

Non-Standardized Plan Option Limit Exceptions Justification Form and Actuarial Memorandum

For each non-standardized plan option found above limit per product network type, metal level, service area, and inclusion of dental and/or vision coverage, please complete the following justification form and actuarial memorandum.

Justification Form:

Please answer the following questions.

1. Identify the specific chronic and high-cost condition that the additional non-standardized plan option is designed to offer substantially reduced cost sharing for.

Click or tap here to enter text.

2. Identify which specific benefits (as well as these benefits' interaction with deductibles and maximum out-of-pocket limits) in the Plans and Benefits Template are discounted to provide reduced treatment-specific cost sharing for individuals with the specified chronic and high-cost condition. These discounts must be relative to the treatment-specific cost sharing for the same corresponding benefits in your other non-standardized plan offerings in the same product network type, metal level, and service area.

For the purposes of this standard, "treatment specific cost sharing" are the costs for obtaining services that pertain to the treatment of a particular chronic and high-cost disease – but not the costs for obtaining services that do not pertain to the treatment of the relevant condition. The issuer must identify all services for which the benefits substantially reduce cost sharing in the Plans and Benefits Template. Note that these benefits must encompass a complete list of relevant services pertaining to the treatment of the relevant condition. For example, if you intend to offer a plan that is targeted to treatment of diabetes, list only the benefits pertaining to the treatment of diabetes.

Click or tap here to enter text.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The purpose of this information collection is to provide the authority for CMS to collect issuer requests to be excepted from the non-standardized plan option limit in accordance with 45 C.F.R. 156.202. The time required to complete this information collection is estimated to average 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection will allow issuers to request to be excepted from the non-standardized plan option limit so they are able to offer additional health plans that substantially benefit consumers with chronic and high-cost conditions. Responses to this collection are required for issuers to be excepted from the non-standardized plan option limit at 45 C.F.R. 156.202. All information collected will be kept private in accordance with regulations at 45 C.F.R. 155.260, Privacy and Security of Personally Identifiable Information. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850, Attention: Information Collections Clearance Officer, or email Nikolas.Berkobien@cms.hhs.gov.

3. Explain how the reduced cost sharing for these services pertains to clinically indicated guidelines and a representative treatment scenario for treatment of the specified chronic and high-cost condition. Include any relevant studies, guidelines, or supplementary documents to support your application.

For the purposes of this standard, a representative treatment scenario is an annual course of treatment for a chronic and high-cost condition. For example, if you listed benefits/services pertaining to the treatment of diabetes in the previous question, explain, or provide external reference to, a clinically indicated treatment scenario/guideline that recommends the use of those services in treatment of diabetes.

Click or tap here to enter text.

Actuarial Memorandum Form:

Section 1. General Identification Section

Company Identifying Information: Click or tap here to enter text.

Company Contact Information: Click or tap here to enter text.

Market for which the plans will be offered (i.e., Individual, Small Group, or both):
Click or tap here to enter text.

Section 2. Plan Identification

Confirm the plan IDs for which the following justification is suitable.

Correctly identify the plan ID for which the reduced cost sharing is being demonstrated.

Click or tap here to enter text.

Correctly identify the plan ID that will establish the baseline for the cost sharing comparison.

Click or tap here to enter text.

Section 3. Demonstrating Reduced Cost Sharing

Demonstrate how the out-of-pocket costs of services specifically referenced in Question 2 of the Justification are at least 25% lower for an enrollee seeking treatment for this condition under the exception plan compared to at least one of the identified in-limit offerings in the same product network type, metal level, inclusion of dental and/or vision coverage, and service area combination. Provide this demonstration specifically in reference to the specific population that would be seeking treatment for that chronic and high-cost condition and not the general population.

For example, if seeking to justify this plan for the population of individuals with diabetes, demonstrate that the out-of-pocket costs of diabetes-related treatment services are at least 25% lower over the course of the year for an enrollee in this plan compared to an in-limit offering.

Section 4. Actuarial Opinion & Signature

In my expert opinion as a certified actuary and member of the American Academy of Actuaries, this analysis was prepared in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis is placed on:

- **ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits***
- **ASOP No. 23, *Data Quality***
- **ASOP No. 41, *Actuarial Communications***

Name and Identifying Contact Information: Click or tap here to enter text.

Date: Click or tap here to enter text.

Signature:

PRA DISCLOSURE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1461. This information collection is to provide the authority for CMS to collect issuer requests to be excepted from the non-standardized plan option limit in accordance with 45 C.F.R. 156.202. This collection will allow issuers to request to be excepted from the non-standardized plan option limit so they are able to offer additional health plans that substantially benefit consumers with chronic and high-cost conditions. The time required to complete this information collection is estimated to average less than 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required for issuers to be excepted from the non-standardized plan option limit at 45 C.F.R. 156.202. All information collected will be kept private in accordance with regulations at 45 C.F.R. 155.260, Privacy and Security of Personally Identifiable Information. Pursuant to this regulation, Marketplaces may only use or disclose personally identifiable information to the extent that such information is necessary to carry out their statutorily and regulatorily mandated functions. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: MS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850 or [email address], Attention: Information Collections Clearance Officer.