from changes to various factors, including but not limited to:

- Advance Premium Tax Credits, including extension of Advanced Premium Tax Credits as provisioned in the Inflation Reduction Act
- The resumption of Medicaid redeterminations due to the end of the continuous enrollment condition under the Consolidated Appropriations Act, 2023
- Constraints on age rating factors
- Open enrollment and grace periods

¹<https://www.hhs.gov/sites/default/files/csr-payment-memo.pdf>

- Enrollment of other populations, such as Medicare, Medicaid, and high risk pools
- Taxes and fees, notably the suspension of the ACA Insurer Fee
- Emerging experience as it relates to both claims and risk adjustment, notably the updated HCC coefficients in the 2026 model as laid out in the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters
- Enrollment and emerging experience of members with an FPL under 150% as it relates to the special enrollment period granting year-round enrollment.

If there are material deviations in market level premiums from our projected statewide average premium (SWAP) assumption for 2026 - for example, based on changes in the number of carriers in the market or carriers' pricing assumptions for 2026 - we would like to work with the Michigan Department of Insurance after initial submissions to revise our filing to update our estimated risk adjustment transfer. Market disruption, resulting from changes or carriers' perceived changes in the risk adjustment program, could also necessitate working with the Department to update other critical pricing assumptions such as market morbidity and relative risk.

This information is intended for the sole use by the Michigan Department of Insurance, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of the Meridian Health Plan of Michigan individual rate filing. However, we recognize that this certification may become a public document.

These results are actuarial projections. Actual results will vary from those projected in the filing for a number of reasons, including but not limited to changes in membership, claims experience, and random variation from selected assumptions.

Company Identifying Information

- Company Legal Name: Meridian Health Plan of Michigan
- State: The State of Michigan has regulatory authority over these policies
- HIOS Issuer ID: 58594
- Market: Individual
- Effective Date: January 1, 2026

Company Contact Information

- Primary Contact Name: Andrew Atkinson
- Primary Contact Telephone Number: 954-612-3633
- Primary Contact Email Address: Andrew.P.Atkinson@Centene.com

Description of Benefits

These products are issued by Meridian Health Plan of Michigan as HMO health policies. The major provisions of this form for each plan design and product can be found in Appendix 1.1.

Rate Guarantees

Rates are guaranteed not to change through December 31, 2026.

Renewability

Each policy is renewable by paying the applicable renewal premiums, unless the policyholder no longer meets the eligibility requirements of the policy or Meridian Health Plan of Michigan decides to discontinue that specific policy.

Applicability

These rates will apply to both new and renewing business.

General Marketing Method

This product will be sold through agents, direct mailings, the internet, and the Federally Facilitated Marketplace (FFM).

Estimated Average Annual Premium

The estimated average annual premium per policy in calendar year 2026 is \$6,168.

Distribution of Business

See Appendix 1.2 for the expected age and geographic distributions for these products.

Rate Tables

See Appendix 1.3 for allowable rating factors and Appendices 1.3b and 1.3c for clarification on service area definitions. Appendix 1.4 also includes an example of how rating factors will be applied. Note that for family coverage, rates for children are charged to no more than the three oldest covered children under age 21 consistent with the Family Structure rules of the Patient Protection and Affordable Care Act (ACA).

Impact of eAPTC Expiration

To account for eAPTC expiration prior to the 2026 benefit year, we have assumed rates will increase due to anticipated reductions in enrollment, both at the issuer and single risk pool level. As eAPTCs expire and enrollees subsequently face increased out-of-pocket premiums, we assume healthier individuals who tend to be more price sensitive will leave the market, worsening the average morbidity of the individual risk pool.

2. Proposed Rate Changes

The rate increases for each product offered in the single risk pool by Meridian Health Plan of Michigan in the state of Michigan are reflected in Worksheet 2, Section I of the Part I URRT.

Reasons for Rate Increase(s):

The rate projections for 2026 have been updated from the previous year's projections to reflect the most recent assumptions and information available.

The following provides a narrative description of the significant factors driving the proposed rate increase for 2026.

- Single Risk Pool Experience and Morbidity (3.7% of premium impact versus 2025 filed rates)

The individual single risk pool experience underlying the rate projections has been updated. The current model reflects the projected utilization trend applied to adjusted experience (from 2024 to 2026), including anticipated changes in the average morbidity of the single risk pool. There is a full description of utilization trend and other projection factors applied to experience in Section 6, 'Trend Factors'.

Risk adjustment transfer experience for 2026 includes consideration of changes to the statewide average premium, the Risk Adjustment program, and Meridian Health Plan of Michigan enrollee population morbidity relative to the Michigan single risk pool.

- Unit Cost trend (7.4% of premium impact versus 2025 filed rates)

Unit costs and provider reimbursement agreements have been updated to reflect changes in the rating year.

- Utilization trend (1.7% of premium impact versus 2025 filed rates)

The projected utilization trends are consistent with observed historical trends based on internal analysis of our marketplace experience, supplemented by the Milliman Health Cost Guidelines. There is a description of the Health Cost Guidelines in Section 8, "Manual Rate Adjustments".

- Changes in Administrative Expenses and Profit (3.2% of premium impact versus 2025 filed rates)

Changes in general administrative expenses incorporated into 2026 rates are resulting in a rate change due to differences from prior year expense assumptions. See Section 12, "Plan Adjusted Index Rate", for details on projected non-benefit expenses.

Federal Policy Assumptions:

The proposed rate increase of 16.9% reflected in this memorandum assumes that:

1. eAPTCs expire at the end of 2025, and
2. CMS' Marketplace Integrity and Affordability rule, as published in the Federal Register on March 19, 2025, is finalized as proposed.

Both policy changes are expected to materially affect projected enrollment and morbidity for plan year 2026 at the issuer and single risk pool level. Most notably, as eAPTCs expire and enrollees face increased out-of-pocket premiums, we assume healthier individuals who tend to be more price sensitive will exit the market, worsening the average morbidity of the individual risk pool. Shifts in statewide average morbidity, including both above policy changes, are expected to increase the Index Rate by 6.7% between the base and projection period.

Under an alternate scenario where eAPTCs are funded for plan year 2026 and CMS' proposed rule is implemented without modifications, shifts in statewide average morbidity is expected to increase the Index Rate by 4.9% between the base and projection period. Key provisions included in the proposed rule related to open enrollment, special enrollment periods and annual eligibility redeterminations (e.g. requiring \$5 premium obligation for auto re-enrollees) are still expected to drive a meaningful decline in enrollment, particularly among healthier enrollees and adversely affect the average morbidity of the single risk pool.

The overall average rate change under this alternate scenario is 15.9%, compared to 16.9% in the baseline scenario reflected in this memorandum. The difference in average rate changes also reflects other varying assumptions between scenarios, such as CSR loading, administrative expenses, and other demographic factors.

COVID-19 is not a significant driver of the rate increase. The disease is assumed to be stable between the base and projection periods. There is no percent or PMPM impact to the rate increase due to COVID-19 outside of the other itemized drivers.

Note that the requested rate change may not be the same across all plans within a product due to changes to the member cost sharing amounts by plan. Additionally, the defunding of CSR subsidies has contributed to the rate levels being higher than if the subsidies were to be funded.

3. Single Risk Pool

The Index Rate is based on the single risk pool defined by the state of Michigan, which was established according to the requirements in 45 CFR Part 156.80. The single risk pool is defined as including all non-grandfathered individual business in Michigan.

The single risk pool for the experience period does not include transitional products/plans. The single risk pool for the 2026 projection period does not include members who still remain enrolled in transitional plans.

4. Experience and Current Period Premium, Claims and Enrollment

The following information supports the best estimate of premium and claims for the single risk pool during the experience period, as reported in Worksheet 1, Section I of the URRT. The experience period for this rate filing is incurrual year 2024.

- Paid Through Date: 3/31/2025
- Current Date: 3/31/2025

Allowed and Incurred Claims incurred During the Experience Period:

A breakout of the claims shown in Worksheet 1, Section I is provided in Appendix 4.1.

Allowed and incurred claims, as defined by the URR instructions, were determined from Meridian Health Plan of Michigan's claim record system. Incurred but not paid amounts were estimated using a combination, as appropriate, of the loss development and Bornhuetter-Ferguson completion methodologies. There are no material differences in the methodology for estimating completed allowed versus completed incurred claims. The estimation for incurred but not paid amounts is based on the experience period claims reported. Actual claims run-out may reflect some variability from future expectations. There are no unusually high or low completion factors being applied to allowed or incurred claims resulting from internal shifts in administration practices.

Cost Sharing Reduction (CSR) Subsidies:

Cost-sharing reduction (CSR) subsidies were unfunded for the entirety of the base period. For rating purposes, we assumed that CSR subsidies will continue to be unfunded throughout the projection period. Within Appendix 4.1 we have included estimates for our 2024 experience CSR subsidy payments had they been funded. While these reflect internal estimates for the subsidies for the experience period, we would expect substantial differences between these estimates and projected CSR subsidies in the 2026 plan year, as trend adjustments, portfolio updates, and changes in demographics would meaningfully change projected subsidies. As a result, the prospective rating impact of CSR subsidies becoming funded in plan year 2024 would also change materially from what is suggested by historical experience.

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:

The risk adjustment transfer and reinsurance receivables for the experience period are shown on Worksheet 1, Section I of the URRT. The final amounts for risk adjustment and any applicable reinsurance receivables were not known at the time of rate development. These amounts were estimated using data available through 3/31/2025. There were no state or federal reinsurance recoveries in 2024.

Current Enrollment and Premium:

The current enrollment and premium values on Worksheet 2, Section II are reported as of 3/31/2025. As of 3/31/2025, there are 156,012 total covered lives. This membership is composed of 128,673 policyholders and 27,339 dependents.

Earned premium in the experience period is not adjusted for taxes, assessments, risk adjustment receivables or payables or MLR rebates. The premiums (net of MLR Rebate) earned during the experience period are \$487,049,743.72.

5. Benefit Categories

The benefit categories in Worksheet 1, Section II of the Part I URRT were populated using the Milliman Health Cost Guidelines (HCG) methodology. Due to the high detail of the HCG's benefit categories, the HCG categories were consolidated via a mapping to the URRT's benefit categories. See Appendix 5.1 for a description of this mapping.

The algorithm used to assign utilization data and cost information is summarized as follows.

Inpatient Hospital

Inpatient hospital includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Outpatient hospital includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Professional includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services other than hospital-based professionals whose payments are included in facility fees.

Other Medical

Other medical includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

Capitation

Capitation includes all services provided under one or more capitated arrangements.

Prescription Drug

Prescription drug includes drugs dispensed by a pharmacy and is net of rebates.

6. Trend Factors

This section describes and supports the factors used to project the 2024 experience period allowed claims to the 2026 projection period as shown in Worksheet 1, Section II of the URRT.

Trend Factors:

Trend Factors (cost/utilization):

Experience period claims were trended 24 months to 2026. The annualized cost trend factors reflect the following:

- Changes in contractual reimbursement and discounts between the experience and projection periods for a fixed basket of services. This is for providers that were already part of the network in 2024, based on its actual 2024 contracts and ongoing provider and PBM contracting efforts for 2026, controlling for changes in service mix, the geographic distribution of its enrollees, and pharmacy rebates. This also includes the change in distribution of services among network providers other than changes driven by expanding the provider network.
- Average charge trend between the experience and projection periods normalized for demographics, morbidity, and benefit design based on the Milliman Health Cost Guidelines

Appendix 6.1 decomposes the cost trend factor into its constituent parts.

The annualized utilization trend factors reflect the following:

- Assumed changes in the mix or intensity of services provided for a fixed level of illness burden.
- Secular utilization trend, normalized for demographics, morbidity, and benefit design, informed by consideration of multiple sources, including typical industry trend assumptions, the Milliman Health Cost Guidelines, and analysis of observed historical trends for Ambetter products.

Appendix 6.2 decomposes the utilization trend factor into its constituent parts.

7. Adjustments to Trended EHB Allowed Claims PMPM

This section describes and supports the adjustments other than trend used to project the 2024 experience period Essential Health Benefit (EHB) allowed claims to the 2026 projection period as shown in Worksheet 1, Section II of the URRT. Each factor represents the change between the experience period and projection period. The factors, therefore, are not annualized values.

Morbidity Adjustments:

Claims were adjusted for estimated differences in morbidity between Meridian Health Plan of Michigan's 2024 membership and its projected 2026 membership. Appendix 7.1 decomposes the morbidity projection factor into its components.

Utilization was adjusted for projected changes in single risk pool morbidity from 2024 to 2026 considering regulatory and market uncertainties, as well as projected morbidity changes for Meridian Health Plan of Michigan's members relative to the single risk pool from 2024 to 2026.

Consistent with the 2026 URR instructions, these morbidity adjustments reflect the component of the change in average allowed claims PMPM, holding constant the experience period population's demographics (e.g. age, gender, and region), product mix, and all provider network contracts and time parameters.

The relative morbidity assumption used for projection claims reflects Meridian Health Plan of Michigan's expectations regarding the morbidity of its 2026 membership relative to the single risk pool, and is consistent with the relative morbidity assumption used to estimate Meridian Health Plan of Michigan's risk transfer payment or receivable.

Morbidity was adjusted to account for changes in the market population due to the expiration of eAPTCS.

Demographic Shift:

Experience period claims were adjusted for differences in the projected mix of 2026 membership by gender and age band using demographic factors. The factors underlying this trend represent the blending of two sets of factors: a manually developed set from the Milliman Health Cost Guidelines and a set developed from Meridian Health Plan of Michigan-specific experience. This approach was selected to mitigate shifts observed in our experience demographic factors relative to the manual Health Cost Guideline factors.

Appendix 7.2 decomposes the demographic changes factor into its components.

Plan Design Changes:

This adjustment factor reflects anticipated changes in the demand for services due to differences in product mix and cost-sharing requirements from the experience period to the projection period. Population demographics and morbidity were held constant across plan designs for this adjustment to avoid confounding with morbidity.

Appendix 7.3 decomposes the plan design changes factor into its components.

Other Adjustments:

Experience period claims were also adjusted for the following changes between the experience period and projection period:

- Changes in capitation contracts
- Changes in pharmacy rebates and dispensing fees between the experience and projection periods developed based on changes to PBM contracting from 2024 to 2026 and projected drug utilization
- The reimbursement impact of expanding the provider network from 2024 to 2026 (developed using estimates of the distribution of services and relative unit costs by provider). This only reflects the impact of new providers; the impact of changes in the distribution of services among existing network providers is reflected in unit cost trend.
- Adjustment for expected claims costs without corresponding premium revenue, due to ACA grace period provisions.

Appendix 7.4 decomposes the other changes factor into its components.

8. Manual Rate Adjustments

This filing is 100% experience rated. No credibility manual rate is being filed for 2026.

Where manual adjustments to claims are required to model changes in Meridian Health Plan of Michigan's population and coverage over time, most notably utilization trend as discussed in section 2, these adjustments are based on the Milliman Managed Care Rating Model (MCRM) and the companion Milliman Health Cost Guidelines (HCGs), and consideration of relevant QHP experience in other states.

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverage levels.

The Milliman HCGs are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These guidelines are continually monitored as they use them in measuring the experience or evaluating the rates of their clients and as they compare them to other data sources.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. An extensive amount of data is used in developing these guidelines including published and unpublished data. In most instances, cost assumptions are based on their evaluation of several data sources and, therefore, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

9. Credibility of Experience

This filing is 100% experience rated, based on the assumption that a state with experience exceeding 125,000 member months should receive full credibility. No credibility manual rate is being filed for 2026.

Here, “member months” are defined as the aggregate 2024 member months across Meridian Health Plan of Michigan calendar year 2024 individual block of business that are suitable for pricing.

- Total 2024 Member Months: 1,195,442
- Credibility Level Assigned to Base Period Experience: 100%

Note that credibility is calculated based on 2024 experience data that are suitable for pricing and may not exactly match the total 2024 member months shown above.

Actuarial Standard of Practice #25 “Credibility Procedures” was considered when determining the credibility level.

10. Establishing the Index Rate

The Index Rate for the Experience Period (calendar year 2024) is a measurement of the average allowed claims PMPM for EHB benefits. This value is located on Worksheet 1, Section I of the URRT. The Index Rate for the Experience Period reflects the actual mixture of smoker/non-smoker population, area factors, plan enrollment, and the actual mixture of risk morbidity in the single risk pool during the experience period. The Index Rate for the experience period has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Exchange user fees. We have adjusted the Index Rate for the Experience Period to remove any non-EHBs. The claim system does not currently distinguish between EHB and non-EHB claims, so this adjustment was made based on the expected percentage of non-EHB claims for the experience period. The experience period did not contain non-single risk pool claims, so no adjustment was made for this.

The Index Rate for the Projection Period (calendar year 2026) is reflected in Worksheet 1, Section II of the URRT. It was developed following the specifications of 45 CFR part 156.80(d) (1). The Index Rate for the Projection Period represents the estimated total combined projected allowed claims PMPM for Essential Health Benefits (EHB) for calendar year 2026 only and has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees. The index rate differs from the total allowed claims in that the total allowed claims include benefits in excess of EHBs (adult vision and adult dental). The Index Rate for the Projection Period was calculated based on the methodology discussed in Section 6, ‘Trend Factors’ and Section 7, ‘Adjustments to Trended EHB Allowed Claims PMPM’ above and does not include benefits in excess of the EHBs. The Index Rate for the Projection Period will remain unchanged until a renewal filing effective January 1, 2027.

The development of the Index Rate for the Projection Period is shown in Worksheet 1, Section II. This reflects:

- The 12-month projection period shown in Worksheet 1, Section II
- The anticipated claim level of the projection period with respect to trend, benefits, and demographics
- The experience of all policies expected to be in the single risk pool (with necessary adjustments)

Appendix 10.1 demonstrates the calculation of the Projected Index Rate by blending the Experience Period Index Rate with the Credibility Manual Index Rate, as applicable. The next two sections further describe the steps taken to develop the Market Adjusted Index Rate and Plan Adjusted Index Rate.

11. Development of the Market-Wide Adjusted Index Rate

The Index Rate for the projection period is adjusted to arrive at the Market Adjusted Index Rate (MAIR) based on the following, as outlined in 45 CFR 156.80(d):

- Adjustment for the Risk Adjustment Program
- Exchange user fee adjustment

The risk adjustment payment/charge is described below. Since the Index Rate is on an allowed claims basis, the market-level adjustments are also performed on an allowed basis.

The net Exchange user fee adjustment applied to premium rates is 2.49% of premium. Per the 2026 final benefit and payment parameters, the Exchange user fee is 2.49% of premium for members purchasing coverage via the Exchange. Similar to the Index Rate, the MAIR reflects the average demographics of the single risk pool. In other words, the MAIR is not calibrated. In Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor of 1.032. For further detail on the development of the MAIR, please refer to Appendix 11.1.

Reinsurance:

Commercial reinsurance arrangements do not exist and are not included in this adjustment.

Risk Adjustment Payment/Charge:

The Projected Risk Adjustment PMPM is shown on Worksheet I, Section II. The amount excludes the 2026 Risk Adjustment User Fee of \$0.20 PMPM (0.04% of premium). The amount includes the projected reinsurance impact from the high risk pool assessment under the risk adjustment program. The gross impact in 2026 was estimated by trending experience and applying the provisions of the reinsurance contract to known high risk exposures. This amount was subtracted from a 0.28% of premium charge to fund the pool. This net impact was combined with the projected risk adjustment transfer amount to calculate a final risk adjustment liability for 2026. Appendix 11.1 shows how the anticipated risk adjustment transfer is applied to the Index Rate in the development of the Market Adjusted Index Rate.

The Risk Transfer calculations are based on the risk adjustment transfer formula, as provided in the Federal Register Volume 78 Number 47, and displayed below:

$$T_i = \left[\frac{(PLRS_i \times IDF_i \times GCF_i)}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{(AV_i \times ARF_i \times IDF_i \times GCF_i)}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \times \bar{P}_s$$

Where:

\bar{P}_s = statewide average premium \times 0.86 (to reflect the admin reduction adjustment);

$PLRS_i$ = plan i 's plan liability risk score;

AV_i = plan i 's metal level AV;

ARF_i = plan i 's allowable rating factor;

IDF_i = plan i 's induced demand factor;

GCF_i = plan i 's geographic cost factor;

S_i = plan i 's share of state enrollment as measured in member months

The denominator is summed across all plans in the risk pool in the market in the state.

We project the portfolio average for each factor in the risk adjustment transfer formula using a combination of (i) actual historical risk adjustment factors adjusted to the projected population and (ii) adjustments for market and risk adjustment program changes. The resulting aggregate payment or receivable is then proportionally allocated to all plans in the portfolio.

For the purposes of stable modeling, each factor was approximated as follows:

\overline{P}_s : The state average premium was assumed to be approximately \$520.63 PMPM (net of the 14% administrative cost carve out)

PLRS: The statewide average risk score is projected based on the average PLRS of the single risk pool in 2024. For historical risk transfer data, we rely on a combination of the latest available HHS Summary Report on Permanent Risk Adjustment Transfers and when available, Wakely's National Risk Adjustment Reporting Project (WNRAR) for the state of Michigan.

Meridian Health Plan of Michigan's projected average risk score differs from the projected single risk pool average risk score due to differences in demographics, plan mix, and morbidity between the two populations.

Based on the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters, HHS's proposed 2024 and 2026 HCC model and coefficient changes for 2026 (including partial year adjustment factors, prescription drug condition categories, and model recalibration) were considered in the development of the projected risk adjustment transfer. The demographic, plan mix, and morbidity assumptions were used to project claims costs.

IDF: The statewide average IDF is projected based on the average IDF of the single risk pool in 2026. For historical risk transfer data, we rely on a combination of the latest available HHS Summary Report on Permanent Risk Adjustment Transfers and when available, Wakely's National Risk Adjustment Reporting Project (WNRAR) for the state of Michigan.

The average IDF for Meridian Health Plan of Michigan is projected by applying the induced demand factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 11 to Meridian Health Plan of Michigan's projected population. The formula recognizes the following IDF factors by metallic tier: Bronze 1.00, Silver, 1.03, Gold 1.08, and Platinum 1.15.

AV: The statewide average actuarial value (AV) is projected based on the average metal level AV of the single risk pool in 2024. For historical risk transfer data, we rely on a combination of the latest available HHS Summary Report on Permanent Risk Adjustment Transfers and when available, Wakely's National Risk Adjustment Reporting Project (WNRAR) for the state of Michigan. The average AV for Meridian Health Plan of Michigan is calculated by applying the metal level AV factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 9 to Meridian Health Plan of Michigan's projected population. The formula recognizes the following AV values by metallic tier: Bronze 0.60, Silver 0.70, Gold 0.80, and Platinum 0.90.

ARF: As stated in the March 11, 2013 Federal Register, page 15433, the allowable rating factor (ARF) adjustment accounts only for age rating.

The statewide average ARF was set equal to the average ARF of the single risk pool in 2024. For

historical risk transfer data, we rely on a combination of the latest available HHS Summary Report on Permanent Risk Adjustment Transfers and when available, Wakely's National Risk Adjustment Reporting Project (WNRAR) for the state of Michigan.

The average ARF for Meridian Health Plan of Michigan is projected by applying the proposed 2026 HHS age rating factors to Meridian Health Plan of Michigan's projected population. An equal distribution across ages within each age band was assumed.

GCF: The average Geographic Cost Factors for Meridian Health Plan of Michigan's membership is projected based on the 2023 GCFs, as reported by HHS, adjusted for projected changes caused by carrier rate actions from 2023 to 2026.

Outliers were reflected in our calculations to the extent that outliers are reflected in historical risk scores used as the starting point of the 2026 risk transfer projection and via the calculation of the net High Risk Pool receivable or payment. Otherwise, there were no "potential outlier assumptions" that would have an impact on transfers.

The projected transfer amount assumes no impact under the Risk Adjustment Data Validation (RADV) process.

The risk adjustment transfer amounts shown on Worksheet 1 of the URRT are the actual PMPM amounts expected in the projection period. The risk adjustment transfer amount applied to the Index Rate in the development of the Market Adjusted Index Rate is on an allowed claims basis, as the Index Rate is on an allowed claims basis.

The demographic, plan mix, and morbidity assumptions supporting the risk transfer projection are consistent with the demographic, plan mix, and the morbidity assumptions used to project claims costs.

Exchange User Fees:

Exchange user fees have been applied as an adjustment to the Index Rate at the market level. In Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor. Note, we assumed 99.68% of members would enroll through the Exchange and 0.32% would enroll outside of the Exchange.

12. Plan Adjusted Index Rate

The Plan Adjusted Index Rate (PAIR) is included in Worksheet 2, Section III of the URRT. The PAIR is the MAIR adjusted for only the following allowable adjustments, where applicable, as outlined in 45 CFR 156.80(d):

- Actuarial value and cost-sharing design of the plan.
 - The CMS Actuarial Value Calculator was used to determine the AV metal value for plan provisions that fit within the calculator parameters. The AVs for all plans were developed using appropriate adjustments as described in section 16 of this actuarial memorandum.
 - The actuarial value and cost-sharing pricing adjustment was developed using a claims simulation methodology with a large dataset of individual exchange data, calibrated to the expected population.
 - * Under a claims simulation approach to modeling plan relativities, member-level claims are re-adjudicated using the cost sharing parameters of each plan design, thereby calculating plan versus patient liability.
 - * Using the same dataset for plan rating factors ensures that a static demographic and risk profile informs the rating factor of each plan so that allowed relativities by plan solely reflect benefit design differences.
 - * Rate increases can vary by plan under this methodology without reflecting morbidity differences. For example, rate increases naturally vary by plan over time as the relationship changes between cost sharing levels and the allowed costs to which they are applied (i.e., leveraging).
 - The actuarial and cost-sharing pricing adjustment reflects full plan liability for CSR subsidies. CSR costs are reflected as a uniform percentage load applied to each silver ACA-compliant plan.
 - Additional information regarding the development of AV Pricing and Rating Factors can be found in Appendix 12.3. This appendix also includes Induced Demand Factors.
 - * The induced demand factors were determined using a regression model that relies on ACA individual experience to calculate the expected relative allowed cost between plans. The model determines the relationship between plan member cost share and allowed cost while holding morbidity and area influences constant.
- The plan's provider network, delivery system characteristics, and utilization management adjustment practices
 - Not applicable. All plans have the same provider network.
- Benefits provided under the plan that are in addition to the EHBs.
 - These benefits include adult vision and adult dental.

- Administrative costs, excluding the Exchange user fees (which are already accounted for in the Market Adjusted Index Rate).
 - The administrative costs are discussed further in the subsequent paragraphs of this section

There are no catastrophic plans being offered, so there is no eligibility adjustment made for catastrophic plan enrollment.

Administrative costs and non-EHB benefits common to all plans are added to the Market Adjusted Index Rate. Then, factors for actuarial value and cost-sharing and non-EHBs by plan are applied to reach the Plan Adjusted Index Rate for each plan.

The development and values of the Plan Adjusted Index Rates are shown in Appendix 12.1 and are not calibrated.

On Worksheet 2, Section II, the Plan Adjusted Index Rate of the Experience Period is reported.

Administrative Expense Load:

The administrative expense allowance is based on the projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales, and marketing expenses.

There is an additional amount to cover approved quality improvement expenses and provider incentive payments. This amount is still included in the numerator (and excluded from the denominator) of the federal MLR calculation, but is described in Appendix 12.2 due to sharing similar attributes with other administrative expenses.

The administrative expenses are allocated proportionally by plan on a constant percentage of premium basis.

Profit (or Contribution to Surplus) & Risk Margin:

This load was applied proportionally to all products and plans and can be found in Appendix 12.2.

Taxes and Fees:

The taxes and fees which may be subtracted from premiums for purposes of calculating the MLR are listed in Appendix 12.2. The Risk Adjustment User Fee has been included as part of this adjustment. See Section 11, “Development of the Market-Wide Adjusted Index Rate”, for a discussion on how the Exchange user fee was calculated and applied to the Market Adjusted Index Rate.

13. Calibration

The Plan Adjusted Index Rate is calibrated for plans within the single risk pool to correspond to an age rating factor of 1.0, a geographic rating factor of 1.0, and a tobacco use rating factor of 1.0. The intent of the calibration factors is to reset the Plan Adjusted Index Rate so that applying the age factor, geographic rating area factor, and tobacco use factor will result in the appropriate consumer adjusted premium rate. The calibration factors for each of the age, geographic, and tobacco use factors are shown in Appendix 13.1. Note that each of the calibration factors has one value that is applied uniformly and does not vary by plan.

Age Curve Calibration:

The age curve calibration factor is applied in Appendix 13.1. The age curve calibration factor is calculated by weighting the prescribed age rating factors with the single risk pool membership distribution. This age curve calibration calculation is based on page 9 of the 2026 Unified Rate Review Instructions. Appendix 13.2 demonstrates the factors and member months used in the calculation of the average age rating factor. The age factor for each age band is the simple average of the factors in that band. The rounded weighted average age corresponding to this age calibration factor is 48 years.

Appendix 13.1 of the Actuarial Memorandum demonstrates the calibration of the Plan Adjusted Index Rate for age. The distribution of members by age is in Appendix 1.2 and the corresponding age factors are included in Appendix 1.3.

Geographic Factor Calibration:

The geographic rating factors are displayed in Appendix 1.3. Appendix 13.3 demonstrates the factors and member months used in the calculation of the average geographic rating factor. In order to determine the calibration factor for geography, the projected distribution of members by area was determined. Next, the weighted average of the area factors was calculated utilizing this distribution.

The 2026 geographic factors were developed to reflect provider reimbursement and practice pattern differences by area. The reimbursement reflected in the geographic factors is based on provider contracts by rating area. The practice patterns reflected in the geographic factors are consistent with our experience where applicable and supplemented by Health Cost Guidelines research. Projected risk pool morbidity and age/gender factors were set at statewide levels during 2026 geographic factor development. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only and do not reflect differences in population morbidity.

Tobacco Use Rating Factor Calibration:

The tobacco use calibration factor is applied in Appendix 13.1. The tobacco use calibration factor removes the portion of the cost expected to be recouped through the tobacco surcharge. This factor is calculated by weighting the tobacco factors with the single risk pool membership distribution of tobacco and non-tobacco users. The tobacco factors are included in Appendix 1.3. Appendix 13.4 demonstrates the factors and member months used in the calculation of the average tobacco rating factor.

Calibration adjustments are applied uniformly to all plans:

The calibration adjustment does not vary by plan and this is demonstrated in Appendix 13.1.

Member-level adjustments as described in 45 CFR 147.102 are applied uniformly to all plans in the single risk pool, and these adjustments do not vary by plan.

In Appendix 13.1, the Plan Adjusted Index Rate is calibrated for age, tobacco, and geography to determine the Calibrated Plan Adjusted Index Rate. The Calibrated Plan Adjusted Index Rate can then be converted to the Base Rate by dividing by the average plan factor. Multiplying the Base Rate by the plan, age, tobacco, and area factors produces the Consumer Adjusted Premium Rate. The distribution of members by rating area is included in Appendix 1.2. Furthermore, Appendix 1.4 provides a sample calculation of premium rates.

14. Consumer Adjusted Premium Rate Development

Each Plan Adjusted Index Rate is divided by the overall calibration factor to determine the Calibrated Plan Adjusted Index Rate.

The following allowable rating factors, as specified by 45 CFR Part 147.102, are applied to the Calibrated Plan Adjusted Index Rate to determine the rate that is charged to the health insurance subscriber:

- Rating Area
 - The area factors are listed in Appendix 1.3. The methodology for developing geographic factors is included in Section 13, "Calibration".
- Age
 - The prescribed standard age factors were used.
- Tobacco Status
 - The tobacco factor for 2026 is set to 1.150 for all ages 21+. In lieu of credible data, the factor was selected from a reasonable range of cost impacts based on tobacco cost literature. Specifically, the report "The Business Case for Coverage of Tobacco Cessation, 2012 Update" by Leif Associates, Inc. was considered which suggests that healthcare costs for smokers are greater than those of nonsmokers and may be as much as 34% higher than costs for non-smokers.
- For family coverage, rates for children are charged to no more than the three oldest covered children under age 21.

Appendix 1.3 lists the allowable rating factors and Appendix 1.4 contains an example walking through the calculation of a theoretical family's rates.

15. Projected Loss Ratio

The projected medical loss ratio (MLR) for Meridian Health Plan of Michigan in 2026 in Michigan is 81.4%, which satisfies the state of Michigan's minimum MLR requirement of 80%. This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2026 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated. See Appendix 15.1 for the detail underlying the calculation.

16. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I URRT were calculated using the Final 2026 Federal AV Calculator for the plan provisions that fit within the calculator parameters and making appropriate adjustments to the AV identified by the calculator for plan design features that are not compatible with the parameters of the AV Calculator. Consistent with CMS' Marketplace Integrity and Affordability rule, the plan designs in this filing have been developed in compliance with these proposed expanded AV parameters.

This filing includes plans with two generic drug tiers (preferred generic and non-preferred generic), but the AV Calculator only has one input for generic drug cost sharing. For plans where the cost sharing differs between the two generic drug tiers, we have entered a blended generic drug cost share as the generic drug input into the AV Calculator, consistent with accepted actuarial practices and pursuant to 45 CFR 156.135(b)(2).

17. Membership Projections

Meridian Health Plan of Michigan developed its membership projections based on 2025 QHP open enrollment data, adjusting for expected enrollment changes through 2026. The expected enrollment changes are based on historical shifts in membership combined with market-specific adjustments.

Silver plan membership projections are broken out separately for each cost-sharing reduction subsidy variant. This was performed in a similar manner to the aggregate membership projections.

The details of the projected membership by subsidy level are shown in Appendix 17.1.

18. Terminated Plans and Products

A list of the plans being terminated and the plans to which these are being mapped is included in the appendices as Appendix 18.1.

19. Plan Type

The plan types listed in Worksheet 2, Section I of the Part I URRT describe Meridian Health Plan of Michigan's plans exactly.

20. Effective Rate Review Information

COMPLIANCE WITH MARKET REFORM REQUIREMENTS PER BULLETIN 2022-10-INS

Meridian is aware of the guidance provided in Bulletin 2024-14-INS and believes to be in compliance with all aspects of the Bulletin.

RATE CHANGE SUMMARY

Please see Section 2 of the Actuarial Memorandum for a description of the changes to rates and Appendix 2.1 for the average rate change by renewing plan. Rating factors including age, tobacco, and geography are listed in Appendix 1.3. Appendix 1.4 lists the steps to calculate final premium rates and shows a sample rate calculation for an example policy with family coverage.

SUPPLEMENTAL HEALTH CARE EXHIBIT RECONCILIATION

Appendix 20.1 contains Meridian's 2024 Supplemental Health Care Exhibit. Appendix 20.2 contains the reconciliation between the Supplemental Health Care Exhibit (SCHE) and the Unified Rate Review Template (URRT) for the 2024 experience premium and incurred claims.

The 2024 risk adjustment value in the URRT reflects updated risk score and enrollment data, which is our best estimate. Incurred claims differences exist due to more recent claim data used at the time of the filing and differences in IBNR estimates.

21. Reliance

See Appendix 21.1 for a detailed listing of items received and relied upon for rate development.

22. Actuarial Certification

I, Andrew Atkinson, am a member of the American Academy of Actuaries in good standing and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work. I certify the rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 42, Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining minimum value and Actuarial Value under the Affordable Care Act
- ASOP No. 56, Modeling

I certify that to the best of my knowledge and judgement:

1. The Index Rate for the Projection Period is:
 - (a) In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
 - (b) Developed in compliance with the applicable Actuarial Standards of Practice;
 - (c) Reasonable in relation to the benefits provided and the population anticipated to be covered;
 - (d) Neither excessive nor deficient based on my best estimate of the 2026 individual market
2. 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.
3. The benefits in addition to Essential Health Benefits included in Worksheet 2, Section III were calculated in accordance with actuarial standards of practice

4. The geographic rating factors reflect only difference in the cost of delivery and do not include differences for population morbidity by geographic area.
5. The CMS Actuarial Value Calculator, with appropriate adjustments, was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2026 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, such as CMS' Marketplace Integrity and Affordability Rule, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum and the alignment of these premium rates with incurred costs. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, or a decision by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director to adjust funding of CSR subsidies or advance premium tax credits. In the event that a material provision is enacted renewing eAPTCs at current or partially funded levels, a revision to the rates will be needed.

The CMS Actuarial Value Calculator, with appropriate adjustments, was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Signed: 

Name: Andrew Atkinson ASA, MAAA

Date: 5/8/2025

Appendix 1.1
Meridian Health Plan of Michigan
Description of Benefits

Plan Design	Plan ID	Plan Type	Medical Deductible	Plan Coinsurance	Rx Deductible	OOP Max	PCP Visit	Specialty Visit	Rx Plan Coverage				Includes adult vision coverage?	Includes adult dental coverage?
									Generic	Preferred Brand	Non-Preferred Brand	Specialty		
Clarity Silver	58594MI0030010	HMO	\$6,300 INT	50%	INT	\$10,600	\$50 NSD	\$85 NSD	\$25 NSD	\$75 NSD	\$0 SD	\$0 SD	N	N
Everyday Bronze	58594MI0030013	HMO	\$8,450 INT	50%	INT	\$10,150	\$40 NSD	\$90 NSD	\$30 NSD	\$0 SD	\$0 SD	\$0 SD	N	N
Elite Bronze	58594MI0030016	HMO	\$0	50%	\$3800	\$10,500	\$50 NSD	\$115 NSD	\$40 NSD	\$195 NSD	\$250 SD	\$0 SD	N	N
Clear Silver	58594MI0030017	HMO	\$7,000 INT	100%	INT	\$7,000	\$50 NSD	\$100 NSD	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Everyday Gold	58594MI0030020	HMO	\$800 INT	65%	INT	\$7,250	\$35 NSD	\$55 NSD	\$15 NSD	\$60 NSD	\$0 SD	\$0 SD	N	N
Elite Gold	58594MI0030021	HMO	\$0 INT	70%	INT	\$6,500	\$5 NSD	\$60 NSD	\$15 NSD	\$50 NSD	\$0 NSD	\$0 NSD	N	N
Standard Expanded Bronze	58594MI0030023	HMO	\$7,500 INT	50%	INT	\$10,000	\$50 NSD	\$100 NSD	\$25 NSD	\$50 SD	\$100 SD	\$500 SD	N	N
Standard Silver	58594MI0030024	HMO	\$6,000 INT	60%	INT	\$8,900	\$40 NSD	\$80 NSD	\$20 NSD	\$40 NSD	\$80 SD	\$350 SD	N	N
Standard Gold	58594MI0030025	HMO	\$2,000 INT	75%	INT	\$8,200	\$30 NSD	\$60 NSD	\$15 NSD	\$30 NSD	\$60 NSD	\$250 NSD	N	N
Clear Silver + Vision + Adult Dental	58594MI0040009	HMO	\$7,000 INT	100%	INT	\$7,000	\$50 NSD	\$100 NSD	\$0 SD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Everyday Bronze + Vision + Adult Dental	58594MI0040013	HMO	\$8,450 INT	50%	INT	\$10,150	\$40 NSD	\$90 NSD	\$30 NSD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Elite Bronze + Vision + Adult Dental	58594MI0040016	HMO	\$0	50%	\$3800	\$10,500	\$50 NSD	\$115 NSD	\$40 NSD	\$195 NSD	\$250 SD	\$0 SD	Y	Y
Everyday Gold + Vision + Adult Dental	58594MI0040020	HMO	\$800 INT	65%	INT	\$7,250	\$35 NSD	\$55 NSD	\$15 NSD	\$60 NSD	\$0 SD	\$0 SD	Y	Y
Elite Gold + Vision + Adult Dental	58594MI0040023	HMO	\$0 INT	70%	INT	\$6,500	\$5 NSD	\$60 NSD	\$15 NSD	\$50 NSD	\$0 NSD	\$0 NSD	Y	Y
Standard Expanded Bronze + Vision + Adult Dental	58594MI0040024	HMO	\$7,500 INT	50%	INT	\$10,000	\$50 NSD	\$100 NSD	\$25 NSD	\$50 SD	\$100 SD	\$500 SD	Y	Y
Standard Silver + Vision + Adult Dental	58594MI0040025	HMO	\$6,000 INT	60%	INT	\$8,900	\$40 NSD	\$80 NSD	\$20 NSD	\$40 NSD	\$80 SD	\$350 SD	Y	Y
Standard Gold + Vision + Adult Dental	58594MI0040026	HMO	\$2,000 INT	75%	INT	\$8,200	\$30 NSD	\$60 NSD	\$15 NSD	\$30 NSD	\$60 NSD	\$250 NSD	Y	Y
Silver 201 HSA	58594MI0050003	HMO	\$5,800 INT	100%	INT	\$5,800	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Silver 203	58594MI0050004	HMO	\$4,450 INT	65%	INT	\$7,250	\$15 NSD	D&C	\$35 NSD	\$75 NSD	\$0 SD	\$0 SD	N	N
Gold 201 HSA	58594MI0050007	HMO	\$3,400 INT	100%	INT	\$3,400	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Gold 202	58594MI0050008	HMO	\$2,000 INT	80%	INT	\$6,000	\$25 NSD	\$50 NSD	\$25 NSD	\$50 NSD	\$0 SD	\$0 SD	N	N

Explanation of abbreviations:

D&C – Deductible and Coinsurance

INT – Integrated Medical and Rx Deductible

NSD – Not subject to deductible

SD – Subject to deductible

Appendix 1.2
Meridian Health Plan of Michigan
Age and Rating Area Distributions

Age Band	Percent Distribution
0-14	7.03%
15	0.47%
16	0.47%
17	0.47%
18	0.47%
19	1.33%
20	1.33%
21	1.35%
22	1.35%
23	1.35%
24	1.35%
25	1.92%
26	1.92%
27	1.92%
28	1.92%
29	1.92%
30	2.14%
31	2.14%
32	2.14%
33	2.14%
34	2.14%
35	1.99%
36	1.99%
37	1.99%
38	1.99%
39	1.99%
40	1.86%
41	1.86%
42	1.86%
43	1.86%
44	1.86%
45	1.82%
46	1.82%
47	1.82%
48	1.82%
49	1.82%
50	1.87%
51	1.87%
52	1.87%
53	1.87%
54	1.87%
55	2.28%
56	2.28%
57	2.28%
58	2.28%
59	2.28%
60	2.47%
61	2.47%
62	2.47%
63	2.47%
64	2.47%
65 & Over	1.32%

Rating Area	Percent Distribution
Rating Area 1	40.9%
Rating Area 2	30.5%
Rating Area 3	1.7%
Rating Area 4	1.5%
Rating Area 5	6.1%
Rating Area 6	0.7%
Rating Area 7	3.6%
Rating Area 9	6.4%
Rating Area 10	4.9%
Rating Area 11	2.3%
Rating Area 12	0.9%
Rating Area 15	0.5%

Appendix 1.3
Meridian Health Plan of Michigan
Rate Table

Base Rate: \$338.83

Product Adjustment	
Product	PMPM Adj
58594MI003, 58594MI005 (Applies to All Plans)	\$0.00
No Vision Plans	Not Applicable
58594MI004 (Applies to plans marked by **)	\$12.46

Plan ID	Plan Name	Rate Factor
58594MI0030010	Clarity Silver	0.9349
58594MI0030013	Everyday Bronze	0.7788
58594MI0030016	Elite Bronze	0.8980
58594MI0030017	Clear Silver	0.9921
58594MI0030020	Everyday Gold	1.0716
58594MI0030021	Elite Gold	1.2086
58594MI0030023	Standard Expanded Bronze	0.7801
58594MI0030024	Standard Silver	1.0000
58594MI0030025	Standard Gold	1.0552
58594MI0040009	Clear Silver + Vision + Adult Dental**	0.9921
58594MI0040013	Everyday Bronze + Vision + Adult Dental**	0.7788
58594MI0040016	Elite Bronze + Vision + Adult Dental**	0.8980
58594MI0040020	Everyday Gold + Vision + Adult Dental**	1.0716
58594MI0040023	Elite Gold + Vision + Adult Dental**	1.2086
58594MI0040024	Standard Expanded Bronze + Vision + Adult Dental**	0.7801
58594MI0040025	Standard Silver + Vision + Adult Dental**	1.0000
58594MI0040026	Standard Gold + Vision + Adult Dental**	1.0552
58594MI0050003	Silver 201 HSA	0.8679
58594MI0050004	Silver 203	0.8948
58594MI0050007	Gold 201 HSA	1.0920
58594MI0050008	Gold 202	1.0975

Age Band	Age Factor	Tobacco Factors	
		Smoker	Non-Smoker
0-14	0.765	1.000	1.000
15	0.833	1.000	1.000
16	0.859	1.000	1.000
17	0.885	1.000	1.000
18	0.913	1.000	1.000
19	0.941	1.000	1.000
20	0.970	1.000	1.000
21	1.000	1.150	1.000
22	1.000	1.150	1.000
23	1.000	1.150	1.000
24	1.000	1.150	1.000
25	1.004	1.150	1.000
26	1.024	1.150	1.000
27	1.048	1.150	1.000
28	1.087	1.150	1.000
29	1.119	1.150	1.000
30	1.135	1.150	1.000
31	1.159	1.150	1.000
32	1.183	1.150	1.000
33	1.198	1.150	1.000
34	1.214	1.150	1.000
35	1.222	1.150	1.000
36	1.230	1.150	1.000
37	1.238	1.150	1.000
38	1.246	1.150	1.000
39	1.262	1.150	1.000
40	1.278	1.150	1.000
41	1.302	1.150	1.000
42	1.325	1.150	1.000
43	1.357	1.150	1.000
44	1.397	1.150	1.000
45	1.444	1.150	1.000
46	1.500	1.150	1.000
47	1.563	1.150	1.000
48	1.635	1.150	1.000
49	1.706	1.150	1.000
50	1.786	1.150	1.000
51	1.865	1.150	1.000
52	1.952	1.150	1.000
53	2.040	1.150	1.000
54	2.135	1.150	1.000
55	2.230	1.150	1.000
56	2.333	1.150	1.000
57	2.437	1.150	1.000
58	2.548	1.150	1.000
59	2.603	1.150	1.000
60	2.714	1.150	1.000
61	2.810	1.150	1.000
62	2.873	1.150	1.000
63	2.952	1.150	1.000
64	3.000	1.150	1.000
65 and Over	3.000	1.150	1.000

Geographic Factors	
Area	Rate Factor
Rating Area 1	0.9955
Rating Area 2	0.9533
Rating Area 3	0.9994
Rating Area 4	1.1292
Rating Area 5	0.8961
Rating Area 6	1.0192
Rating Area 7	1.0351
Rating Area 9	1.1755
Rating Area 10	1.0390
Rating Area 11	1.0953
Rating Area 12	1.3762
Rating Area 15	1.0368

Appendix 1.3b
Meridian Health Plan of Michigan
List of Counties in Each Service Area

Service Area 1	
County	Rating Area
Allegan	11
Barry	11
Berrien	9
Calhoun	10
Cass	9
Genesee	5
Hillsdale	7
Ingham	7
Jackson	7
Kalamazoo	10
Kent	12
Lake	12
Lapeer	5
Macomb	2
Mason	12
Mecosta	12
Monroe	1
Montcalm	12
Muskegon	12
Newaygo	12
Oakland	2
Oceana	12
Ogemaw	15
Osceola	12
Oscoda	15
Ottawa	12
Roscommon	15
Saint Clair	3
Saint Joseph	9
Sanilac	6
Tuscola	6
Van Buren	9
Washtenaw	4
Wayne	1

Appendix 1.3c
Meridian Health Plan of Michigan
List of Plans in Each Service Area

Service Area 1	
HIOS ID	Plan Name
58594MI0030010	Clarity Silver - Standard Silver On Exchange Plan
58594MI0030013	Everyday Bronze - Standard Bronze On Exchange Plan
58594MI0030016	Elite Bronze - Standard Bronze On Exchange Plan
58594MI0030017	Clear Silver - Standard Silver On Exchange Plan
58594MI0030020	Everyday Gold - Standard Gold On Exchange Plan
58594MI0030021	Elite Gold - Standard Gold On Exchange Plan
58594MI0030023	Standard Expanded Bronze - Standard Bronze On Exchange Plan
58594MI0030024	Standard Silver - Standard Silver On Exchange Plan
58594MI0030025	Standard Gold - Standard Gold On Exchange Plan
58594MI0040009	Clear Silver + Vision + Adult Dental - Standard Silver On Exchange Plan
58594MI0040013	Everyday Bronze + Vision + Adult Dental - Standard Bronze On Exchange Plan
58594MI0040016	Elite Bronze + Vision + Adult Dental - Standard Bronze On Exchange Plan
58594MI0040020	Everyday Gold + Vision + Adult Dental - Standard Gold On Exchange Plan
58594MI0040023	Elite Gold + Vision + Adult Dental - Standard Gold On Exchange Plan
58594MI0040024	Standard Expanded Bronze + Vision + Adult Dental - Standard Bronze On Exchange Plan
58594MI0040025	Standard Silver + Vision + Adult Dental - Standard Silver On Exchange Plan
58594MI0040026	Standard Gold + Vision + Adult Dental - Standard Gold On Exchange Plan
58594MI0050003	Silver 201 HSA - Standard Silver Off Exchange Plan
58594MI0050004	Silver 203 - Standard Silver Off Exchange Plan
58594MI0050007	Gold 201 HSA - Standard Gold Off Exchange Plan
58594MI0050008	Gold 202 - Standard Gold Off Exchange Plan

Appendix 1.4
Meridian Health Plan of Michigan
Rating Example

Family Rating Example

Plan Design:	Elite Bronze - Standard Bronze On Exchange Plan
Product:	58594MI003
HIOS ID:	58594MI0030016

				(a)	(b)	(c)	(d) = ((a) + (b)) x (c)	(e)	(f)	(g)	(h) = (d) x (e) x (f) x (g)
Member	Age	Smoking Status	Rating Area	Base	Prod. Adj.	Plan Rate Factor	(Base + Prod. Adj.) * Plan Factor	Age Factor	Tobacco	Area	Final Premium
Subscriber	40	Non-Smoker	Rating Area 1	\$338.83	\$0.00	0.8980	\$304.26	1.278	1.000	0.9955	\$387.10
Spouse	38	Non-Smoker	Rating Area 1	\$338.83	\$0.00	0.8980	\$304.26	1.246	1.000	0.9955	\$377.40
Child 1	18	Non-Smoker	Rating Area 1	\$338.83	\$0.00	0.8980	\$304.26	0.913	1.000	0.9955	\$276.54
Child 2	16	Non-Smoker	Rating Area 1	\$338.83	\$0.00	0.8980	\$304.26	0.859	1.000	0.9955	\$260.18
Child 3	14	Non-Smoker	Rating Area 1	\$338.83	\$0.00	0.8980	\$304.26	0.765	1.000	0.9955	\$231.71
Child 4	11	Non-Smoker	Rating Area 1	\$338.83	\$0.00	0.8980	\$304.26	0.000	1.000	0.9955	\$0.00
Total											\$1,532.93

Steps to Calculate Final Premium:

- (1) Look up the plan's Base Rate factor (a) and Product Adjustment factor (b). Add together.
- (2) Look up the Plan Rate factor based on the plan design (c).
- (3) Multiply the sum of (a) and (b) by the Plan Rate factor as shown in column (d).
- (4) Look up the age factors for each member based on age (e).

Note that premiums can only be charged for the oldest 3 children under age 21, so the age factor for all subsequent children will be 0.

- (5) Look up the tobacco factor for each member according to smoking status and age (f).
- (6) Look up the area factor based on the rating area (g).
- (7) Multiply column (d) by the age, tobacco and area factors for each member individually.
- (8) Sum the results from (7) for the final premium for the family.

Appendix 2.1 Meridian Health Plan of Michigan Proposed Rate Changes - Renewing Plans Only		
Plan Name	HIOS ID	Rate Change
Everyday Bronze	58594MI0030013	12.60%
Elite Bronze	58594MI0030016	10.55%
Clear Silver	58594MI0030017	18.18%
Everyday Gold	58594MI0030020	17.51%
Elite Gold	58594MI0030021	15.86%
Standard Expanded Bronze	58594MI0030023	14.91%
Standard Silver	58594MI0030024	17.58%
Standard Gold	58594MI0030025	15.26%
Everyday Bronze + Vision + Adult Dental	58594MI0040013	12.62%
Elite Bronze + Vision + Adult Dental	58594MI0040016	10.67%
Everyday Gold + Vision + Adult Dental	58594MI0040020	17.11%
Elite Gold + Vision + Adult Dental	58594MI0040023	15.68%
Standard Expanded Bronze + Vision + Adult Dental	58594MI0040024	15.31%
Standard Silver + Vision + Adult Dental	58594MI0040025	18.16%
Standard Gold + Vision + Adult Dental	58594MI0040026	15.68%
Silver 201 HSA	58594MI0050003	23.98%
Silver 203	58594MI0050004	19.06%
Gold 201 HSA	58594MI0050007	26.69%
Gold 202	58594MI0050008	20.61%

Appendix 4.1
Meridian Health Plan of Michigan
Experience Period Claims

	Allowed	Incurred (Paid) Claims
Claim System	\$400,667,886	\$332,301,614
Outside⁽¹⁾	\$5,270,718	\$4,371,371
IBNP	\$8,573,322	\$7,110,450
Less Reinsurance		\$0
Total⁽²⁾	\$414,511,926	\$343,783,435
 Estimated CSR Subsidies⁽³⁾		 \$72,364,079

(1) The claims processed outside of the issuer's claims system are for capitated services.

(2) Total claims are calculated using unrounded numbers.

(3) CSR subsidies were unfunded for entirety of base period. This is an internal estimate of the subsidy payments had they been funded.

Appendix 5.1
Meridian Health Plan of Michigan
Benefit Category Mapping

MCRM Benefit Category	URRT Benefit Category
Inpatient Facility - Non-Maternity	-
Medical	Inpatient Hospital
Medical - Other Newborn	Inpatient Hospital
Surgical	Inpatient Hospital
Psychiatric - Hospital	Inpatient Hospital
Psychiatric - Residential	Inpatient Hospital
Alcohol & Drug Abuse - Hospital	Inpatient Hospital
Alcohol & Drug Abuse - Residential	Inpatient Hospital
Inpatient Facility - Maternity	
Normal Deliveries	Inpatient Hospital
Cesarean Deliveries	Inpatient Hospital
Non-Deliveries	Inpatient Hospital
Skilled Nursing Facility	Inpatient Hospital
Outpatient Facility	
Observation	Outpatient Hospital
Emergency Room	Outpatient Hospital
Surgery	Outpatient Hospital
Radiology	
Radiology - Therapeutic	Outpatient Hospital
Radiology - Diagnostic	Outpatient Hospital
Radiology - CT / MRI / PET	Outpatient Hospital
Pathology/Lab	Outpatient Hospital
Pharmacy	Outpatient Hospital
Cardiovascular	Outpatient Hospital
PT/OT/ST	Outpatient Hospital
Psychiatric	Outpatient Hospital
Alcohol & Drug Abuse	Outpatient Hospital
Preventive	Outpatient Hospital
Other Outpatient Facility	Outpatient Hospital
Professional	
Inpatient Surgery - Non-Maternity	
Surgeon	Professional
Anesthesia	Professional
Maternity	
Professional	Professional
Anesthesia	Professional
Outpatient Surgery	
Outpatient Facility	Professional
Office	Professional
Anesthesia	Professional
Inpatient Visits	
Medical	Professional
Psychiatric	Professional
Alcohol & Drug Abuse	Professional
Office Visits & Miscellaneous Services	
Office/Home Visits - PCP	Professional
Office/Home Visits - Specialist	Professional
Urgent Care Visits	Professional
Office Administered Drugs	Professional
Allergy Testing	Professional
Allergy Immunotherapy	Professional
Miscellaneous Medical	Professional
Preventive Services	

Appendix 5.1
Meridian Health Plan of Michigan
Benefit Category Mapping

MCRM Benefit Category	URRT Benefit Category
Immunizations	Professional
Well Baby Exams	Professional
Physical Exams	Professional
Other Preventive	Professional
Other Professional Services	
ER Visits and Observation Care	Professional
Vision Exams	Professional
Hearing and Speech Exams	Professional
Physical Therapy	Professional
Cardiovascular	Professional
Radiology	
Inpatient	Professional
Outpatient	
Outpatient - Therapeutic	Professional
Outpatient - Diagnostic	Professional
Outpatient - CT / MRI / PET	Professional
Office	
Office - Therapeutic	Professional
Office - Diagnostic	Professional
Office - CT / MRI / PET	Professional
Pathology/Lab	
Inpatient & Outpatient	Professional
Office	Professional
Chiropractor	Professional
Outpatient Psychiatric	Professional
Outpatient Alcohol & Drug Abuse	Professional
Other	
Prescription Drugs	Prescription Drug
Home Health	Other Medical
Ambulance	Other Medical
DME and Supplies	Other Medical
Prosthetics	Other Medical
Bariatric Surgery	Other Medical
Autism - ABA	Other Medical
IUD Contraceptive	Other Medical
Implantable Rod Contraceptive	Other Medical
Intranasal Opioid Reversal Agent	Other Medical
Vision - Child - Exam / Hardware	Capitation
Vision - Child - Med / Surg	Capitation
Vision - Adult - Med / Surg	Capitation
Disease Management	Capitation
Prenatal Care Management Program	Capitation
Telehealth	Capitation
Adult Vision / Adult Dental	
Vision - Adult - Exam / Hardware	Capitation
Dental - Adult	Capitation

Appendix 6.1
Meridian Health Plan of Michigan
URRT Cost Trend Factor, Annualized

	<u>(a)</u>	<u>(b)</u>	<u>(c) =[(a)*(b)]^0.5</u>
Benefit Category	Reimbursement Change other than Charge Trend, Significant Network Changes, Rx Rebate Changes, Provider Distribution Changes	2024 to 2026 Charge Trend	URRT Annual Cost Trend Factor
Inpatient Hospital	1.157	1.000	1.076
Outpatient Hospital	1.144	1.000	1.070
Professional	1.105	1.000	1.051
Other Medical	1.042	1.000	1.021
Capitation	1.000	1.000	1.000
Prescription Drug	0.926	1.186	1.048
Total	1.099	1.027	1.062

Appendix 6.2
Meridian Health Plan of Michigan
URRT Util Trend Factor, Annualized

Industry Utilization/1,000 Trends					
Benefit Category	2025 URRT Worksheet 1 - Nationwide Individual Market ⁽¹⁾				Ambetter Nationwide Trend Study ⁽²⁾
	2026 URRT Annual Util Trend Factor	Median	20th Percentile	80th Percentile	Observed Medical Trend, Annualized
Inpatient Hospital	1.029	1.019	1.003	1.030	1.067
Outpatient Hospital	1.005	1.023	1.005	1.037	1.021
Professional	1.001	1.024	1.005	1.036	0.974
Other Medical	1.030	1.024	1.005	1.036	n/a
Capitation ⁽³⁾	1.000	n/a	n/a	n/a	n/a

Annualized PMPM Trend ⁽⁴⁾					
Benefit Category	2025 URRT Worksheet 1 - Nationwide Individual Market				
	2026 URRT Annual PMPM Trend Factor	Median	20th Percentile	80th Percentile	
Prescription Drug	1.087	1.088	1.067	1.123	

- (1) Reflects annualized Utilization trends from Worksheet 1, Section II from 2025 URRTs. Based on public use files released by CCIIO, filtered on all 2025 Individual Market URRTs with non-zero credibility and non-zero trend factors. Note, PMPM trends are provided for prescription drugs, see footnote (4).
- (2) The Ambetter nationwide trend study analyzed changes over time in normalized medical allowed claims PMPM for Ambetter individual marketplace products offered across the United States. In order to isolate secular forces of utilization trend, the study first normalized claims costs for differences in population characteristics (age/sex, morbidity), benefit design (induced demand), renewal status, and network characteristics (e.g. unit cost and provider practice patterns) by area and over time.
- (3) Meridian Health Plan of Michigan capitation costs are based on actual and expected contracts in 2026, and do not require any trend adjustment.
- (4) Due to differences in how sources allocate intensity/mix change between utilization and unit cost trend, prescription drug trends are best compared at the PMPM level, instead of separately for utilization and unit cost.

<p align="center">Appendix 7.1 Meridian Health Plan of Michigan Development of Morbidity Adjustment</p>
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Morbidity		
(a)	Remove Direct COVID Costs	1.000
(b)	Unwind Pandemic-Related Suppression of 2024 Utilization	1.000
(c)=(i)*(ii)*(iii)/(iv)	2024 to 2026 Statewide Morbidity Trend	1.067
(i)	Statewide Morbidity Impact to Claims	1.067
(ii)	Durational Morbidity Impact	1.000
(iii)	Experience Calibration Adjustment	1.000
(iv)	COVID Unwinding Factor	1.000
(d)	2024 to 2026 Relative Morbidity Trend	1.011
(e)=(a)*(b)*(c)*(d)	Final URRT Morbidity Adjustment	1.079

Notes:

COVID related adjustments are now set to 1.0, as we are not applying any unique adjustments to COVID claims in our experience period data.

<p style="text-align: center;">Appendix 7.2 Meridian Health Plan of Michigan Development of Demographic Shift Adjustment</p>

Demographic Shift		
(a)	Demographic Change (Age/Gender)	1.056
(b)	Enrollment Distribution Change	1.068
(c)=(a)*(b)	Final URRT Demographic Shift Adjustment	1.128

<p style="text-align: center;">Appendix 7.3 Meridian Health Plan of Michigan Development of Plan Design Changes Adjustment</p>

Plan Design Changes		
(a)	Induced Utilization	0.988
(b)	Covered Benefit Changes	1.000
(c)=(a)*(b)	Final URRT Plan Design Change Adjustment	0.988

<p align="center">Appendix 7.4 Meridian Health Plan of Michigan Development of Other Adjustment</p>
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Other		
(a)	Changes in Capitation Contracts	1.001
(b)	Changes in Pharmacy Rebates and Dispensing Fees	0.992
(c)	Significant Provider Network Changes	1.009
(d)	Grace Period	1.004
(e)	Excluded Experience and Other Balancing Factor	1.000
(f)=(a)*...*(e)	Final URRT Other Adjustment	1.006

Appendix 10.1
Meridian Health Plan of Michigan
Index Rate to Projected Index Rate

		(1)	(2)	(3)	(4)	(5) = (2) * (4) + (3) * [1 - (4)]
Plan ID	Plan Name	Projected Member Months	Experience-Based Index Rate (Projected)	Credibility Manual Index Rate (Projected)	Credibility Factor	Projected Index Rate
58594MI0030010	Clarity Silver	297,062	\$488.46	N/A	100%	\$488.46
58594MI0030013	Everyday Bronze	69,323	\$488.46	N/A	100%	\$488.46
58594MI0030016	Elite Bronze	25,735	\$488.46	N/A	100%	\$488.46
58594MI0030017	Clear Silver	122,421	\$488.46	N/A	100%	\$488.46
58594MI0030020	Everyday Gold	20,071	\$488.46	N/A	100%	\$488.46
58594MI0030021	Elite Gold	11,604	\$488.46	N/A	100%	\$488.46
58594MI0030023	Standard Expanded Bronze	88,492	\$488.46	N/A	100%	\$488.46
58594MI0030024	Standard Silver	115,072	\$488.46	N/A	100%	\$488.46
58594MI0030025	Standard Gold	4,885	\$488.46	N/A	100%	\$488.46
58594MI0040009	Clear Silver + Vision + Adult Dental	35,863	\$488.46	N/A	100%	\$488.46
58594MI0040013	Everyday Bronze + Vision + Adult Dental	20,147	\$488.46	N/A	100%	\$488.46
58594MI0040016	Elite Bronze + Vision + Adult Dental	7,479	\$488.46	N/A	100%	\$488.46
58594MI0040020	Everyday Gold + Vision + Adult Dental	5,771	\$488.46	N/A	100%	\$488.46
58594MI0040023	Elite Gold + Vision + Adult Dental	3,337	\$488.46	N/A	100%	\$488.46
58594MI0040024	Standard Expanded Bronze + Vision + Adult Dental	25,718	\$488.46	N/A	100%	\$488.46
58594MI0040025	Standard Silver + Vision + Adult Dental	33,634	\$488.46	N/A	100%	\$488.46
58594MI0040026	Standard Gold + Vision + Adult Dental	1,405	\$488.46	N/A	100%	\$488.46
58594MI0050003	Silver 201 HSA	1,434	\$488.46	N/A	100%	\$488.46
58594MI0050004	Silver 203	597	\$488.46	N/A	100%	\$488.46
58594MI0050007	Gold 201 HSA	458	\$488.46	N/A	100%	\$488.46
58594MI0050008	Gold 202	323	\$488.46	N/A	100%	\$488.46
Total		890,831	\$488.46	N/A	100%	\$488.46

Appendix 11.1
Meridian Health Plan of Michigan
Projected Index Rate to Market Adjusted Index Rate

		(5)	(6)	(7)	(8)	(9) = (5) * (6) * (7) * (8)
Plan ID	Plan Name	Projected Index Rate	Reinsurance Factor	Net Risk Adjustment Transfer Factor	Exchange User Fee Factor	Market Adjusted Index Rate
58594MI0030010	Clarity Silver	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0030013	Everyday Bronze	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0030016	Elite Bronze	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0030017	Clear Silver	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0030020	Everyday Gold	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0030021	Elite Gold	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0030023	Standard Expanded Bronze	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0030024	Standard Silver	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0030025	Standard Gold	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0040009	Clear Silver + Vision + Adult Dental	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0040013	Everyday Bronze + Vision + Adult Dental	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0040016	Elite Bronze + Vision + Adult Dental	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0040020	Everyday Gold + Vision + Adult Dental	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0040023	Elite Gold + Vision + Adult Dental	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0040024	Standard Expanded Bronze + Vision + Adult Dental	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0040025	Standard Silver + Vision + Adult Dental	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0040026	Standard Gold + Vision + Adult Dental	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0050003	Silver 201 HSA	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0050004	Silver 203	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0050007	Gold 201 HSA	\$488.46	1.000	0.954	1.032	\$481.18
58594MI0050008	Gold 202	\$488.46	1.000	0.954	1.032	\$481.18
Total		\$488.46				\$481.18

Appendix 11.2
Meridian Health Plan of Michigan
Projected Risk Adjustment Transfers for 2026

Michigan Individual Single Risk Pool		
Transfer Formula Component		Value
PLRS: Plan Liability Risk Score	=	1.274
IDF: HHS Induced Demand Factor	x	1.020
GCF: Geographic Cost Factor	x	1.000
(a) Plan Liability Component (PLRS x IDF x GCF)	=	1.299
AV: Metal Level AV		0.661
ARF: Allowable Age Rating Factor	x	1.697
IDF: HHS Induced Demand Factor	x	1.020
GCF: Geographic Cost Factor	x	1.000
(b) Allowable Rating Component (AV*ARF*IDF*GCF)	=	1.144

Meridian Health Plan of Michigan (Michigan)		
Transfer Formula Component		Value
PLRS: Plan Liability Risk Score	=	1.303
IDF: HHS Induced Demand Factor	x	1.025
GCF: Geographic Cost Factor	x	0.939
(c) Plan Liability Component (PLRS x IDF x GCF)	=	1.254
AV: Metal Level AV		0.679
ARF: Allowable Age Rating Factor	x	1.620
IDF: HHS Induced Demand Factor	x	1.025
GCF: Geographic Cost Factor	x	0.939
(d) Allowable Rating Component (AV*ARF*IDF*GCF)	=	1.058

Net Risk Transfer Payment/(Receivable)		
Transfer Formula Component		Value
Statewide Average Premium ⁽²⁾		\$520.63
% of Statewide Average Premium = -(c/a - d/b)	x	-4.09%
Net High Risk Pool (Reinsurance) Payment/(Receivable)	+	\$2.43
Risk Transfer Payment/(Receivable) ⁽¹⁾	=	(\$18.89)
Paid to Allowed Ratio	/	0.847
Risk Transfer Payment/(Receivable) - Allowed Basis	=	(\$22.31)
Portion of Risk Adjustment for Non-EHB Benefits	-	\$0.02
Risk Transfer Payment/Charge on URRT WS1	=	(\$22.32)

Notes

(1) Risk transfer projection is consistent with membership, plan selection, and morbidity assumptions used for pricing.

(2) Statewide average premium is trended forward from 2024, adjusted for anticipated average plan and demographic mix, and net of the 14% administrative cost carve out.

Appendix 12.1
Meridian Health Plan of Michigan
Market Adjusted Index Rate to Plan Adjusted Index Rate

Plan ID	Plan Name	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16) = (10) * ... * (15)	(17) = (9) * (16)
		Market Adjusted Index Rate	Actuarial Value and Cost-Sharing Design of the Plan	Provider Network, Delivery System and Utilization Management	Benefits in Addition to the EHBs	Administrative Costs Excluding Exchange User Fees	Premium Taxes and Fees	Impact of Specific Eligibility Categories for Catastrophic Plans	AV Pricing Value	Plan Adjusted Index Rate
58594MI0030010	Clarity Silver	\$481.18	0.853	1.000	1.000	1.234	1.017	1.000	1.070	\$514.73
58594MI0030013	Everyday Bronze	\$481.18	0.710	1.000	1.000	1.234	1.017	1.000	0.891	\$428.79
58594MI0030016	Elite Bronze	\$481.18	0.819	1.000	1.000	1.234	1.017	1.000	1.027	\$494.39
58594MI0030017	Clear Silver	\$481.18	0.905	1.000	1.000	1.234	1.017	1.000	1.135	\$546.23
58594MI0030020	Everyday Gold	\$481.18	0.977	1.000	1.000	1.234	1.017	1.000	1.226	\$589.99
58594MI0030021	Elite Gold	\$481.18	1.102	1.000	1.000	1.234	1.017	1.000	1.383	\$665.44
58594MI0030023	Standard Expanded Bronze	\$481.18	0.712	1.000	1.000	1.234	1.017	1.000	0.893	\$429.51
58594MI0030024	Standard Silver	\$481.18	0.912	1.000	1.000	1.234	1.017	1.000	1.144	\$550.57
58594MI0030025	Standard Gold	\$481.18	0.962	1.000	1.000	1.234	1.017	1.000	1.207	\$580.94
58594MI0040009	Clear Silver + Vision + Adult Dental	\$481.18	0.905	1.000	1.039	1.231	1.017	1.000	1.177	\$566.33
58594MI0040013	Everyday Bronze + Vision + Adult Dental	\$481.18	0.710	1.000	1.039	1.231	1.017	1.000	0.924	\$444.56
58594MI0040016	Elite Bronze + Vision + Adult Dental	\$481.18	0.819	1.000	1.039	1.231	1.017	1.000	1.065	\$512.58
58594MI0040020	Everyday Gold + Vision + Adult Dental	\$481.18	0.977	1.000	1.039	1.231	1.017	1.000	1.271	\$611.69
58594MI0040023	Elite Gold + Vision + Adult Dental	\$481.18	1.102	1.000	1.039	1.231	1.017	1.000	1.434	\$689.92
58594MI0040024	Standard Expanded Bronze + Vision + Adult Dental	\$481.18	0.712	1.000	1.039	1.231	1.017	1.000	0.925	\$445.31
58594MI0040025	Standard Silver + Vision + Adult Dental	\$481.18	0.912	1.000	1.039	1.231	1.017	1.000	1.186	\$570.82
58594MI0040026	Standard Gold + Vision + Adult Dental	\$481.18	0.962	1.000	1.039	1.231	1.017	1.000	1.252	\$602.31
58594MI0050003	Silver 201 HSA	\$481.18	0.792	1.000	1.000	1.234	1.017	1.000	0.993	\$477.86
58594MI0050004	Silver 203	\$481.18	0.816	1.000	1.000	1.234	1.017	1.000	1.024	\$492.64
58594MI0050007	Gold 201 HSA	\$481.18	0.996	1.000	1.000	1.234	1.017	1.000	1.249	\$601.22
58594MI0050008	Gold 202	\$481.18	1.001	1.000	1.000	1.234	1.017	1.000	1.256	\$604.23
Total			0.847	1.000	1.006	1.233	1.017	1.000	1.068	\$513.98

Appendix 12.2
Meridian Health Plan of Michigan
Summary of Non-Benefit Expenses

Expense Component	PMPM	% of Net Revenue	% of Aggregate Premium
Aggregate Premium	\$513.98		100.00%
Net Revenue	\$532.87	100.00%	
<u>Administrative Expense Load</u>			
General Administrative Expenses - % of net revenue	\$0.00	0.00%	
General Administrative Expenses - PMPM	\$80.30		15.62%
Quality Improvement Expenses	\$3.50		0.68%
Provider Incentive Payments	\$2.00		0.39%
Total	\$85.80		16.69%
Post-Tax Profit and Contribution to Surplus	\$11.45		2.23%
<u>Taxes and Fees - Fixed PMPM</u>			
Misc. Taxes and Fees	\$2.40		0.47%
PMPM Assessments	\$0.00		0.00%
Total	\$2.40		0.47%
<u>Taxes and Fees - % of Premium</u>			
State Income Tax	\$0.73		0.14%
Federal Income Tax	\$3.24		0.63%
Federal Transitional Reinsurance Program Fee	\$0.00		0.00%
Patient Centered Outcomes Research Fee	\$0.32		0.06%
Misc. Taxes and Fees	\$0.00		0.00%
Michigan Exchange Fee	\$12.81		2.49%
Total	\$17.10		3.33%
<u>Taxes and Fees - % of Net Revenue</u>			
ACA Annual Fee	\$0.00	0.00%	
Health Insurance Provider Fee	\$0.00	0.00%	
Michigan Premium Tax Assessments	\$0.00	0.00%	
Other Assessments	\$0.00	0.00%	
Total	\$0.00	0.00%	
<u>Non-Benefit Expenses, Risk and Profit</u>	\$116.75	21.91%	22.71%
Risk Adjustment User Fee	\$0.20		
<u>Total Non-Benefit Expenses, Risk and Profit</u>	\$116.95	21.95%	22.75%

Appendix 12.3
Meridian Health Plan of Michigan
Development of AV Pricing and Rating Factor (AV & Cost Sharing) Relativities

Single Risk Pool Claims PMPM				Benchmark Silver 1.0 Plan: Standard Silver (2026) - Standard Silver On Exchange Plan															
Market Adjusted Index Rate: \$481.18																			
EHB Incurred Claims: \$413.63																			
Risk Adjustment: (\$18.90)																			
Exchange User Fee (Paid): \$12.74																			
Paid-to-Allowed: 84.7%																			
				Induced Demand and Paid-To-Allowed (Claims Simulation)				CSR Non-Funding		Plan Rating Factors		AV and Cost Sharing Factor				Comparison to AV Metal Values			

<p style="text-align: center;">Appendix 12.4 Meridian Health Plan of Michigan CSR Subsidy Reimbursement by Metal Tier</p>
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Metal Tier	Current Enrollment	Projected Member Months	CSR Subsidies
Bronze	31,414	236,894	\$0.00
Gold	5,253	47,073	\$0.00
Silver	95,911	604,052	\$78.31
Total	132,578	888,019	\$53.27

Appendix 12.5
Meridian Health Plan of Michigan
Impact of CSR Non-Funding

		(A1)	(A2)	(B)	
Premium Development	MMs	CSR Funded	CSR Funded w Unfunded Risk Adj	Eliminate Meridian Health Plan of Michigan CSR subsidies (Silver only rate load)	
Projected Incurred Claims, Before CSR Subsidies and ACA risk adjustment PMPM ⁽¹⁾		\$411.58	\$411.57		\$413.63
CSR Subsidies		(53.27)	(\$53.27)		0.00
Projected Risk Adjustment, Expenses, and Retention		98.29	96.23		97.55
Single Risk Pool Gross Premium Avg. Rate, PMPM	890,831	\$456.60	\$454.53	+12.5%	\$511.18
Silver Single Risk Pool Gross Premium Avg. Rate, PMPM	604,052	\$450.32	\$448.28	+18.6%	\$531.81
Non-Silver Single Risk Pool Gross Premium Avg. Rate, PMPM	286,779	\$469.83	\$467.70	+0.0%	\$467.72

Notes:

(1) The difference in projected claims across scenarios A and B is attributable to grace period / delinquency margins, which are included in claims but calculated as a percentage of premium.

Appendix 13.1
Meridian Health Plan of Michigan
Plan Adjusted Index Rate to Calibrated Plan-Adjusted Index Rate

Plan ID	Plan Name	(17)	(18)	(19)	(20)	(21) = (18) * (19) * (20)	(22) = (17) / (21)	(23)	(24) = (22) / (23)
		Plan Adjusted Index Rate	Rating Area Calibration Factor	Age Calibration Factor	Tobacco Use Calibration Factor	Calibration	Calibrated Plan-Adjusted Index Rate	Plan Rate Factor	Base Rate
58594MI0030010	Clarity Silver	\$514.73	1.000	1.620	1.003	1.625	\$316.77	0.935	\$338.83
58594MI0030013	Everyday Bronze	\$428.79	1.000	1.620	1.003	1.625	\$263.88	0.779	\$338.83
58594MI0030016	Elite Bronze	\$494.39	1.000	1.620	1.003	1.625	\$304.26	0.898	\$338.83
58594MI0030017	Clear Silver	\$546.23	1.000	1.620	1.003	1.625	\$336.16	0.992	\$338.83
58594MI0030020	Everyday Gold	\$589.99	1.000	1.620	1.003	1.625	\$363.08	1.072	\$338.83
58594MI0030021	Elite Gold	\$665.44	1.000	1.620	1.003	1.625	\$409.52	1.209	\$338.83
58594MI0030023	Standard Expanded Bronze	\$429.51	1.000	1.620	1.003	1.625	\$264.33	0.780	\$338.83
58594MI0030024	Standard Silver	\$550.57	1.000	1.620	1.003	1.625	\$338.83	1.000	\$338.83
58594MI0030025	Standard Gold	\$580.94	1.000	1.620	1.003	1.625	\$357.52	1.055	\$338.83
58594MI0040009	Clear Silver + Vision + Adult Dental	\$566.33	1.000	1.620	1.003	1.625	\$348.53	1.029	\$338.83
58594MI0040013	Everyday Bronze + Vision + Adult Dental	\$444.56	1.000	1.620	1.003	1.625	\$273.59	0.807	\$338.83
58594MI0040016	Elite Bronze + Vision + Adult Dental	\$512.58	1.000	1.620	1.003	1.625	\$315.45	0.931	\$338.83
58594MI0040020	Everyday Gold + Vision + Adult Dental	\$611.69	1.000	1.620	1.003	1.625	\$376.44	1.111	\$338.83
58594MI0040023	Elite Gold + Vision + Adult Dental	\$689.92	1.000	1.620	1.003	1.625	\$424.59	1.253	\$338.83
58594MI0040024	Standard Expanded Bronze + Vision + Adult Dental	\$445.31	1.000	1.620	1.003	1.625	\$274.05	0.809	\$338.83
58594MI0040025	Standard Silver + Vision + Adult Dental	\$570.82	1.000	1.620	1.003	1.625	\$351.29	1.037	\$338.83
58594MI0040026	Standard Gold + Vision + Adult Dental	\$602.31	1.000	1.620	1.003	1.625	\$370.67	1.094	\$338.83
58594MI0050003	Silver 201 HSA	\$477.86	1.000	1.620	1.003	1.625	\$294.08	0.868	\$338.83
58594MI0050004	Silver 203	\$492.64	1.000	1.620	1.003	1.625	\$303.18	0.895	\$338.83
58594MI0050007	Gold 201 HSA	\$601.22	1.000	1.620	1.003	1.625	\$370.00	1.092	\$338.83
58594MI0050008	Gold 202	\$604.23	1.000	1.620	1.003	1.625	\$371.85	1.097	\$338.83
Total		\$513.98	1.000	1.620	1.003	1.625	\$316.31	0.934	\$338.83

<p align="center">Appendix 13.2 Meridian Health Plan of Michigan Age Factor Development</p>
--

Age Band	Projected Member Months	Composite CMS Proposed Relativity
Under 19	79,366	0.788
19-24	71,727	0.985
25-29	85,538	1.056
30-34	95,179	1.178
35-39	88,706	1.240
40-44	83,045	1.332
45-49	80,852	1.570
50-54	83,232	1.956
55-59	101,492	2.430
60-64	109,958	2.870
Over 65	11,735	3.000
Total	890,831	1.620

<p align="center">Appendix 13.3 Meridian Health Plan of Michigan Composite Area Factor Development</p>

Area	Area Factor	Projected Member Months
1	0.9955	363,962
2	0.9533	271,766
3	0.9994	15,541
4	1.1292	13,523
5	0.8961	53,955
6	1.0192	5,931
7	1.0351	32,189
9	1.1755	56,579
10	1.0390	43,807
11	1.0953	20,655
12	1.3762	8,414
15	1.0368	4,511

Total Member Months	890,831
Composite Area Factor	1.000

Appendix 13.4
Meridian Health Plan of Michigan
Composite Tobacco Factor Development

Age	Tobacco Users Member Months	Non-Tobacco Users Member Months	Tobacco Rating Factor	Non-Tobacco Rating Factor
Under 15	0	62,657	1.000	1.000
15	0	4,177	1.000	1.000
16	0	4,177	1.000	1.000
17	0	4,177	1.000	1.000
18	0	4,177	1.000	1.000
19	0	11,855	1.000	1.000
20	0	11,855	1.000	1.000
21	149	11,855	1.150	1.000
22	149	11,855	1.150	1.000
23	149	11,855	1.150	1.000
24	149	11,855	1.150	1.000
25	212	16,896	1.150	1.000
26	212	16,896	1.150	1.000
27	212	16,896	1.150	1.000
28	212	16,896	1.150	1.000
29	212	16,896	1.150	1.000
30	272	18,763	1.150	1.000
31	272	18,763	1.150	1.000
32	272	18,763	1.150	1.000
33	272	18,763	1.150	1.000
34	272	18,763	1.150	1.000
35	276	17,465	1.150	1.000
36	276	17,465	1.150	1.000
37	276	17,465	1.150	1.000
38	276	17,465	1.150	1.000
39	276	17,465	1.150	1.000
40	328	16,281	1.150	1.000
41	328	16,281	1.150	1.000
42	328	16,281	1.150	1.000
43	328	16,281	1.150	1.000
44	328	16,281	1.150	1.000
45	346	15,824	1.150	1.000
46	346	15,824	1.150	1.000
47	346	15,824	1.150	1.000
48	346	15,824	1.150	1.000
49	346	15,824	1.150	1.000
50	420	16,226	1.150	1.000
51	420	16,226	1.150	1.000
52	420	16,226	1.150	1.000
53	420	16,226	1.150	1.000
54	420	16,226	1.150	1.000
55	585	19,714	1.150	1.000
56	585	19,714	1.150	1.000
57	585	19,714	1.150	1.000
58	585	19,714	1.150	1.000
59	585	19,714	1.150	1.000
60	969	21,022	1.150	1.000
61	969	21,022	1.150	1.000
62	969	21,022	1.150	1.000
63	969	21,022	1.150	1.000
64	969	21,022	1.150	1.000
Over 65	118	11,617	1.150	1.000

Total Member Months	890,831
Composite Tobacco Factor	1.003

<p align="center">Appendix 15.1 Meridian Health Plan of Michigan Projected MLR Table</p>

a)	Incurred Claims	\$415.92
b)	Quality Improvement Expense & Provider Incentive Payments	\$5.50
c)	Risk Adjustment Transfer	(\$18.89)
d)	Projected Claims for MLR (a+b+c)	\$402.53
e)	Administrative Expenses	\$80.30
f)	Post-Tax Profit and Contribution to Surplus	\$11.45
g)	Taxes and Fees	\$15.73
h)	Federal Income Tax	\$3.24
i)	State Income Tax	\$0.73
j)	Premium (d+e+f+g+h+i)	\$513.98
k)	Medical Loss Ratio (d/(j-g-h-i))	81.4%
l)	URRT Worksheet 2 Loss Ratio Calculation	78.1%

This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2026 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated.

Appendix 16.1
Meridian Health Plan of Michigan
AV Calculator Results

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			
	Medical	Drug	Combined
Deductible (\$)			\$6,300.00
Coinsurance (%; Insurer's Cost Share)			50.00%
MOOP (\$)			\$10,600.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$22.36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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: Ambetter Clarity Silver
Plan HIOS ID: 58594MI0030010-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

66.74%

Silver

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

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

0.5938 seconds

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			
	Medical	Drug	Combined
Deductible (\$)			\$5,150.00
Coinsurance (% , Insurer's Cost Share)			50.00%
MOOP (\$)			\$7,200.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$22.36	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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: Ambetter Clarity Silver
Plan HIOS ID: 58594MI0030010-04
Issuer HIOS ID: 58594
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.

72.11%

Silver

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

0.6562 seconds

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			
	Medical	Drug	Combined
Deductible (\$)			\$0.00
Coinsurance (% , Insurer's Cost Share)			50.00%
MOOP (\$)			\$3,500.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input 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 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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$9.16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clarity Silver
Plan HIOS ID: 58594MI0030010-05
Issuer HIOS ID: 58594
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.

86.22%

Gold

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

0.2773 seconds

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)			70.00%
MOOP (\$)			\$2,350.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
	Medical	Drug
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input 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 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clarity Silver
Plan HIOS ID: 58594MI0030010-06
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

93.01%

Platinum

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

Additional Notes:

Calculation Time:

0.4023 seconds

Revised Final 2026 AV Calculator

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			
	Medical	Drug	Combined
Deductible (\$)			\$8,450.00
Coinsurance (%; Insurer's Cost Share)			50.00%
MOOP (\$)			\$10,150.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$26.76	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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: Ambetter Everyday Bronze
Plan HIOS ID: 58594MI0030013-01
Issuer HIOS ID: 58594
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.

64.38%

Bronze

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

0.957 seconds

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			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$3,800.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)	\$10,500.00		
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$2 500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$115.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$35.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$195.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<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: Ambetter Elite Bronze
Plan HIOS ID: 58594MI0030016-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

64.98%

Bronze

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

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

0.3945 seconds

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			
Medical	Drug	Combined	
Deductible (\$)		\$7,000.00	
Coinsurance (% , Insurer's Cost Share)		100.00%	
MOOP (\$)		\$7,000.00	
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?	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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clear Silver
Plan HIOS ID: 58594MI0030017-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.85%

Silver

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

Additional Notes:

Calculation Time:

0.5078 seconds

Revised Final 2026 AV Calculator

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			
	Medical	Drug	Combined
Deductible (\$)			\$5,800.00
Coinsurance (%; Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,800.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 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"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clear Silver
Plan HIOS ID: 58594MI0030017-04
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

73.79%

Silver

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

Additional Notes:

Calculation Time:

0.543 seconds

Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
Deductible (\$)		\$2,100.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$2,100.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clear Silver
Plan HIOS ID: 58594MI0030017-05
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.80%

Gold

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

Additional Notes:

Calculation Time:

0.4727 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$850.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$850.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 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"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clear Silver
Plan HIOS ID: 58594MI0030017-06
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

94.07%

Platinum

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

Additional Notes:

Calculation Time:

0.4453 seconds

Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
Deductible (\$)		\$800.00
Coinsurance (% , Insurer's Cost Share)		65.00%
MOOP (\$)		\$7,250.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$13.56	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Everyday Gold
Plan HIOS ID: 58594MI0030020-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 79.15%

Metal Tier: Gold

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

Additional Notes:

Calculation Time: 0.4062 seconds

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

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)			70.00%
MOOP (\$)			\$6,500.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input 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 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"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$13.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Elite Gold
Plan HIOS ID: 58594MI0030021-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.74%

Gold

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

Additional Notes:

Calculation Time:

0.3477 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$7,500.00			
Coinsurance (% , Insurer's Cost Share)			50.00%			
MOOP (\$)			\$10,000.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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?☐

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: Standard Expanded Bronze
Plan HIOS ID: 58594MI0030023-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

64.12%

Metal Tier:

Bronze

Additional Notes:

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

Calculation Time:

0.8828 seconds

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 (\$)			\$6,000.00			
Coinsurance (%; Insurer's Cost Share)			60.00%			
MOOP (\$)			\$8,900.00			
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<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/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Standard Silver
 Plan HIOS ID: 58594MI0030024-01
 Issuer HIOS ID: 58594
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

0.7773 seconds

Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
Deductible (\$)		\$3,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$7,400.00
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<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/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Standard Silver
 Plan HIOS ID: 58594MI0030024-04
 Issuer HIOS ID: 58594
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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.

Additional Notes:

Calculation Time:

0.4805 seconds

Revised Final 2026 AV Calculator

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			
Coinsurance (% , 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?	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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<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?☐

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: Standard Silver
Plan HIOS ID: 58594MI0030024-05
Issuer HIOS ID: 58594
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: 0.332 seconds

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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input 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 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" 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: Standard Silver
 Plan HIOS ID: 58594MI0030024-06
 Issuer HIOS ID: 58594
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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).

Additional Notes:

Calculation Time:

0.3203 seconds

Revised Final 2026 AV Calculator

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:

	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (%; Insurer's Cost Share)			75.00%
MOOP (\$)			\$8,200.00
MOOP if Separate (\$)			

	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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" 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: Standard Gold
Plan HIOS ID: 58594MI0030025-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

78.04%

Gold

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

0.3555 seconds

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			
	Medical	Drug	Combined
Deductible (\$)			\$7,000.00
Coinsurance (%; Insurer's Cost Share)			100.00%
MOOP (\$)			\$7,000.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
	Medical	Drug
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clear Silver + Vision + Adult Dental
Plan HIOS ID: 58594MI0040009-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.85%

Silver

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

Additional Notes:

Calculation Time:

0.457 seconds

Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
Deductible (\$)		\$5,800.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,800.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 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"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clear Silver + Vision + Adult Dental
Plan HIOS ID: 58594MI0040009-04
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

73.79%

Silver

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

Additional Notes:

Calculation Time:

0.4609 seconds

Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
Deductible (\$)		\$2,100.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$2,100.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clear Silver + Vision + Adult Dental
Plan HIOS ID: 58594MI0040009-05
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.80%

Gold

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

Additional Notes:

Calculation Time:

0.4102 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$850.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$850.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
	Medical	Drug
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		
MOOP (\$)		
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 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"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Clear Silver + Vision + Adult Dental
Plan HIOS ID: 58594MI0040009-06
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

94.07%

Platinum

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

Additional Notes:

Calculation Time:

0.4023 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$8,450.00				
Coinsurance (% , Insurer's Cost Share)			50.00%				
MOOP (\$)			\$10,150.00				
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$26.76	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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: Ambetter Everyday Bronze + Vision + Adult Dental
Plan HIOS ID: 58594MI0040013-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

64.38%

Metal Tier:

Bronze

Additional Notes:

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

Calculation Time:

0.6289 seconds

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			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$3,800.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%	
MOOP (\$)	\$10,500.00		
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$2 500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$115.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$35.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$195.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<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: Ambetter Elite Bronze + Vision + Adult Dental
Plan HIOS ID: 58594MI0040016-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

64.98%

Bronze

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

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

0.4258 seconds

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		
Medical	Drug	Combined
		\$800.00
		65.00%
		\$7,250.00

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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$13.56	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Everyday Gold + Vision + Adult Dental
Plan HIOS ID: 58594MI0040020-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 79.15%

Metal Tier: Gold

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

Additional Notes:

Calculation Time: 0.3477 seconds

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			
	Medical	Drug	Combined
Deductible (\$)			\$0.00
Coinsurance (%; Insurer's Cost Share)			70.00%
MOOP (\$)			\$6,500.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input 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 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"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$13.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Elite Gold + Vision + Adult Dental
Plan HIOS ID: 58594MI0040023-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.74%

Gold

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

Additional Notes:

Calculation Time:

0.3281 seconds

Revised Final 2026 AV Calculator

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		
	Medical	Drug	Combined
Deductible (\$)			\$7,500.00
Coinsurance (% , Insurer's Cost Share)			50.00%
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?	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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" 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"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Standard Expanded Bronze + Vision + Adult Dental
Plan HIOS ID: 58594MI0040024-01
Issuer HIOS ID: 58594
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.

0.7148 seconds

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 (\$)			\$6,000.00			
Coinsurance (% , Insurer's Cost Share)			60.00%			
MOOP (\$)			\$8,900.00			
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<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?☐

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: Standard Silver + Vision + Adult Dental
Plan HIOS ID: 58594MI0040025-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.01%

Metal Tier: Silver

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

Additional Notes:

Calculation Time: 0.6523 seconds

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 (\$)			\$3,000.00			
Coinsurance (% , Insurer's Cost Share)			60.00%			
MOOP (\$)			\$7,400.00			
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<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?☐

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: Standard Silver + Vision + Adult Dental
Plan HIOS ID: 58594MI0040025-04
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

73.07%

Metal Tier:

Silver

Additional Notes:

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

Calculation Time:

0.3477 seconds

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		
Medical	Drug	Combined
Deductible (\$)		\$700.00
Coinsurance (% , Insurer's Cost Share)		70.00%
MOOP (\$)		\$3,300.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<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/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Standard Silver + Vision + Adult Dental
Plan HIOS ID: 58594MI0040025-05
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.04%

Gold

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

Additional Notes:

Calculation Time:

0.3633 seconds

Revised Final 2026 AV Calculator

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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input 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 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" 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: Standard Silver + Vision + Adult Dental
Plan HIOS ID: 58594MI0040025-06
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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).

Additional Notes:

Calculation Time:

0.4023 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$2,000.00			
Coinsurance (% , Insurer's Cost Share)			75.00%			
MOOP (\$)			\$8,200.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" 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: Standard Gold + Vision + Adult Dental
Plan HIOS ID: 58594MI0040026-01
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 78.04%

Metal Tier: Gold

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

Additional Notes:

Calculation Time: 0.3516 seconds

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			
	Medical	Drug	Combined
Deductible (\$)			\$5,800.00
Coinsurance (%; Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,800.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Silver 201 HSA
Plan HIOS ID: 58594MI0050003-00
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.52%

Silver

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

Additional Notes:

Calculation Time:

0.5469 seconds

Revised Final 2026 AV Calculator

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			
	Medical	Drug	Combined
Deductible (\$)			\$4,450.00
Coinsurance (%; Insurer's Cost Share)			65.00%
MOOP (\$)			\$7,250.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$31.16	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Silver 203
Plan HIOS ID: 58594MI0050004-00
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.41%

Silver

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

Additional Notes:

Calculation Time:

0.3516 seconds

Revised Final 2026 AV Calculator

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			
	Medical	Drug	Combined
Deductible (\$)			\$3,300.00
Coinsurance (%; Insurer's Cost Share)			100.00%
MOOP (\$)			\$3,300.00
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Gold 201 HSA
Plan HIOS ID: 58594MI0050007-00
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.05%

Gold

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

Additional Notes:

Calculation Time:

0.418 seconds

Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
		\$2,000.00
		80.00%
		\$6,000.00

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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. 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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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 type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$22.36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" 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: Ambetter Gold 202
Plan HIOS ID: 58594MI0050008-00
Issuer HIOS ID: 58594
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 79.57%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.3828 seconds

Revised Final 2026 AV Calculator

Appendix 17.1
Meridian Health Plan of Michigan
Membership Projections

Product	Plan Name	Plan ID	Platinum	Gold	Silver Plan					Bronze	Total
					70%	73%	87%	94%	100%		
		Aggregate	-	47,854	10,249	16,601	149,802	429,431	-	236,894	890,831
Ambetter	Clarity Silver	58594MI0030010	-	-	2,465	4,980	74,901	214,716	-	-	297,062
Ambetter	Everyday Bronze	58594MI0030013	-	-	-	-	-	-	-	69,323	69,323
Ambetter	Elite Bronze	58594MI0030016	-	-	-	-	-	-	-	25,735	25,735
Ambetter	Clear Silver	58594MI0030017	-	-	1,615	3,079	34,753	82,973	-	-	122,421
Ambetter	Everyday Gold	58594MI0030020	-	20,071	-	-	-	-	-	-	20,071
Ambetter	Elite Gold	58594MI0030021	-	11,604	-	-	-	-	-	-	11,604
Ambetter	Standard Expanded Bronze	58594MI0030023	-	-	-	-	-	-	-	88,492	88,492
Ambetter	Standard Silver	58594MI0030024	-	-	2,907	6,023	23,169	82,973	-	-	115,072
Ambetter	Standard Gold	58594MI0030025	-	4,885	-	-	-	-	-	-	4,885
Ambetter + Vision + Dental	Clear Silver + Vision + Adult Dental	58594MI0040009	-	-	439	852	10,187	24,384	-	-	35,863
Ambetter + Vision + Dental	Everyday Bronze + Vision + Adult Dental	58594MI0040013	-	-	-	-	-	-	-	20,147	20,147
Ambetter + Vision + Dental	Elite Bronze + Vision + Adult Dental	58594MI0040016	-	-	-	-	-	-	-	7,479	7,479
Ambetter + Vision + Dental	Everyday Gold + Vision + Adult Dental	58594MI0040020	-	5,771	-	-	-	-	-	-	5,771
Ambetter + Vision + Dental	Elite Gold + Vision + Adult Dental	58594MI0040023	-	3,337	-	-	-	-	-	-	3,337
Ambetter + Vision + Dental	Standard Expanded Bronze + Vision + Adult Dental	58594MI0040024	-	-	-	-	-	-	-	25,718	25,718
Ambetter + Vision + Dental	Standard Silver + Vision + Adult Dental	58594MI0040025	-	-	791	1,667	6,791	24,385	-	-	33,634
Ambetter + Vision + Dental	Standard Gold + Vision + Adult Dental	58594MI0040026	-	1,405	-	-	-	-	-	-	1,405
Ambetter	Silver 201 HSA [Off Exchange]	58594MI0050003	-	-	1,434	-	-	-	-	-	1,434
Ambetter	Silver 203 [Off Exchange]	58594MI0050004	-	-	597	-	-	-	-	-	597
Ambetter	Gold 201 HSA [Off Exchange]	58594MI0050007	-	458	-	-	-	-	-	-	458
Ambetter	Gold 202 [Off Exchange]	58594MI0050008	-	323	-	-	-	-	-	-	323

Appendix 18.1
Meridian Health Plan of Michigan
Terminated Plans

Terminated 2025 Plan ID	Terminated 2025 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
Plans Offered in Portfolio 1			
58594MI0030019	Focused Silver (2025)	58594MI0030024	Standard Silver
58594MI0040019	Focused Silver (2025) + Vision + Adult Dental	58594MI0040025	Standard Silver + Vision + Adult Dental
Terminated 2024 Plan ID	Terminated 2024 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
Plans Offered in Portfolio 1			
58594MI0070001	Ambetter Virtual Access Bronze (Virtual PCP selection required) (2024)	58594MI0030023	Standard Expanded Bronze
58594MI0070003	Ambetter Virtual Access Gold (Virtual PCP selection required) (2024)	58594MI0030025	Standard Gold
58594MI0070002	Ambetter Virtual Access Silver (Virtual PCP selection required) (2024)	58594MI0030024	Standard Silver
58594MI0030002	Choice Bronze HSA (2024)	58594MI0030023	Standard Expanded Bronze
58594MI0040002	Choice Bronze HSA (2024) + Vision + Adult Dental	58594MI0040024	Standard Expanded Bronze + Vision + Adult Dental
58594MI0040022	Clear Silver (2024) + Vision + Adult Dental	58594MI0040025	Standard Silver + Vision + Adult Dental
58594MI0030008	Complete Gold (2024)	58594MI0030020	Everyday Gold
58594MI0040008	Complete Gold (2024) + Vision + Adult Dental	58594MI0040020	Everyday Gold + Vision + Adult Dental
58594MI0030004	Complete Silver (2024)	58594MI0030024	Standard Silver
58594MI0040004	Complete Silver (2024) + Vision + Adult Dental	58594MI0040025	Standard Silver + Vision + Adult Dental

Appendix 20.1
Meridian Health Plan of Michigan
Supplemental Health Care Exhibit



SUPPLEMENT FOR THE YEAR 2024 OF THE Meridian Health Plan of Michigan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes – See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION		Meridian Health Plan of Michigan, Inc.		2. LOCATION		777 Woodward Avenue																	
NAIC Group Code 01295		BUSINESS IN THE STATE OF		Michigan		DURING THE YEAR		2024		NAIC Company Code		52563											
		Comprehensive Health Coverage			Business Subject to MLR			9		10		11		12		13		14		15			
					Mini-Med Plans			Expatriate Plans				Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		Subtotal (Cols 1 thru 12)		Uninsured Plans		Total (13 + 14)	
										Student Health Plans													

SUPPLEMENT FOR THE YEAR 2024 OF THE Meridian Health Plan of Michigan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes– See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION		Meridian Health Plan of Michigan, Inc.					2. LOCATION		777 Woodward Avenue							
NAIC Group Code 01295		BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2024					NAIC Company Code 52563						
		Comprehensive Health Coverage			Business Subject to MLR Mini-med Plans			Expatriate Plans		9 Student Health Plans	10 Government Business (excluded by statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols 1 thru 12)	14 Uninsured Plans	15 Total (13 + 14)
		1	2	3	4	5	6	7	8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits.....	24,669,300									92,075,473		37,022,199	153,766,972		153,766,972
	10.2 Agents and brokers fees and commissions.....	8,346,252									31,151,478		12,525,553	52,023,283		52,023,283
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	0											0	0		0
	10.4 Other general and administrative expenses.....	41,676,477									(4,075,941)		24,016,105	61,616,641		61,616,641
	10.4a Community Benefit Expenditures (informational only).....										0		0	0		0
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	74,692,029	0	0	0	0	0	0	0	0	119,151,010	0	73,563,857	267,406,896	0	267,406,896
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)	6,068,191	0	0	0	0	0	0	0	0	(7,706,293)	0	(19,175,602)	(20,813,704)	XXX	(20,813,702)
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105,224,262	XXX	105,224,262
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84,410,558	XXX	84,410,560
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)													0		0
	16a ICD-10 Implementation Expenses (informational only; already included in Line 10.4)													0		0
OTHER INDICATORS:																
1.	Number of Certificates/Policies	115,109									364,354		37,121	516,584		516,584
2.	Number of Covered Lives	115,109									364,354		37,121	516,584		516,584
3.	Number of Groups	XXX			XXX									0		0
4.	Member Months	1,201,703									4,888,734		467,881	6,558,318		6,558,318

Is run-off business reported in Columns 1 through 9 or 12? Yes [] No [] If yes, show the amount of premiums and claims included: Premiums \$ _____ Claims \$ _____

216-1.MI

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
		Current Year		Prior Year
		Comprehensive Health Coverage		Comprehensive Health Coverage
		1	2	3
			Small Group Employer Plans	4
		Individual Plans		Individual Plans Small Group Employer Plans
ACA Receivables and Payables				
1.	Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(17,311,359)		(37,862,396) 0
2.	Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)		XXX	0 XXX
3.	Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium..... 3.2 Reserve for rate credits or policy experience refunds			0 0 0 0
ACA Receipts and Payments				
4.	Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	12,969,650		(34,492,749) 0
5.	Transitional ACA Reinsurance Program 5.0 Amounts received for claims		XXX	0 XXX
6.	Temporary ACA Risk Corridors Program 6.1 Retrospective premium received 6.2 Rate credits or policy experience refunds paid			0 0 0 0



SUPPLEMENT FOR THE YEAR 2024 OF THE Meridian Health Plan of Michigan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes – See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION		Meridian Health Plan of Michigan, Inc.		2. LOCATION		777 Woodward Avenue																	
NAIC Group Code 01295		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2024		NAIC Company Code		52563											
		Comprehensive Health Coverage			Business Subject to MLR			9		10		11		12		13		14		15			
					Mini-Med Plans			Expatriate Plans				Government Business (excluded by statute)		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		Subtotal (Cols 1 thru 12)		Uninsured Plans		Total (13 + 14)	
										Student Health Plans													
		</																					

SUPPLEMENT FOR THE YEAR 2024 OF THE Meridian Health Plan of Michigan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes– See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATIONMeridian Health Plan of Michigan, Inc.

2. LOCATION777 Woodward Avenue

NAIC Group Code01295BUSINESS IN THE STATE OFGrand TotalDURING THE YEAR2024NAIC Company Code52563

		Comprehensive Health Coverage			Business Subject to MLR			Expatriate Plans		9	10	11	12	13	14	15							
					Mini-med Plans																		
		1	2	3	4	5	6	7	8														
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (13 + 14)							
10.	General and Administrative (G&A) Expenses:																						
10.1	Direct sales salaries and benefits.....	24,669,300	0	0	0	0	0	0	0	0	92,075,473	0	37,022,199	153,766,972	0	153,766,972							
10.2	Agents and brokers fees and commissions.....	8,346,252	0	0	0	0	0	0	0	0	31,151,478	0	12,525,553	52,023,283	0	52,023,283							
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
10.4	Other general and administrative expenses.....	41,676,477	0	0	0	0	0	0	0	0	(4,075,941)	0	24,016,105	61,616,641	0	61,616,641							
	10.4a Community Benefit Expenditures (informational only).....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	74,692,029	0	0	0	0	0	0	0	0	119,151,010	0	73,563,857	267,406,896	0	267,406,896							
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)	6,068,191	0	0	0	0	0	0	0	0	(7,706,293)	0	(19,175,602)	(20,813,704)	XXX	(20,813,702)							
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0							
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105,224,262	XXX	105,224,262							
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0							
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84,410,558	XXX	84,410,560							
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
	16a ICD-10 Implementation Expenses (informational only; already included in Line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
	OTHER INDICATORS:																						
1.	Number of Certificates/Policies	115,109	0	0	0	0	0	0	0	0	364,354	0	37,121	516,584	0	516,584							
2.	Number of Covered Lives	115,109	0	0	0	0	0	0	0	0	364,354	0	37,121	516,584	0	516,584							
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0							
4.	Member Months	1,201,703	0	0	0	0	0	0	0	0	4,888,734	0	467,881	6,558,318	0	6,558,318							

Is run-off business reported in Columns 1 through 9 or 12? Yes [] No []

If yes, show the amount of premiums and claims included: Premiums \$0Claims \$0

216-1.GT

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(17,311,359)	0	(37,862,396)	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium.....	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	12,969,650	0	(34,492,749)	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2024 OF THE Meridian Health Plan of Michigan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Meridian Health Plan of Michigan, Inc.

2. LOCATION 777 Woodward Avenue

NAIC Group Code 01295		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2024						NAIC Company Code 52563				
		Business Subject to MLR								9	10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group					
1.	Health Premiums Earned:													
	1.1 Direct premiums written.....	486,042,618			0	0	0	0	0	0	1,813,997,253	0	729,281,832	3,029,321,703
	1.2 Unearned premium prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.3 Unearned premium current year.....													0
	1.4 Change in unearned premium (Lines 1.2 – 1.3).....	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.5 Paid rate credits.....													0
	1.6 Reserve for rate credits current year.....	17,311,359			0	0	0	0	0	0			56,843,408	74,154,767
	1.7 Reserve for rate credits prior year.....	38,827,772	0	0	0	0	0	0	0	0	0	0	47,393,234	86,221,006
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7).....	(21,516,413)	0	0	0	0	0	0	0	0	0	0	9,450,174	(12,066,239)
	1.9 Premium balances written off.....													0
	1.10 Group conversion charges.....													0
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10).....	486,042,618	0	0	0	0	0	0	0	0	1,813,997,253	0	729,281,832	3,029,321,703
	1.12 Assumed premiums earned from non-affiliates.....													0
	1.13 Net assumed less ceded premiums earned from affiliates.....													0
	1.14 Ceded premiums earned to non-affiliates.....	119,439									341,951		37,609	498,999
	1.15 Other adjustments due to MLR calculation – Premiums.....													0
	1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	507,439,592	0	0	0	0	0	0	0	0	1,813,655,302	0	719,794,049	3,040,888,943
2.	Direct Claims Incurred:													
	2.1 Paid claims during the year.....	327,654,301									1,614,282,903		632,260,241	2,574,197,445
	2.2 Direct claim liability current year.....	96,387,306									160,665,465		104,816,395	361,869,166
	2.3 Direct claim liability prior year.....	36,857,513	0	0	0	0	0	0	0	0	199,636,005	0	124,247,725	360,741,243
	2.4 Direct claim reserves current year.....												0	0
	2.5 Direct claim reserves prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.6 Direct contract reserves current year.....												0	0
	2.7 Direct contract reserves prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.8 Paid rate credits.....													0
	2.9 Reserve for rate credits current year.....													0
	2.10 Reserve for rate credits prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c).....	1,142,864	0	0	0	0	0	0	0	0	22,943,869	0	27,390,190	51,476,923
	2.11a Paid medical incentive pools and bonuses current year.....	(273,482)									26,777,534		22,503,632	49,007,684
	2.11b Accrued medical incentive pools and bonuses current year.....	1,611,043									20,092,360		27,769,617	49,473,020
	2.11c Accrued medical incentive pools and bonuses prior year.....	194,697	0	0	0	0	0	0	0	0	23,926,025	0	22,883,059	47,003,781
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b).....	9,076,563	0	0	0	0	0	0	0	0	9,225,652	0	4,736,527	23,038,742
	2.12a Healthcare receivables current year.....	11,680,890									15,464,863		26,138,740	53,284,493
	2.12b Healthcare receivables prior year.....	2,604,327	0	0	0	0	0	0	0	0	6,239,211	0	21,402,213	30,245,751
	2.13 Group conversion charge.....													0
	2.14 Multi-option coverage blended rate adjustment.....													0
	2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14).....	379,250,395	0	0	0	0	0	0	0	0	1,589,030,580	0	635,482,574	2,603,763,549
	2.16 Assumed incurred claims from non-affiliates.....													0
	2.17 Net assumed less ceded incurred claims from affiliates.....													0
	2.18 Ceded incurred claims to non-affiliates.....													0
	2.19 Other adjustments due to MLR calculation – Claims.....												(22,138,131)	(22,138,131)
	2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	379,250,395	0	0	0	0	0	0	0	0	1,589,030,580	0	613,344,443	2,581,625,418
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													0

(a) Column 13, Line 1.1 includes direct written premium of \$ _____ for stand-alone dental and \$ _____ for stand-alone vision policies.

216-2.MI

SUPPLEMENT FOR THE YEAR 2024 OF THE Meridian Health Plan of Michigan, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Meridian Health Plan of Michigan, Inc.

2. LOCATION 777 Woodward Avenue

NAIC Group Code 01295		BUSINESS IN THE STATE OF		Consolidated			DURING THE YEAR 2024				NAIC Company Code 52563				
		Business Subject to MLR			9		10		11		12		13		
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans							
		1	2	3	4	5	6	7	8						
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)	
1.	Health Premiums Earned:														
	1.1 Direct premiums written.....	486,042,618	0	0	0	0	0	0	0	0	1,813,997,253	0	729,281,832	3,029,321,703	
	1.2 Unearned premium prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1.3 Unearned premium current year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1.4 Change in unearned premium (Lines 1.2 – 1.3).....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1.5 Paid rate credits.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1.6 Reserve for rate credits current year.....	17,311,359	0	0	0	0	0	0	0	0	0	0	56,843,408	74,154,767	
	1.7 Reserve for rate credits prior year.....	38,827,772	0	0	0	0	0	0	0	0	0	0	47,393,234	86,221,006	
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7).....	(21,516,413)	0	0	0	0	0	0	0	0	0	0	9,450,174	(12,066,239)	
	1.9 Premium balances written off.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1.10 Group conversion charges.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10).....	486,042,618	0	0	0	0	0	0	0	0	1,813,997,253	0	729,281,832	3,029,321,703	
	1.12 Assumed premiums earned from non-affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1.13 Net assumed less ceded premiums earned from affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1.14 Ceded premiums earned to non-affiliates.....	119,439	0	0	0	0	0	0	0	0	341,951	0	37,609	498,999	
	1.15 Other adjustments due to MLR calculation – Premiums.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	507,439,592	0	0	0	0	0	0	0	0	1,813,655,302	0	719,794,049	3,040,888,943	
2.	Direct Claims Incurred:														
	2.1 Paid claims during the year.....	327,654,301	0	0	0	0	0	0	0	0	1,614,282,903	0	632,260,241	2,574,197,445	
	2.2 Direct claim liability current year.....	96,387,306	0	0	0	0	0	0	0	0	160,665,465	0	104,816,395	361,869,166	
	2.3 Direct claim liability prior year.....	36,857,513	0	0	0	0	0	0	0	0	199,636,005	0	124,247,725	360,741,243	
	2.4 Direct claim reserves current year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.5 Direct claim reserves prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.6 Direct contract reserves current year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.7 Direct contract reserves prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.8 Paid rate credits.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.9 Reserve for rate credits current year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.10 Reserve for rate credits prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)	1,142,864	0	0	0	0	0	0	0	0	22,943,869	0	27,390,190	51,476,923	
	2.11a Paid medical incentive pools and bonuses current year.....	(273,482)	0	0	0	0	0	0	0	0	26,777,534	0	22,503,632	49,007,684	
	2.11b Accrued medical incentive pools and bonuses current year.....	1,611,043	0	0	0	0	0	0	0	0	20,092,360	0	27,769,617	49,473,020	
	2.11c Accrued medical incentive pools and bonuses prior year.....	194,697	0	0	0	0	0	0	0	0	23,926,025	0	22,883,059	47,003,781	
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b)	9,076,563	0	0	0	0	0	0	0	0	9,225,652	0	4,736,527	23,038,742	
	2.12a Healthcare receivables current year.....	11,680,890	0	0	0	0	0	0	0	0	15,464,863	0	26,138,740	53,284,493	
	2.12b Healthcare receivables prior year.....	2,604,327	0	0	0	0	0	0	0	0	6,239,211	0	21,402,213	30,245,751	
	2.13 Group conversion charge.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.14 Multi-option coverage blended rate adjustment.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14).....	379,250,395	0	0	0	0	0	0	0	0	1,589,030,580	0	635,482,574	2,603,763,549	
	2.16 Assumed incurred claims from non-affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.17 Net assumed less ceded incurred claims from affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.18 Ceded incurred claims to non-affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.19 Other adjustments due to MLR calculation – Claims.....	0	0	0	0	0	0	0	0	0	0	0	(22,138,131)	(22,138,131)	
	2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	379,250,395	0	0	0	0	0	0	0	0	1,589,030,580	0	613,344,443	2,581,625,418	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Column 13, Line 1.1 includes direct written premium of \$ 0 for stand-alone dental and \$ 0 for stand-alone vision policies.

216-2.GT

Appendix 20.2
Meridian Health Plan of Michigan
Supplemental Health Care Exhibit Reconciliation

Item	Value from SCHE	SHCE Adjusted Risk Transfer for Plan Year	Value in URRT	Difference ⁽²⁾
		2024		
2024 Premiums Earned	\$486,042,618	\$486,042,618	\$487,049,744	\$1,007,126
2024 Risk Adjustment Received (Paid)	\$12,969,650	(\$15,365,675)	\$2,856,894	\$18,222,569
2024 Incurred Claims	\$379,427,446	\$379,427,446	\$343,783,435	(\$35,644,011)

(1) The Risk Adjustment Received (Paid) value of \$12,969,650 in the 2024 SHCE includes Risk Adjustment Received (Paid) for Plan Year 2024, Risk Adjustment Received (Paid) for Plan Year 2023, and RADV for Plan Year 2022.

The Risk Adjustment Received (Paid) reported in the 2024 SHCE for Plan Year 2024 is \$(15,365,675). An additional \$28,334,904 is included in the 2024 SHCE Risk Adjustment Received (Paid) value to account for Risk Adjustment for Plan Year 2023 and RADV for Plan Year 2022.

(2) The Risk Adjustment Received (Paid) value in the URRT is reported as of 3/31/2025 and reflects the CMS Interim Risk Transfer Report.

The Risk Adjustment Received (Paid) value in the SHCE for Plan Year 2024 is reported as of 12/31/2024 and does not reflect the CMS Interim Risk Transfer Report. The difference in reporting dates between the two documents results in a Risk Transfer difference of \$18,222,569 between the SHCE and URRT.

The 2024 Premiums Earned and 2024 Incurred Claims in the SHCE are also reported as of 12/31/2024. The 2024 Premiums Earned and 2024 Incurred claims in the URRT are reported as of 3/31/2025. The difference calculated above can largely be attributed to the difference in reporting dates and estimated IBNR.

Additionally, the URRT base period incurred claims do not include providers incentive costs but are present in the SHCE. Provider incentive costs are included in our administrative cost assumption instead. We also include costs related to VBC within our unit cost trend assumptions instead of the URRT base period incurred claims.

Appendix 21.1
Meridian Health Plan of Michigan
Data and Assumption Reliance for 2026 Individual Marketplace Premium Development

Data / Assumption	Source
Wakely National Risk Adjustment Report	Wakely Consulting
Basic tables of utilization, cost, claims probability distributions, pricing adjustment factors, and primary care/specialty care utilization distribution	Milliman (Health Cost Guidelines)
Utilization trends	Milliman (Health Cost Guidelines)
Prescription Drug Assumptions: AWP Discount, Dispensing Fee, Rebates, Retail/Mail Utilization percentages, formularies, and Rx Management Assumptions	Centene Pharmacy Services
Pre-ACA enrollment counts by health insurance market segment	<ul style="list-style-type: none"> • CCIIO (MLR Reports) • US Census Bureau (American Community Survey) • National Conference of State Legislatures ("High Risk Pools for Health Coverage, State and Federal (State Implementation Report)")
Distribution of pre-ACA enrollment by age, gender, income bracket, and self-reported health status, within each insurance coverage category	<ul style="list-style-type: none"> • US Census Bureau (American Community Survey) • US Census Bureau (Current Population Survey)
2024 Individual QHP Claims and Membership Experience	Meridian Health Plan of Michigan
Other 2024 Individual QHP Marketplace Revenue and Expenditures	Meridian Health Plan of Michigan
2024 MLR Rebate	Meridian Health Plan of Michigan
2024 Plan Liability Risk Score associated with Individual QHP Claims and Membership Experience	Meridian Health Plan of Michigan
2024 Plan Liability Risk Score for the Individual Single Risk Pool	Meridian Health Plan of Michigan
2026 Population Morbidity, including the impact of individual mandate repeal	Meridian Health Plan of Michigan
2026 Statewide Average Premium	Meridian Health Plan of Michigan
2026 Individual QHP Membership Projections	Meridian Health Plan of Michigan
Relationship between enrollee duration and paid-to-allowed ratio by metal level	Meridian Health Plan of Michigan
2026 Individual QHP Benefit Designs	Meridian Health Plan of Michigan
Unit Cost trends	Meridian Health Plan of Michigan
Administrative Costs, Taxes, and Fees	Meridian Health Plan of Michigan
Premium Delinquency Estimates	Meridian Health Plan of Michigan
Subcapitated Contracts and Pricing	Meridian Health Plan of Michigan
Value Added Benefits	Meridian Health Plan of Michigan
Smoking Relativity Factors	Meridian Health Plan of Michigan
County Rating Areas	Meridian Health Plan of Michigan
Plan Rating Factors	Meridian Health Plan of Michigan
Coordinated Care Corporation Service Areas	Meridian Health Plan of Michigan
Expected Reimbursement by Rating Area and State	Meridian Health Plan of Michigan
OON Utilization and Reimbursement	Meridian Health Plan of Michigan
Utilization Management	Meridian Health Plan of Michigan
Funding Status of CSR Subsidies	Meridian Health Plan of Michigan
Unique Plan Design Certification for Non-Standard Plans	Meridian Health Plan of Michigan
COVID-19 and American Rescue Plan Act Rate Impacts	Meridian Health Plan of Michigan