BHP State Report for Health Insurance Exchange Premiums - Instructions

1. A complete submission will include the following tables completed according to the instructions describe
the State Information table; and either the Silver Plan and Bronze Plan Data Tables A (for states that use a
rating factor for premiums) or Tables B (for states that do not use age as a rating factor for premiums).
2. For the purpose of this report, the enrollee is defined as an individual policyholder (except for categories
in Tables B for states that use family tier ratios for rate setting).
3. Include in the name of the return Excel file the following: a) state, b) date sent, c) BHP State Report for E
Premiums
4. Following review of the information in this report by the state official responsible for its completeness, ac
and compliance with the instructions provided herein, have the state official: a) sign an attestation indicatin
data has been reviewed and is complete, accurate and in compliance with the instructions; b) direct the att
to the attention of the Director of the Center for Medicaid and CHIP Services; and c) copy the signed attest
a PDF file.
5. Send completed Excel file and signed attestation in pdf file to bhp@cms.hhs.gov. Include in the subjec
'BHP State Report for Exchange Premiums'.

6. For technical assistance, notify bhp@cms.hhs.gov

1. State Information - Questionnaire Questions

1. State:
Select the appropriate two-letter state abbreviation from the drop-down menu in cell B10.
2. State official attesting to the data's completeness, accuracy, and compliance with CMS specification.
Provide the appropriate information for the state official attesting to the information provided in this report.
3. State staff responsible for answering technical questions concerning the data submission.
Provide the appropriate information for the state employee to contact for questions about the information p
this report.
4. Date:
Enter the date that the information in this report was certified and submitted to CMS.

2. Silver Plan Data Table A

Use this table if the state uses age as a rating factor for the Health Insurance Exchange premiums.
Enter the information for each county or county equivalent entity in the state. Enter the information for each
or county-equivalent entity by row.
Premiums should only reflect the amount for essential health benefits (EHB) that would be used to calculat
premium tax credit (PTC) for individuals enrolled in a qualified health plan in a Health Insurance Exchange
For counties or county-equivalent entities where, in different portions of the county, either (a) different silve
qualified health plans charge the second lowest cost premium in different portions of the county or county-
entity, or (b) different bronze level qualified health plans charge the lowest premium in different portions of
county or county-equivalent entity, provide the information for the portion of the county or county-equivalen
that contains the greatest number of residents in the county or county-equivalent entity and for the specifie
operating in that area.

1. County:
Enter the name of the county or county-equivalent entity.
2. County ID:
Enter each county's or county-equivalent entity's 3-digit ANSI code. For a list of ANSI codes, see:
http://www.census.gov/geo/reference/codes/cou.html .

3. Second Lowest Cost Silver Plan Name:
Enter the name of the second lowest cost silver level qualified health plan operating in the county or county equivalent entity.
For the purposes of this report, the second lowest cost silver level qualified health plan is defined as the sil qualified health plan that charges the second lowest monthly premium among all silver level qualified healt that are offering coverage to any county residents who are qualified to purchase coverage on the Health In Exchange. In the event that a state has two second lowest cost silver level qualified health plans in one co county-equivalent entity, provide the information for the entity that contains the greatest number of residen county or county-equivalent entity.
The plan name is defined as the Plan Marketing Name in Table 2 of CCIIO's Plan Management Benefits & Area User Guide, Version 3.0; Last Modified: May 20, 2013.
4. Second Lowest Cost Silver Plan Issuer:
Enter the name of the issuer of the second lowest cost silver level qualified health plan operating in the cou county-equivalent entity.
The Issuer Legal Name is described as “Issuer Legal Name” in Table 2 in the CCIIO document, “Plan Man (PM), Issuer Module User Guide, Version: 9.0, Last Modified: May 20, 2013.” (The Issuer Legal Name may different from the Issuer Marketing Name.)
5. Second Lowest Cost Silver Plan ID:
Enter the plan ID for second lowest cost silver level qualified health plan operating in the county or county- entity.
The plan's 14-digit Plan ID is described in Table 1 in the CCIIO document, “Plan Management (PM), Ratin User Guide, Version: 4.0, Last Modified: May 15, 2013.” The Plan ID consists of a 5-digit, numerical issuer letter state postal code; a 3-digit Product ID number; and a 4-digit Plan Unique Identifier Number. For exa 12345FL1234567 is a Plan ID number that includes an issuer ID (12345), a state postal code (FL), a Produ number (123), and a Plan Unique Identifier number (4567).
6. Second Lowest Cost Silver Plan Coverage:
If a single silver level qualified health plan charges the second lowest cost premium through the entire cou county-equivalent entity, enter or select "1".
If there is not a single silver level qualified health plan that charges the second lowest cost premium throug entire county or county-equivalent entity, enter or select "2".
7. Monthly premium for 10-year-old enrollee:
Enter the monthly premium charged for a 10-year-old enrollee by the second lowest cost silver level qualifi plan.
8. Monthly premium for 21-year-old non-tobacco user enrollee:
Enter the monthly premium charged for a 21-year-old non-tobacco user enrollee by the second lowest cos level qualified health plan. If the state does not allow tobacco use as a rating factor, enter the monthly pre charged for a 21-year-old enrollee.
9. Monthly premium for 21-year-old tobacco user enrollee:
Enter the monthly premium charged for a 21-year-old tobacco user enrollee by the second lowest cost silv qualified health plan. If the state does not allow tobacco use as a rating factor, leave this field blank.
10. Monthly premium for 45-year-old non-tobacco user enrollee:
Enter the monthly premium charged for a 45-year-old non-tobacco user enrollee by the second lowest cos level qualified health plan. If the state does not allow tobacco use as a rating factor, enter the monthly pre charged for a 45-year-old enrollee.
11. Monthly premium for 45-year-old tobacco user enrollee:
Enter the monthly premium charged for a 45-year-old tobacco user enrollee by the second lowest cost silv qualified health plan. If the state does not allow tobacco use as a rating factor, leave this field blank.
12. Monthly premium for 55-year-old non-tobacco user enrollee:
Enter the monthly premium charged for a 55-year-old non-tobacco user enrollee by the second lowest cos level qualified health plan. If the state does not allow tobacco use as a rating factor, enter the monthly pre charged for a 55-year-old enrollee.

13. Monthly premium for 55-year-old tobacco user enrollee:
Enter the monthly premium charged for a 55-year-old tobacco user enrollee by the second lowest cost silv
qualified health plan. If the state does not allow tobacco use as a rating factor, leave this field blank.

3. Bronze Plan Data Table A

Use this table if the state uses age as a rating factor for the Health Insurance Exchange premiums.
Enter the information for each county or county equivalent entity in the state. Enter the information for eac
or county-equivalent entity by row.
Premiums should only reflect the amount for essential health benefits (EHB) that would be used to calcula
premium tax credit (PTC) for individuals enrolled in a qualified health plan in a Health Insurance Exchange
For counties or county-equivalent entities where, in different portions of the county, either (a) different silve
qualified health plans charge the second lowest cost premium in different portions of the county or county-
entity, or (b) different bronze level qualified health plans charge the lowest premium in different portions of
county or county-equivalent entity, provide the information for the portion of the county or county-equivalen
that contains the greatest number of residents in the county or county-equivalent entity and for the specifie
operating in that area.
1. County:
Enter the name of the county or county-equivalent entity.
2. County ID:
Enter each county's or county-equivalent entity's 3-digit ANSI code. For a list of ANSI codes, see:
http://www.census.gov/geo/reference/codes/cou.html.
3. Lowest Cost Bronze Plan Name:
Enter the name of the lowest cost bronze level qualified health plan operating in the county or county-equiv
entity. For the purposes of this report, the lowest cost bronze level qualified health plan is defined as the l
level qualified health plan that charges the lowest monthly premium among all bronze level qualified health
that are offering coverage to any county residents who are qualified to purchase coverage on the Health In
Exchange. The plan name is defined as the Plan Marketing Name in Table 2 of CCIIO's Plan Manageme
Benefits & Service Area User Guide, Version 3.0; Last Modified: May 20, 2013.
4. Lowest Cost Bronze Plan Issuer:
Enter the name of the issuer of the lowest cost bronze level qualified health plan operating in the county or
equivalent entity. The Issuer Legal Name is described as “Issuer Legal Name” in Table 2 in the CCIIO do
“Plan Management (PM), Issuer Module User Guide, Version: 9.0, Last Modified: May 20, 2013.” (The Issu
Name may be different from the Issuer Marketing Name.)
5. Lowest Cost Bronze Plan ID:
Enter the plan ID for lowest cost bronze level qualified health plan operating in the county or county-equiva
entity.
The plan's 14-digit Plan ID is described in Table 1 in the CCIIO document, “Plan Management (PM), Ratin
User Guide, Version: 4.0, Last Modified: May 15, 2013.” The Plan ID consists of a 5-digit, numerical issuer
letter state postal code; a 3-digit Product ID number; and a 4-digit Plan Unique Identifier Number. For exa
12345FL1234567 is a Plan ID number that includes an issuer ID (12345), a state postal code (FL), a Produ
number (123), and a Plan Unique Identifier number (4567).
6. Lowest Cost Bronze Plan Coverage:
If a single bronze level qualified health plan charges the lowest cost premium through the entire county or
equivalent entity, enter or select "1". If there is not a single bronze level qualified health plan that charges t
cost premium throughout the entire county or county-equivalent entity, enter or select "2".

7. Monthly premium for 10-year-old enrollee:
Enter the monthly premium charged for a 10-year-old enrollee by the lowest cost bronze level qualified hea

8. Monthly premium for 21-year-old non-tobacco user enrollee:
Enter the monthly premium charged for a 21-year-old non-tobacco user enrollee by the lowest cost bronze
qualified health plan. If the state does not allow tobacco use as a rating factor, enter the monthly premium
for a 21-year-old enrollee.
9. Monthly premium for 21-year-old tobacco user enrollee:
Enter the monthly premium charged for a 21-year-old tobacco user enrollee by the lowest cost bronze leve
health plan. If the state does not allow tobacco use as a rating factor, leave this field blank.
10. Monthly premium for 45-year-old non-tobacco user enrollee:
Please provide the monthly premium charged for a 45-year-old non-tobacco user enrollee by the lowest co
level qualified health plan. If the state does not allow tobacco use as a rating factor, enter the monthly pren
charged for a 45-year-old enrollee.
11. Monthly premium for 45-year-old tobacco user enrollee:
Enter the monthly premium charged for a 45-year-old tobacco user enrollee by the lowest cost bronze leve
health plan. If the state does not allow tobacco use as a rating factor, leave this field blank.
12. Monthly premium for 55-year-old non-tobacco user enrollee:
Enter the monthly premium charged for a 55-year-old non-tobacco user enrollee by the lowest cost bronze
qualified health plan. If the state does not allow tobacco use as a rating factor, enter the monthly premium
for a 55-year-old enrollee.
13. Monthly premium for 55-year-old tobacco user enrollee:
Enter the monthly premium charged for a 55-year-old tobacco user enrollee by the lowest cost bronze leve
health plan. If the state does not allow tobacco use as a rating factor, leave this field blank.

4. Silver Plan Data Table B

Use this table if the state does not use age as a rating factor for the Health Insurance Exchange premiums
Enter the information for each county or county equivalent entity in the state. Enter the information for each
or county-equivalent entity by row.
Premiums should only reflect the amount for essential health benefits (EHB) that would be used to calculat
premium tax credit (PTC) for individuals enrolled in a qualified health plan in a Health Insurance Exchange
For counties or county-equivalent entities where, in different portions of the county, either (a) different silve
qualified health plans charge the second lowest cost premium in different portions of the county or county-
entity, or (b) different bronze level qualified health plans charge the lowest premium in different portions of
county or county-equivalent entity, provide the information for the portion of the county or county-equivalen
that contains the greatest number of residents in the county or county-equivalent entity and for the specifie
operating in that area.
1. County:
Enter the name of the county or county-equivalent entity.
2. County ID:
Enter each county's or county-equivalent entity's 3-digit ANSI code. For a list of ANSI codes, see:
http://www.census.gov/geo/reference/codes/cou.html.
3. Second Lowest Cost Silver Plan Name:
Enter the name of the second lowest cost silver level qualified health plan operating in the county or county
equivalent entity.
For the purposes of this report, the second lowest cost silver level qualified health plan is defined as the sil
qualified health plan that charges the second lowest monthly premium among all silver level qualified healt
that are offering coverage to any county residents who are qualified to purchase coverage on the Health In
Exchange. In the event that a state has two second lowest cost silver level qualified health plans in one co
county-equivalent entity, provide the information for the entity that contains the greatest number of residen
county or county-equivalent entity.
The plan name is defined as the Plan Marketing Name in Table 2 of CCIIO's Plan Management Benefits &
Area User Guide, Version 3.0; Last Modified: May 20, 2013.

4. Second Lowest Cost Silver Plan Issuer:
Enter the name of the issuer of the second lowest cost silver level qualified health plan operating in the cou
county-equivalent entity.
The Issuer Legal Name is described as “Issuer Legal Name” in Table 2 in the CCIIO document, “Plan Man
(PM), Issuer Module User Guide, Version: 9.0, Last Modified: May 20, 2013.” (The Issuer Legal Name may
different from the Issuer Marketing Name.)
5. Second Lowest Cost Silver Plan ID:
Enter the plan ID for second lowest cost silver level qualified health plan operating in the county or county-
entity.
The plan's 14-digit Plan ID is described in Table 1 in the CCIIO document, “Plan Management (PM), Ratin
User Guide, Version: 4.0, Last Modified: May 15, 2013.” The Plan ID consists of a 5-digit, numerical issuer
letter state postal code; a 3-digit Product ID number; and a 4-digit Plan Unique Identifier Number. For exa
12345FL1234567 is a Plan ID number that includes an issuer ID (12345), a state postal code (FL), a Produ
number (123), and a Plan Unique Identifier number (4567).
6. Second Lowest Cost Silver Plan Coverage:
If a single silver level qualified health plan charges the second lowest cost premium through the entire cou
county-equivalent entity, enter or select "1". If there is not a single silver level qualified health plan that ch
second lowest cost premium throughout the entire county or county-equivalent entity, enter or select "2".

7. Monthly premium for 1 adult enrollee:
Enter the monthly premium charged for a 1 adult enrollee by the second lowest cost silver level qualified h
8. Monthly premium for 2 adult enrollees:
Enter the total monthly premium charged for 2 adult enrollees by the second lowest cost silver level qualifie
plan.
9. Monthly premium for 1 adult and 1 or more child enrollees:
Enter the total monthly premium charged for 1 adult and 1 or more child enrollees by the second lowest co
level qualified health plan.
10. Monthly premium for 2 adult and 1 or more child enrollees:
Enter the total monthly premium charged for 2 adult and 1 or more child enrollees by the second lowest co
level qualified health plan.

5. Bronze Plan Data Table B

Use this table if the state does not use age as a rating factor for the Health Insurance Exchange premiums
Enter the information for each county or county equivalent entity in the state. Enter the information for each
or county-equivalent entity by row.
Premiums should only reflect the amount for essential health benefits (EHB) that would be used to calculat
premium tax credit (PTC) for individuals enrolled in a qualified health plan in a Health Insurance Exchange
For counties or county-equivalent entities where, in different portions of the county, either (a) different silve
qualified health plans charge the second lowest cost premium in different portions of the county or county-
entity, or (b) different bronze level qualified health plans charge the lowest premium in different portions of
county or county-equivalent entity, provide the information for the portion of the county or county-equivalen
that contains the greatest number of residents in the county or county-equivalent entity and for the specifie
operating in that area.
1. County:
Enter the name of the county or county-equivalent entity.
2. County ID:
Enter each county's or county-equivalent entity's 3-digit ANSI code. For a list of ANSI codes, see:
http://www.census.gov/geo/reference/codes/cou.html.

3. Lowest Cost Bronze Plan Name:
Enter the name of the lowest cost bronze level qualified health plan operating in the county or county-equiv
entity.
For the purposes of this report, the lowest cost bronze level qualified health plan is defined as the bronze l
qualified health plan that charges the lowest monthly premium among all bronze level qualified health plan
offering coverage to any county residents who are qualified to purchase coverage on the Health Insurance
Exchange.
The plan name is defined as the Plan Marketing Name in Table 2 of CCIIO's Plan Management Benefits &
Area User Guide, Version 3.0; Last Modified: May 20, 2013.
4. Lowest Cost Bronze Plan Issuer:
Enter the name of the issuer of the lowest cost bronze level qualified health plan operating in the county or
equivalent entity.
The Issuer Legal Name is described as “Issuer Legal Name” in Table 2 in the CCIIO document, “Plan Man
(PM), Issuer Module User Guide, Version: 9.0, Last Modified: May 20, 2013.” (The Issuer Legal Name may
different from the Issuer Marketing Name.)
5. Lowest Cost Bronze Plan ID:
Enter the plan ID for lowest cost bronze level qualified health plan operating in the county or county-equiva
entity.
The plan's 14-digit Plan ID is described in Table 1 in the CCIIO document, “Plan Management (PM), Ratin
User Guide, Version: 4.0, Last Modified: May 15, 2013.” The Plan ID consists of a 5-digit, numerical issuer
letter state postal code; a 3-digit Product ID number; and a 4-digit Plan Unique Identifier Number. For exa
12345FL1234567 is a Plan ID number that includes an issuer ID (12345), a state postal code (FL), a Produ
number (123), and a Plan Unique Identifier number (4567).
6. Lowest Cost Bronze Plan Coverage:
If a single bronze level qualified health plan charges the lowest cost premium through the entire county or
equivalent entity, enter or select "1". If there is not a single bronze level qualified health plan that charges t
cost premium throughout the entire county or county-equivalent entity, enter or select "2".
7. Monthly premium for 1 adult enrollee:
Enter the monthly premium charged for a 1 adult enrollee by the lowest cost bronze level qualified health p
8. Monthly premium for 2 adult enrollees:
Enter the total monthly premium charged for 2 adult enrollees by the lowest cost bronze level qualified hea
9. Monthly premium for 1 adult and 1 or more child enrollees:
Enter the total monthly premium charged for 1 adult and 1 or more child enrollees by the lowest cost bronz
qualified health plan.
10. Monthly premium for 2 adult and 1 or more child enrollees:
Enter the total monthly premium charged for 2 adult and 1 or more child enrollees by the lowest cost bronz
qualified health plan.

State Information

1. State

Reporting State	

2. State official attesting to the data's completeness, accuracy, and compliance with CMS specifications

Name	Title	Agency	Email address	Phone	Mailing address

3. State staff responsible for answering technical questions concerning the data submission

Name	Title	Agency	Email address	Phone	Mailing address

4. Date

Date submitted	

Health Insurance Exchange Silver Plan Data - Table A

See "Instructions" for information on how to enter data into the table.

Notes

1. Only enter data in Table A if the state uses age as a rating factor for premiums. Do not enter data in Table A if the state does no use age as a rating factor for premiums.

2. Only enter premiums for tobacco users if the state uses tobacco use as a rating factor for premiums.

3. All premium data should reflect monthly premiums.

State	0					
County Name	County ID	Second Lowest Cost Silver Plan Name	Second Lowest Cost Silver Plan Issuer	Second Lowest Cost Silver Plan ID	Second Lowest Cost Silver Plan Coverage	Monthly Premium for 10-year-old enrollee

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Monthly Premium for 21-year-old non-tobacco user enrollee	Monthly Premium for 21-year-old tobacco user enrollee	Monthly Premium for 35-year-old non-tobacco user enrollee	Monthly Premium for 35-year-old tobacco user enrollee	Monthly Premium for 45-year-old non-tobacco user enrollee	Monthly Premium for 45-year-old tobacco user enrollee	Monthly Premium for 55-year-old non-tobacco user enrollee	Monthly Premium for 55-year-old tobacco user enrollee

Health Insurance Exchange Bronze Plan Data - Table A

See "Instructions" for information on how to enter data into the table.

Notes

1. Only enter data in Table A if the state uses age as a rating factor for premiums. Do not enter data in Table A if the state does no use age as a rating factor for premiums.

2. Only enter premiums for tobacco users if the state uses tobacco use as a rating factor for premiums.

3. All premium data should reflect monthly premiums.

State	0					
County Name	County ID	Lowest Cost Bronze Plan Name	Lowest Cost Bronze Plan Issuer	Lowest Cost Bronze Plan ID	Lowest Cost Bronze Plan Coverage	Monthly Premium for 10-year-old enrollee

t

Monthly Premium for 21-year-old non-tobacco user enrollee	Monthly Premium for 21-year-old tobacco user enrollee	Monthly Premium for 35-year-old non-tobacco user enrollee	Monthly Premium for 35-year-old tobacco user enrollee	Monthly Premium for 45-year-old non-tobacco user enrollee	Monthly Premium for 45-year-old tobacco user enrollee	Monthly Premium for 55-year-old non-tobacco user enrollee

Monthly Premium for 55-year-old tobacco user enrollee

Health Insurance Exchange Silver Plan Data - Table B

See "Instructions" for information on how to enter data into the table.

Notes

1. Only enter data in Table B if the state does not use age as a rating factor for premiums. Do not enter data in Table B if the state use age as a rating factor for premiums.

2. All premium data should reflect monthly premiums.

State	0					
County Name	County ID	Second Lowest Cost Silver Plan Name	Second Lowest Cost Silver Plan Issuer	Second Lowest Cost Silver Plan ID	Second Lowest Cost Silver Plan Coverage	Monthly Premium for 1 Adult

does use age as a rating factor.

Monthly Premium for 2 Adults	Monthly Premium for 1 Adult and 1 or More Children	Monthly Premium for 2 Adults and 1 or More Children

Health Insurance Exchange Bronze Plan Data - Table B

See "Instructions" for information on how to enter data into the table.

Notes

1. Only enter data in Table B if the state does not use age as a rating factor for premiums. Do not enter data in Table B if the state use age as a rating factor for premiums.

2. All premium data should reflect monthly premiums.

State	0					
County Name	County ID	Lowest Cost Bronze Plan Name	Lowest Cost Bronze Plan Issuer	Lowest Cost Bronze Plan ID	Lowest Cost Bronze Plan Coverage	Monthly Premium for 1 Adult

does use age as a rating factor.

Monthly Premium for 2 Adults	Monthly Premium for 1 Adult and 1 or More Children	Monthly Premium for 2 Adults and 1 or More Children