

	A	B
1	<b>Description of condition</b> (brief description of major services)	
2		
3	<b>Sample care costs:</b>	
4	Office visits & procedures	\$0
5	Radiology	\$0
6	Laboratory tests	\$0
7	Hospital charges	\$0
8	Inpatient medical care	\$0
9	Outpatient surgery	\$0
10	Chemotherapy	\$0
11	Radiation therapy	\$0
12	Prostheses (wig)	\$0
13	Pharmacy	\$0
14	Mental health	\$0
15	<b>Total</b>	<b>\$0</b>
16		
17	<b>Assumptions</b>	
18	The following are assumptions that all health plan carriers make to calculate	
19		
20	<b>Standard Assumptions</b>	
21	<i>These assumptions are standard across all scenarios. (HHS to apply these</i>	
22	Costs do not include premiums.	
23	Condition was not an excluded as a pre-existing condition.	
24	There are no other medical expenses for any member covered under	
25	All care is in-network. No out-of-network charges or any other variatio	
26	All services occur in same policy period.	
27	All prior authorizations were obtained.	
28	All services were deemed medically necessary.	
29	All costs (allowed amount, sample care costs, member costs) greater	
30	All costs (allowed amount, sample care costs, member costs) less tha	
31	All medications are covered as generic equivalents if available.	
32	All care is in-network and considered first tier (or the tier associated w	
33	<b>Special Assumptions</b>	

	A	B
17	<b>Assumptions</b>	
34	<i>These assumptions are specific to this scenario only. (HHS to specify speci</i>	
35	[HHS to supply any assumptions that are specific to this scenario]	

	C
1	<b>Instructions to Insurers:</b> <i>Do not modify this tab. The numbers shown here roll up from the <b>Scenario</b> tab. Transfer this label to the Summary of Coverage exactly as shown here.</i>
2	
3	<b>Instructions for HHS:</b>
4	<i>* HHS to provide this label exactly as they want it to appear on the Summary of Coverage.</i>
5	<i>* HHS to reuse existing sample care cost categories unless a new category is required.</i>
6	<i>* HHS to specify no more than 11 sample care cost categories as space on the page with 12 point font dictates.</i>
7	<i>* All of these costs roll up from the Scenario tab; HHS to confirm these totals match to the Scenario tab.</i>
8	
9	
10	
11	
12	
13	
14	
15	<i>* This total must match the total on the Scenario tab; HHS to confirm it matches before issuing to insurers.</i>
16	
17	
18	the scenario.
19	
20	
21	assumptions regardless of scenario.)
22	
23	
24	the plan.
25	n in Sample Care Costs.
26	
27	
28	
29	than \$100 are rounded to the nearest hundred dollars.
30	an \$100 are rounded to the nearest ten dollars.
31	
32	with the lowest level of cost sharing), for those products that incorporate tiered provider networks.
33	

	C
17	
34	<i>al assumptions.)</i>
35	

	A	B	C	D	E	F	G	H	I
1	<b>Medical Condition:</b>					<b>Condition Name</b>			
2	<p><b>Note:</b> Services on this tab are listed individually for classification and pricing purposes to facilitate the population of the "Sample care costs" section. HHS specifies the Category in order to roll up costs into that category in the "Sample care costs" section so that those costs are uniform across all carriers and plans. However, some plans may classify that service under another category. The insurer should apply their cost sharing and benefit features for each policy in order to complete the "You pay" section, but must leave the "Sample care costs" section as is. Examples of cost sharing and benefit features include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Payment of services based on the location where they are provided (inpatient, outpatient, office, etc.)</li> <li>• Payment of items as prescription drugs vs. medical equipment</li> </ul> <p><b>Instructions to HHS for Completing the Columns:</b>  <b>Date of Service</b> - include Month/Day of service so insurers understand the order in which services are rendered. Do not include year.  <b>Diagnosis Code</b> - include the ICD code for each service  <b>CPT code</b> - include the CPT code for each service  <b>Provider Type</b> - use one of the types listed on the "Provider Types" tab to classify each service by provider  <b>Category</b> - use one of the categories listed on the "Sample Care Cost Categories" tab to classify each service so they roll up into the broader cost categories on the "Label and Assumptions" tab  <b>Notes</b> - freeform field to include any special notes for that service  <b>Allowed Amount</b> - include the total cost for each service that would be owed to providers that insurers will use to calculate cost-sharing</p>								
3	<b>Date of Service</b>	<b>Diagnosis Code</b>	<b>CPT Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Notes</b>	<b>Allowed Amount</b>		
4	<b>Total</b>						<b>0.00</b>	<b>*this amount must match t</b>	

	J	K
1		
2		
3		
4	he total first tab.	

	A	B
1	<b>Provider Type</b>	
2	The following are the provider types to use on the "Scenario" tab ~ "Provider Type" column to classify each service by provider type. This aids the insurers in applying benefits to each service.	
3		
4	<b>Provider Type</b>	<b>What providers are covered under this Provider Type and other notes:</b>
5	Primary	Primary Care Physician or non-Specialist
6	Specialist	Cardiology, Dermatology, Neurology, etc.
7	Alternative Provider	Chiropractor, Acupuncturist, etc.
8	Outpatient Facility	
9	Inpatient Facility	
10	Pharmacy Retail	
11	Pharmacy Mail Order	
12	Pharmacy Administered	All prescriptions reimbursable under a Pharmacy plan that are administered in a provider's office or hospital
13	Emergency Room	
14	Home Health	
15	Skilled Nursing Facility	
16	Ambulance	

## **Sample Care Cost Categories**

The following are the sample care categories listed in the Coverage Example label on the back of the card.

### **Category**

Office visits & procedures

First office visit

Anesthesia

Chemotherapy

Circumcision

Emergency care

Home health care

Hospital charges

Hospital charges (baby)

Hospital charges (mother)

Inpatient medical care

Laboratory tests

Medical equipment & supplies

Mental health

Outpatient surgery

Pharmacy

Radiation therapy

Radiology

Rehabilitation services

Routine obstetric care

Skilled nursing care

Vaccines, other preventive

cost categories to use on the "Scenario" tab ~ "Category" column to classify each service so that they roll up to the s  
the "Label and Assumptions" tab. This facilitates consistency between the "Scenario" tab and Coverage Example lab

**What services are covered under this Category and other notes:**

Includes services by all physicians (primary care, specialist, etc.) and alternative providers (chiropractor, acupuncture)

Applies to maternity scenario only; other scenarios would use "Office visits & procedures"

Includes emergency room facility charges, physician services, ambulance transportation

Facility charges for inpatient/outpatient services; discharge management

Applies to maternity scenario only; other scenarios would use "Hospital charges"

Applies to maternity scenario only; other scenarios would use "Hospital charges"

Services by physicians, surgeons, anesthesiologists, etc.

Includes blood work

Includes durable medical equipment, orthotics, prosthetics

Physician and facility charges

Includes all prescription drugs (generic, brand/preferred, non-preferred) which are not administered in a hospital, ph

Includes radiology and imaging procedures, CT, MRI, Ultrasounds, x-rays

Includes provision of treatment at any facility

Applies to maternity scenario only; typically a bundled payment