

# Plans & Benefits Template

HIOS Issuer ID\*  
Issuer State\*  
Market Coverage\*  
Dental Only Plan\*

*Plan*

HIOS Plan ID\*  
(Standard Component)

Plan Marketing Name\*

## ***Benefit Information***

### **Benefits**

**Primary Care Visit to Treat an Injury or Illness**  
**Specialist Visit**  
**Other Practitioner Office Visit (Nurse, Physician Assistant)**  
**Outpatient Facility Fee (e.g., Ambulatory Surgery Center)**  
**Outpatient Surgery Physician/Surgical Services**  
**Hospice Services**  
**Non-Emergency Care When Traveling Outside the U.S.**  
**Routine Dental Services (Adult)**  
**Infertility Treatment**  
**Long-Term/Custodial Nursing Home Care**  
**Private-Duty Nursing**  
**Routine Eye Exam (Adult)**  
**Urgent Care Centers or Facilities**  
**Home Health Care Services**  
**Emergency Room Services**  
**Emergency Transportation/Ambulance**  
**Inpatient Hospital Services (e.g., Hospital Stay)**  
**Inpatient Physician and Surgical Services**  
**Bariatric Surgery**  
**Cosmetic Surgery**  
**Skilled Nursing Facility**  
**Prenatal and Postnatal Care**  
**Delivery and All Inpatient Services for Maternity Care**  
**Mental/ Behavioral Health Outpatient Services**  
**Mental/ Behavioral Health Inpatient Services**  
**Substance Abuse Disorder Outpatient Services**  
**Substance Abuse Disorder Inpatient Services**  
**Generic Drugs**  
**Preferred Brand Drugs**  
**Non-Preferred Brand Drugs**  
**Specialty Drugs**

**Outpatient Rehabilitation Services**  
**Habilitation Services**  
**Chiropractic Care**  
**Durable Medical Equipment**  
**Hearing Aids**  
**Imaging (CT/PET Scans, MRIs)**  
**Preventive Care/Screening/Immunization**  
**Routine Foot Care**  
**Acupuncture**  
**Weight Loss Programs**  
**Routine Eye Exam for Children**  
**Eye Glasses for Children**  
**Dental Check-Up for Children**  
**Rehabilitative Speech Therapy**  
**Rehabilitative Occupational and Rehabilitative Physical Therapy**  
**Well Baby Visits and Care**  
**Laboratory Outpatient and Professional Services**  
**X-rays and Diagnostic Imaging**  
**Basic Dental Care – Child**  
**Orthodontia – Child**  
**Major Dental Care – Child**  
**Basic Dental Care – Adult**  
**Orthodontia – Adult**  
**Major Dental Care – Adult**  
**Abortion for Which Public Funding is Prohibited**  
**Transplant**  
**Accidental Dental**  
**Dialysis**  
**Allergy Treatment**  
**Chemotherapy**  
**Radiation**  
**Diabetes Education**  
**Prosthetic Devices**  
**Infusion Therapy**  
**Treatment for Temporomandibular Joint Disorders**  
**Nutritional Counseling**  
**Reconstructive Surgery**  
**Additional State-Required Benefits**

To use this template, please review the user guide and instructions.  
You will need to save the latest version of the add-in file (PlansBenefitsAddI  
To create the cost share variance worksheet and enter the cost sharing amc  
To create additional Benefits Package worksheets, use the Create New Ber  
To populate the benefits on the Benefits Package worksheet with your State

## Identifiers

<b>HIOS Product ID*</b>	<b>HPID</b>	<b>Network ID*</b>	<b>Service Area ID*</b>	<b>Formulary ID*</b>
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<b>EHB (Autopopulated)</b>	<b>EHB (Issuer)</b>	<b>State-Required Benefit</b>	<b>Is this Benefit Covered?</b>	<b>Quantitative Limit on Service</b>	
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n.xlam) on your machine.

ounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances m  
efits Package macro.

EBH Standards, use the Refresh EHB macro.

New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*
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***General Information***

**Limit Quantity**

**Limit Unit**

**Quantitative Limit Units  
Apply see EHB  
Benchmark**

**Exclusions**

acro.

Is this a QHP Offered on the Exchange? *	If Off Exchange, is it the Same or Substantially the Same as a Certified Exchange QHP?	If the Same or Substantially the Same as a Certified Exchange QHP, Provide HIOS Plan ID (14-digit Standard Component) for the Certified Exchange QHP	Multi-State Plan*
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		<i>Deductible and Out of Po</i>	
<b>Benefit Explanation</b>	<b>EHB Variance Reason</b>	<b>Subject to Deductible (Tier 1)</b>	<b>Subject to Deductible (Tier 2)</b>

***Plan Attributes***

<b>Notice Required for Pregnancy*</b>	<b>Is a Referral Required for Specialist?*</b>	<b>Specialist(s) Requiring a Referral</b>	<b>Plan Level Exclusions</b>	<b>Limited Cost Sharing Plan Variation - Est Advanced Payment (Optional)</b>
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***cket Exceptions***

<b>Excluded from In Network MOOP</b>	<b>Excluded from Out of Network MOOP</b>
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**Do You Want a Zero Cost  
Sharing Plan Variation  
Created for this Plan?\***  
(Y/N)

**Does this plan  
allow Child-Only  
Enrollments?\***  
(Y/N)

**Is this a Child-  
Only plan?**  
(Y/N)

**If No, enter  
corresponding plan  
ID for Child-Only  
plan**

**Tobacco  
Related  
Wellness  
Program  
Offered\***

**Disease  
Management  
Programs  
Offered**

**Composite vs.  
Individual Member  
Rating (SHOP  
Plans Only)**

**Out of Network  
Coverage**

**Does the QHP Issuer  
Operate a Medicaid  
Health Plan with  
Substantially the Same  
Provider Network and  
Service Area (Y/N)?**

	<i>Stand Alone Dental Only</i>	<i>Plan Dates</i>
<p align="center"><b>EHB as a Percent Premium</b></p>	<p align="center"><b>EHB Apportionment for Pediatric Dental</b></p> <p align="center"><b>Guaranteed vs. Estimated Rate</b></p>	<p align="center"><b>Plan Effective Date*</b></p> <p align="center"><b>Plan Expiration Date</b></p>

	<i>Geographic Coverag</i>		
Plan vs. Benefit Year	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*

je

**Out of Service Area  
Coverage Description**      **National Network\***



***Plan Co.***

**HIOS Plan ID\***  
(Standard Component  
+ Variant)

**Plan Marketing Name\***

**Level of  
Coverage\***  
(Metal Level)

**CSR Variation Type\***

**Issuer  
Actuarial  
Value**

**st Sharing Attributes**

<b>AV Calculator Output Number*</b>	<b>Medical &amp; Drug Deductibles Integrated?*</b>	<b>Medical &amp; Drug Maximum Out of Pocket Integrated?*</b>	<b>Out of Network Coverage?*</b>	<b>Multiple In Network Tiers?*</b>	<b>1st Tier Utilization*</b>
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	<i>HSA/HRA Detail</i>			
2nd Tier Utilization	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	URL for Summary of Benefits & Coverage

<b><i>URLs</i></b>		<b>Having</b>
<b>URL for Enrollment Payment</b>	<b>Plan Brochure</b>	<i>Deductible Copayment</i>

<b>SBC Scenario</b>							
<b>a Baby</b>		<b>Having Diabetes</b>				<b>In Network</b>	
<i>Coinsurance</i>	<i>Limit</i>	<i>Deductible</i>	<i>Copayment</i>	<i>Coinsurance</i>	<i>Limit</i>	<i>Individual</i>	<i>Per Person in Family</i>

**Maximum Out of Pocket for Medical EHB Benefits**

	<b>In Network (Tier 2)</b>	<b>Out of Network</b>	<b>Combined In/Out Network</b>
<i>Family</i>	<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>

**Maximum Out of Pocket for Drug EHB Benefits**

<b>In Network</b>	<b>In Network (Tier 2)</b>	<b>Out of Network</b>	<b>Combin</b>
<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>	<i>Individual</i>

	<i>Maximum Out of Pocket for Medical and Drug EHB Be</i>		
<b>ed In/Out Network</b>	<b>In Network</b>	<b>In Network (Tier 2)</b>	<b>Out of Netwc</b>
<i>Per Person in Family</i>	<i>Individual Per Person in Family</i>	<i>Individual Per Person in Family</i>	<i>Individual Per Person in Family</i>



Benefits (Total)			M				
ork	Combined In/Out Network		In Network		In N (T		
Family	Individual	Per Person in Family	Individual	Per Person in Family	Default Coinsurance	Individual	Per Person in Family

<b>Medical EHB Deductible</b>			
<b>Network (Tier 2)</b>	<b>Out of Network</b>	<b>Combined In/Out Network</b>	<b>In Network</b>
<i>Family Default Coinsurance</i>	<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>

**Drug EHB Deductible**

<b>Network</b>	<b>In Network (Tier 2)</b>	<b>Out of Network</b>
<i>Family Default Coinsurance</i>	<i>Individual Per Person in Family Family Default Coinsurance</i>	<i>Individual Per Person in Family Family</i>

	<b>Combined Medical ai</b>		
<b>Combined In/Out Network</b>	<b>In Network</b>		<b>In Network (Tier 2</b>
<i>Per Individual Person in Family</i>	<i>Per Individual Person in Family</i>	<i>Default Coinsurance</i>	<i>Per Individual Person in Family</i>

nd Drug EHB Deductible			Prima					
)	Out of Network		Combined In/Out Network			Copay		
Default Coinsurance	Individual	Per Person in Family	Individual	Per Person in Family	Family	In Network (Tier 1)	In Network (Tier 2)	Out of Network

Primary Care Visit to Treat an Injury or Illness					Specialist Visit			
Coinsurance			AV Calculator Additional Benefit Design		Copay			C
<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>Begin Primary Care Cost-Sharing After a Set Number of Visits?</i>	<i>Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>

	<b>Other Practitioner Office Visit (Nurse, Physician Assistant)</b>							<b>Outpatie</b>	
<b>Coinsurance</b>	<b>Copay</b>			<b>Coinsurance</b>			<b>Copay</b>		
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	









Adult)	Infertility Treatment						Long-Term	
Coinsurance	Copay			Coinsurance			Copay	
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	





Facilities	Home Health Care Services						Emergency	
Coinsurance	Copay			Coinsurance			Copay	
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	











ty	Prenatal and Postnatal Care						Delivery and All	
Coinsurance	Copay			Coinsurance			Copay	
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	





ent Services	Substance Abuse Disorder Inpatient Services							
Coinsurance	Copay			Coinsurance			Copay	
<i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

Generic Drugs				Preferred Brand Drugs							
	Coinsurance				Copay				Coinsurance		
<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>		







Habilitation Services			Chiropractic Care						
Copay		Coinsurance			Copay		Coinsurance		
<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

	Durable Medical Equipment						Hearin		
e	Copay			Coinsurance			Copay		
<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>

g Aids	Imaging (CT/PET Scans, MRIs)						
<b>Coinsurance</b>	<b>Copay</b>			<b>Coinsurance</b>			
<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>



	Acupuncture						Weight Loss		
e	Copay			Coinsurance			Copay		
<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>

s Programs	Routine Eye Exam for Children								
<b>Coinsurance</b>	<b>Copay</b>			<b>Coinsurance</b>					
<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>		

Eye Glasses for Children			Dental Check-Up for Children						
Copay		Coinsurance			Copay		Coinsuranc		
<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>



	Rehabilitative Speech Therapy						Rehabilitative Occupational Ther		
e	Copay			Coinsurance			Copay		
<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>

and Rehabilitative Physical rapy	Well Baby Visits and Care						Labo		
<b>Coinsurance</b>	<b>Copay</b>			<b>Coinsurance</b>					
<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>		





tia – Child	Major Dental Care – Child									
Coinsurance	Copay			Coinsurance						
<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>			

Basic Dental Care – Adult			Orthodontia – Adult						
Copay		Coinsurance			Copay		Coinsuranc		
<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>



ic Funding is Prohibited	Transplant								
Coinsurance	Copay			Coinsurance					
<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>		



Accidental Dental			Dialysis						
Copay		Coinsurance			Copay		Coinsuranc		
<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>

	Allergy Testing						Chemoi		
e	Copay			Coinsurance			Copay		
<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>

therapy	Radiation									
<b>Coinsurance</b>	<b>Copay</b>			<b>Coinsurance</b>						
<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>			





Mandibular Joint Disorders	Nutritional Counseling								
<b>Coinsurance</b>	<b>Copay</b>			<b>Coinsurance</b>					
<i>In Network (Tier 1)</i> <i>In Network (Tier 2)</i> <i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>		



