Inputs for Coverage Example Calculator
(First Year of Applicability)

As stated in the Department's ACA Implementation FAQs Part IX, [1]the Departments developed a coverage example calculator that plans and issuers can use as a safe harbor for the first year of applicability to complete the coverage examples in a streamlined fashion. Plans and issuers will be required to provide comprehensive coverage examples, based on information specific to each benefit package, no later than January 1, 2014. The calculator will allow plans and issuers to input a discrete number of elements about the benefit package (see below). Calculator inputs generally are expected to be taken from data fields use to populate the front portion of the SBC template. The output will be a coverage example that can be added to the corresponding SBC. The Departments are also providing the algorithm, or model logic, that was use to create the calculator. The coverage example calculator and algorithm are posted at http://cciio.cms.gov/resources/other/index.html#sbcug.

To use the transitional coverage example calculator, plans will provide the following data elements about the benefit package (to the extent they apply).

Copayment or coinsurance amounts:

- Hospital charges (Inpatient and Anesthesia)
- Laboratory tests
- Visits and procedures (physician services)
- Radiology (ultrasound)
- Durable medical equipment and supplies (DME)
- Generic prescription drugs
- Routine obstetric care (prenatal and postnatal care)
- Vaccines and other preventive services

The plan out-of-pocket limit

Deductible(s)

- Overall
- Vaccines and preventive care
- Prescription drugs
- Inpatient anesthesia
- Durable medical equipment and supplies (DME)
- Routine obstetric care

Coverage limits
- Maternity: number of prescriptions per month

---

[1] Available at http://www.dol.gov/ebsa/faqs/faq-aca9.html and http://cciio.cms.gov/resources/factsheets/index.html#aca.

- Maternity: number of prescriptions per year
- Diabetes: number of prescriptions per month
- Diabetes: number of prescription per year
- Diabetes: DME - number per month
- Diabetes: DME - number per year
- Diabetes: number of visits and procedures per year

The Departments note that the coverage example calculator will not be appropriate for plans with annual limits that have obtained a temporary waiver to maintain an annual limit until 2014 when they are banned. In addition, this transitional calculator is not accurate for, and may not be used by, plans that pay a fixed dollar amount per day or period (referred to as fixed indemnity) for any categories of care that appear in either the maternity of diabetes scenarios. However, plans can modify the calculator and use this streamlined method for generating coverage examples during the first year of applicability, so long as such modifications improve the accuracy of the calculator.