



CMS Center for Consumer Information & Insurance Oversight (CCIIO), State-based Marketplace Public Use Files (SBM PUF) Data Dictionary for Benefits and Cost Sharing PUF

1. Overview of the Plan Attributes PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information and Insurance Oversight (CCIIO) is releasing the State-Based Marketplace (SBM) PUF to improve the transparency and increase access to the SBM data. The SBM PUF includes data on Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) offered in states that operate their own Marketplaces that do not rely on the federal information technology platform for QHP eligibility and enrollment functionality. This includes states that operate their own Small Business Health Options Programs (SHOPs).

The Plan Attributes PUF (Plan-PUF) is one of the six files that make up the SBM PUF. The Plan-PUF contains plan-level data on maximum out-of-pocket payments, deductibles, cost sharing, health savings account (HSA) eligibility, formulary ID, and other plan attributes. These data originate from the Plans & Benefits template (i.e., template field), an Excel-based form used by issuers to describe their plans in the QHP/SADP application process, and were provided by the National Association of Insurance Commissioners (NAIC) by extracting the information from their System for Electronic Rate and Form Filing (SERFF). The issuer can also import data created in other templates (e.g., Network IDs from the Network ID template, Service Area IDs from the Service Area template, and Formulary IDs from the Prescription Drug template) to use as allowable values for the applicable fields in the Plan & Benefits template, or enter these values manually.

This data dictionary describes the variables contained in the Plan-PUF file for each SBM. Each record relates to one issuer’s insurance plan. The Plan-PUF is available for SBMs for plan year 2016.

2. Variable Attributes

<i>Variable Name:</i>	BusinessYear
<i>Variable Definition:</i>	Year for which plan provides coverage to enrollees
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Business Year
<i>Allowable Values:</i>	2016
<i>Data Source:</i>	System-generated field
<i>Comments:</i>	N/A

<i>Variable Name:</i>	StateCode
<i>Variable Definition:</i>	Two-character state abbreviation indicating the state where the plan is offered
<i>Data Type:</i>	Text
<i>Variable Label:</i>	State Code
<i>Allowable Values:</i>	All state abbreviations for those states that operate SBMs



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<i>Variable Label:</i>	State Code
<i>Data Source:</i>	System-generated field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	IssuerID
<i>Variable Definition:</i>	Five-digit numeric code that identifies the issuer organization in the Health Insurance Oversight System (HIOS)
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Issuer ID
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	SourceName
<i>Variable Definition:</i>	Categorical identifier of source of the data import
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Source Name
<i>Allowable Values:</i>	SERFF
<i>Data Source:</i>	System-generated field
<i>Comments:</i>	SERFF is the only source used data in the SBM PUF
<i>Variable Name:</i>	VersionNum
<i>Variable Definition:</i>	Integer value for version of data import
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Version Number
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	System-generated field
<i>Comments:</i>	N/A
<i>Variable name:</i>	ImportDate
<i>Variable Definition:</i>	Date of the data import
<i>Data Type:</i>	Date/Time
<i>Variable Label:</i>	Import Date
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	System-generated field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	BenefitsPackageID
<i>Variable Definition:</i>	Numeric identifier of benefit package
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Benefit Package ID
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A



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<i>Variable name:</i>	MarketCoverage
<i>Variable Definition</i>	Categorical indicator of market coverage of plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Market Coverage
<i>Allowable Values:</i>	Individual SHOP (Small Group)
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A

<i>Variable Name:</i>	DentalOnlyPlan
<i>Variable Definition:</i>	Categorical indicator of dental-only status of plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Dental-only Plan Indicator
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A

<i>Variable Name:</i>	TIN
<i>Variable Definition:</i>	Tax ID Number of the issuer
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Tax Identification Number
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template Field
<i>Comments:</i>	N/A

<i>Variable Name:</i>	StandardComponentID
<i>Variable Definition:</i>	Fourteen-character alphanumeric code that identifies an insurance plan within HIOS
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan ID
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template Field
<i>Comments:</i>	N/A

<i>Variable Name:</i>	PlanMarketingName
<i>Variable Definition:</i>	Marketing name of insurance plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan Marketing Name
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template Field
<i>Comments:</i>	N/A

<i>Variable Name:</i>	HIOSProductID
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Variable Definition: Seven-character alphanumeric code that identifies an insurance product within HIOS

Data Type: Text

Variable Label: HIOS Product ID

Allowable Values: Free text

Data Source: Template Field

Comments: N/A

Variable Name: HPID

Variable Definition: Identifies the insurance plan using the National Health Plan Identifier

Data Type: Text

Variable Label: HPID (National Health Plan Identifier)

Allowable Values: Free text

Data Source: Template field

Comments: This field is optional; blanks indicate no value was provided

Variable Name: NetworkID

Variable Definition: Identifier for a health care provider network organization

Data Type: Text

Variable Label: Network ID

Allowable Values: List of Network IDs valid for the issuer

Data Source: Template Field

Comments: Network IDs can be imported from the Network ID template based on the number of networks and the issuer's state, or entered manually by the issuer

Variable Name: ServiceAreaID

Variable Definition: Identifier for a Service Area

Data Type: Text

Variable Label: Service Area ID

Allowable Values: List of Service Area IDs valid for the issuer

Data Source: Template Field

Comments: Service area IDs can be imported from the service area template based on the number of service areas and the issuer's state, or entered manually by the issuer

Variable Name: FormularyID

Variable Definition: Identifier for a drug formulary

Data Type: Text

Variable Label: Formulary ID

Allowable Values: List of Formulary IDs valid for the issuer

Data Source: Template Field



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Comments: Formulary IDs can be imported from the Prescription Drug template based on the number of formularies and the issuer's state, or entered manually by the issuer

Variable Name: IsNewPlan
Variable Definition: Categorical indicator of whether the insurance plan is new for the current year or existed previously in the marketplace
Data Type: Text
Variable Label: New/Existing Plan
Allowable Values: New
 Existing
Data Source: Template field
Comments: N/A

Variable Name: PlanType
Variable Definition: Type of Insurance Plan
Data Type: Text
Variable Label: Plan Type
Allowable Values: Indemnity
 PPO
 HMO
 POS
 EPO
Data Source: Template field
Comments: N/A

Variable Name: MetalLevel
Variable Definition: Metal Level, or coverage category, of insurance plan based on its actuarial value
Data Type: Text
Variable Label: Metal Level
Allowable Values: Platinum
 Gold
 Silver
 Bronze
 Catastrophic
 High
 Low
Data Source: Template Field
Comments: Values of High and Low are only applicable to dental plans; values other than High and Low are only applicable to medical plans

Variable Name: UniquePlanDesign



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Variable Definition: An indication that the health insurance plan has a unique design, for purposes of the actuarial value calculator

Data Type: Text

Variable Limit: Unique Plan Design

Allowable Values: Yes
No

Data Source: Template field

Comments: This field is not applicable to dental plans

Variable Name: QHPNonQHPTYPEID

Variable Definition: Categorical indicator of a plan's exchange marketplace (On the exchange, Off the exchange)

Data Type: Text

Variable label: QHP/Non QHP

Allowable Values: On Exchange
Off Exchange
Both

Data Source: Template field

Comments: N/A

Variable Name: IsNoticeRequiredForPregnancy

Variable Definition: Indication of whether notice to the issuer is required before pregnancy-related benefits will be covered

Data Type: Text

Variable Label: Notice Required for Pregnancy

Allowable Values: Yes
No

Data Source: Template field

Comments: This field is not applicable to dental plans

Variable Name: IsReferralRequiredForSpecialist

Variable Definition: An indication of whether pre-authorization is required before a specialist visit

Data Type: Text

Variable Label: Is a Referral Required for Specialist?

Allowable Values: Yes
No

Data Source: Template field

Comments: This field is not applicable to dental plans

Variable Name: SpecialistRequiringReferral

Variable Definition: The types of specialists that require pre-authorization

Data Type: Text

Variable Label: Specialist Requiring a Referral

Allowable Values: Free text



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<i>Data Source:</i>	Template Field
<i>Comments:</i>	This field is not applicable to dental plans; this field is only required if IsReferralRequiredForSpecialist field equals Yes
<i>Variable Name:</i>	PlanLevelExclusions
<i>Variable Definition:</i>	The list of exclusions to the insurance plan that apply to all benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan Level Exclusions
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional; blanks indicate no value was provided
<i>Variable Name:</i>	IsHSAEligible
<i>Variable Definition:</i>	An indication that the insurance plan qualifies for a health savings account (HSA)
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is HSA Eligible?
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	HSAOrHRAEmployerContribution
<i>Variable Definition:</i>	An indication that the employer makes an HSA or Health Reimbursement Arrangement (HRA) contribution
<i>Data Type:</i>	Text
<i>Variable Label:</i>	HSA or HRA Employer Contribution?
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	HSAOrHRAEmployerContributionAmount
<i>Variable Definition:</i>	The dollar amount per employee that the employer contributes to the HSA or HRA
<i>Data Type:</i>	Text
<i>Variable Label:</i>	HSA or HRA Employer Contribution Amount
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	ChildOnlyOffering
<i>Variable Definition:</i>	The types of child enrollment options (Allows Adult and Child-only, Allows Adult-only, Allows Child-only) of an insurance plan



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Data Type: Text
Variable Label: Child Only Offering
Allowable Values: Allows Adult and Child-Only
 Allows Adult-Only
 Allows Child-Only
Data Source: Template Field
Comments: N/A

Variable Name: ChildOnlyPlanID
Variable Definition: The HIOS Plan Identifier for the child-only insurance plan that corresponds to this insurance plan
Data Type: Text
Variable Label: Child Only Plan ID
Allowable Values: Free text
Data Source: Template field
Comments: This field is only applicable to adult-only plans and does not apply to catastrophic plans

Variable Name: WellnessProgramsOffered
Variable Definition: An indication of whether an insurance plan offers wellness programs according to Section 2705 of the Public Health Service Act
Data Type: Text
Variable Label: Wellness Programs Offered
Allowable Values: Yes
 No
Data Source: Template field
Comments: This field is no applicable to dental plans

Variable Name: DiseaseManagementProgramsOffered
Variable Definition: Categorical indicator of whether the plan offers disease management programs for specific conditions
Data Type: Text
Variable Label: Disease Management Programs Offered
Allowable Values: Asthma
 Heart disease
 Depression
 Diabetes
 High blood pressure & high cholesterol
 Low back pain
 Pain management
 Pregnancy
 Weight loss programs
Data Source: Template field
Comments: This field is not applicable to dental plans



Variable Name: EHBPediatricDentalApportionmentQuantity
Variable Definition: The dollar amount of the employee health benefit (EHB) apportionment for Pediatric Dental
Data Type: Text
Variable Label: EHB Pediatric Dental Apportionment Quantity
Allowable Values: Free text
Comments: This field is not applicable to medical plans

Variable Name: IsGuaranteedRate
Variable Definition: An indication of whether the rates for the insurance plan are guaranteed or estimated
Data Type: Text
Variable Label: Guaranteed Rate
Allowable Values: Guaranteed Rate
 Estimated Rate
Data Source: Template field
Comments: This field is not applicable to medical plans

Variable Name: SpecialtyDrugMaximumCoinsurance
Variable Definition: The maximum dollar value of coinsurance for specialty high-cost drugs
Data Type: Text
Variable Label: Specialty Drug Maximum Coinsurance
Allowable Values: Free text
Data Source: Template field
Comments: This field is optional; blanks indicate that no value was provided

Variable Name: InpatientCopaymentMaximumDays
Variable Definition: The maximum number of days for which a patient can be charged a copayment for an inpatient stay, if the insurance plan design charges inpatient stays by day
Data Type: Text
Variable Label: Inpatient Copayment Maximum Days
Allowable Values: 0 (equivalent to no maximum)
 1
 2
 3
 4
 5
 6
 7
 8
 9



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<i>Data Source:</i>	10
<i>Comments</i>	Template field This field is optional, so blanks or zero values indicate no value was provided
<i>Variable Name:</i>	BeginPrimaryCareCostSharingAfterNumberOfVisits
<i>Variable Definition:</i>	The maximum number of fully covered visits allowed, after which primary care cost sharing will begin
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Begin Primary Care Cost-Sharing After Number of Visits
<i>Allowable Values:</i>	0 (equivalent to no maximum) 1 2 3 4 5 6 7 8 9 10
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional, so blanks or zero values indicate no value was provided
<i>Variable Name:</i>	BeginPrimaryCareDeductibleCoinsuranceAfterNumberofCopays
<i>Variable Definition:</i>	The maximum number of primary care visits with co-payment allowed, after which all primary care visits will be subject to the deductible or maximum out of pocket limits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Begin Primary Care Deductible Coinsurance After Number of Copays
<i>Allowable Values:</i>	0 (equivalent to no maximum) 1 2 3 4 5 6 7 8 9 10
<i>Data Source:</i>	Template field



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<i>Comments:</i>	This field is optional, blanks or zero values indicate no value was provided
<i>Variable Name:</i>	PlanEffectiveDate
<i>Variable Definition:</i>	The activation date of enrollment coverage under an insurance plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan Effective Date
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	PlanExpirationDate
<i>Variable Definition:</i>	The end date of plan selection for enrollment in an insurance plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan Expiration Date
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional, so blanks or zero values indicate no value was provided
<i>Variable Name:</i>	OutOfCountryCoverage
<i>Variable Definition:</i>	Indicates whether out-of-country coverage is provided for health services
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Out of Country Coverage
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	OutOfCountryCoverageDescription
<i>Variable Definition:</i>	The conditions under which out-of-country health services are covered
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Out of Country Coverage Description
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans that offer out-of-country coverage
<i>Variable Name:</i>	OutOfServiceAreaCoverage
<i>Variable Definition:</i>	Indicates whether out-of-service-area coverage is provided
<i>Data Type:</i>	Text



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<i>Variable Label:</i>	Out of Service Area Coverage
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name</i>	OutOfServiceAreaCoverageDescription
<i>Variable Definition:</i>	The conditions under which out-of-service-area health services are covered
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Out of Service Area Coverage Description
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans that offer out of service area coverage
<i>Variable Name</i>	NationalNetwork
<i>Variable Definition:</i>	Indicates whether the insurance plan is supported by a national network of health service provider companies
<i>Data Type:</i>	Text
<i>Variable Label:</i>	National Network
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name</i>	URLForSummaryOfBenefitsCoverage
<i>Variable Definition:</i>	The URL for the summary of benefits and coverage
<i>Data Type:</i>	Text
<i>Variable Label:</i>	URL for Summary of Benefits and Coverage
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name</i>	URLForEnrollmentPayment
<i>Variable Definition:</i>	The URL for enrollment payment
<i>Data Type:</i>	Text
<i>Variable Label:</i>	URL for Enrollment Payment
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name</i>	PlanBrochure
<i>Variable Definition:</i>	The URL for the plan brochure
<i>Data Type:</i>	Text



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<i>Variable Label:</i>	URL for Plan Brochure
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name</i>	FormularyURL
<i>Variable Definition:</i>	The URL for the prescription drug formulary associated with this plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Formulary URL
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only valid for medical plans
<i>Variable Name</i>	PlanID
<i>Variable Definition:</i>	Seventeen-character alpha-numeric code that identifies an insurance plan's cost sharing reduction (CSR) variant within HIOS
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan ID (Standard Component ID with variant)
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	Prepopulated in template; character count includes '-'
<i>Variable Name</i>	CSRVariationType
<i>Variable Definition:</i>	Names of the cost-sharing reduction options offered for a health insurance plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	CSR Variation Type
<i>Allowable Values:</i>	Standard Off Exchange Plan Standard On Exchange Plan Zero Cost Sharing Plan Variation Limited Cost Sharing Plan Variation 73% AV level Silver Plan 87% AV level Silver Plan 94% AV level Silver Plan
<i>Data Source:</i>	Template field
<i>Comments:</i>	Prepopulated in template
<i>Variable Name</i>	IssuerActuarialValue
<i>Variable Definition:</i>	The numeric actuarial value (AV) generated manually for an insurance plan by the issuer
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Issuer Actuarial Value
<i>Allowable Values:</i>	Free text



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<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to dental plans and plans with a unique design
<i>Variable Name</i>	AVCalculatorOutputNumber
<i>Variable Definition:</i>	The numeric AV generated by the template's AV Calculator for an insurance plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	AV Calculator Output Number
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to medical plans and plans that do not have a unique design
<i>Variable Name</i>	MedicalDrugDeductiblesIntegrated
<i>Variable Definition:</i>	An indication of whether the insurance plan specifies that the medical and drug deductibles are combined into one deductible
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Medical Drug Deductibles Integrated
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is not applicable to dental plans
<i>Variable Name</i>	MedicalDrugMaximumOutOfPocketIntegrated
<i>Variable Definition:</i>	An indication of whether the insurance plan specifies that the medical and drug maximum out-of-pocket (MOOP) limits are combined into one limit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Medical Drug Maximum Out of Pocket Integrated
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is not applicable to dental plans
<i>Variable Name</i>	MultipleNetworkTiers
<i>Variable Definition:</i>	An indication of whether there are two or more in-network tiers
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Multiple Network Tiers
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A



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<i>Variable Name</i>	FirstTierUtilization
<i>Variable Definition:</i>	The expected percentage of utilization for the first in-network tier
<i>Data Type:</i>	Text
<i>Variable Label:</i>	First Tier Utilization
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name</i>	SecondTierUtilization
<i>Variable Definition:</i>	The expected percentage of utilization for the second in-network tier
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Second Tier Utilization
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name</i>	MEHBInnTier1IndividualMOOP
<i>Variable Definition:</i>	The dollar amount of the tier 1 in-network individual out-of-pocket cost limit for medical EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Individual
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits
<i>Variable Name</i>	MEHBInnTier1FamilyMOOP
<i>Variable Definition:</i>	The dollar amount of the tier 1 in-network family out-of-pocket cost limit for medical EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits
<i>Variable Name</i>	MEHBInnTier2IndividualMOOP



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Variable Definition: The dollar amount of the tier 2 in-network individual out-of-pocket cost limit for medical EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

Variable Name MEHBInnTier2FamilyMOOP

Variable Definition: The dollar amount of the tier 2 in-network family out-of-pocket cost limit for medical EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), family

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

Variable Name MEHBOutOfNetIndividualMOOP

Variable Definition: The dollar amount of the out-of-network individual out-of-pocket cost limit for medical EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical EHB Benefits, Out of Network, Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

Variable Name MEHBOutOfNetFamilyMOOP

Variable Definition: The dollar amount of the out-of-network family out-of-pocket cost limit for medical EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical EHB Benefits, Out of Network, Family

Allowable Values: \$X



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Data Source: Not Applicable
Comments: Template field
 This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

Variable Name: MEHBCombInnOonIndividualMOOP
Variable Definition: The dollar amount of the combined in-/out-of-network individual out-of-pocket cost limit for medical EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out of Network, Individual
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

Variable Name: MEHBCombInnOonFamilyMOOP
Variable Definition: The dollar amount of the combined in-/out-of-network family out-of-pocket cost limit for medical EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out of Network, Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits

Variable Name: DEHBInnTier1IndividualMOOP
Variable Definition: The dollar amount of the tier 1 in-network individual out-of-pocket cost limit for drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for drug EHB Benefits, In Network (Tier 1), Individual
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug MOOP limits; this field will be blank for dental plans

Variable Name: DEHBInnTier1FamilyMOOP



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Variable Definition: The dollar amount of the tier 1 in-network family out-of-pocket cost limit for drug EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug MOOP limits; this field will be blank for dental plans

Variable Name DEHBInnTier2IndividualMOOP

Variable Definition: The dollar amount of the tier 2 in-network individual out-of-pocket cost limit for drug EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug MOOP limits; this field will be blank for dental benefits

Variable Name DEHBInnTier2FamilyMOOP

Variable Definition: The dollar amount of the tier 2 in-network family out-of-pocket cost limit for drug EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), family

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug MOOP limits; this field will be blank for dental benefits

Variable Name DEHBOutOfNetIndividualMOOP

Variable Definition: The dollar amount of the out-of-network individual out-of-pocket cost limit for drug EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field



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Comments: This field is only applicable to plans with separate medical and drug MOOP limits; this field will be blank for dental benefits

Variable Name: DEHBOutOfNetFamilyMOOP
Variable Definition: The dollar amount of the out-of-network family out-of-pocket cost limit for drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug MOOP limits; this field will be blank for dental benefits

Variable Name: DEHBCombInnOonIndividualMOOP
Variable Definition: The dollar amount of the combined in-/out-of-network individual out-of-pocket cost limit for drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out of Network, Individual
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug MOOP limits; this field will be blank for dental benefits

Variable Name: DEHBCombInnOonFamilyMOOP
Variable Definition: The dollar amount of the combined in-/out-of-network family out-of-pocket cost limit for drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out of Network, Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug MOOP limits; this field will be blank for dental benefits

Variable Name: TEHBInnTier1IndividualMOOP
Variable Definition: The dollar amount of the tier 1 in-network individual out-of-pocket cost limit for medical and drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical and Drug EHB Benefits, In Network (Tier 1), Individual



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Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with combined medical and drug MOOP limits; for dental plans, this field will be blank

Variable Name TEHBInnTier1FamilyMOOP
Variable Definition: The dollar amount of the tier 1 in-network family out-of-pocket cost limit for medical and drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical and Drug EHB Benefits, In Network (Tier 1), Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with combined medical and drug MOOP limits; for dental plans, this field will be blank

Variable Name TEHBInnTier2IndividualMOOP
Variable Definition: The dollar amount of the tier 2 in-network individual out-of-pocket cost limit for medical and drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical and Drug EHB Benefits, In Network (Tier 2), Individual
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with multiple in network tiers and combined medical and drug MOOP limits; for dental plans, this field will be blank

Variable Name TEHBInnTier2FamilyMOOP
Variable Definition: The dollar amount of the tier 2 in-network family out-of-pocket cost limit for medical and drug EHB benefits
Data Type: Text
Variable Label: Maximum Out of Pocket for Medical and Drug EHB Benefits, In Network (Tier 1), family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with multiple in network tiers and combined medical and drug MOOP limits; for dental plans, this field will be blank

Variable Name TEHBOutOfNetIndividualMOOP



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Variable Definition: The dollar amount of the out-of-network individual out-of-pocket cost limit for medical and drug EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical and Drug EHB Benefits, Out of Network, Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with combined medical and drug MOOP limits; for dental plans, this field will be blank

Variable Name TEHBOutOfNetFamilyMOOP

Variable Definition: The dollar amount of the out-of-network family out-of-pocket cost limit for medical and drug EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical and Drug EHB Benefits, Out of Network, Family

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with combined medical and drug MOOP limits; for dental plans, this field will be blank

Variable Name TEHBCombInnOonIndividualMOOP

Variable Definition: The dollar amount of the combined in-/out-of-network individual out-of-pocket cost limit for medical and drug EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical and Drug EHB Benefits, Combined In/Out of Network, Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with combined medical and drug MOOP limits; for dental plans, this field will be blank

Variable Name TEHBCombInnOonFamilyMOOP

Variable Definition: The dollar amount of the combined in-/out-of-network family out-of-pocket cost limit for medical and drug EHB benefits

Data Type: Text

Variable Label: Maximum Out of Pocket for Medical and Drug EHB Benefits, Combined In/Out of Network, Family

Allowable Values: \$X
Not Applicable

Data Source: Template field



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Comments: This field is only applicable to plans with combined medical and drug MOOP limits; for dental plans, this field will be blank

Variable Name MEHBDedInnTier1Individual
Variable Definition: The dollar amount of the tier 1 in-network individual deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, In Network (Tier 1), Individual
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name MEHBDedInnTier1Family
Variable Definition: The dollar amount of the tier 1 in-network family deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, In Network (Tier 1), Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name MEHBDedInnTier1Coinsurance
Variable Definition: The percentage sued for the tier 1 in-network coinsurance for medical EHB benefits, unless a different coinsurance is listed for a specific benefit.
Data Type: Text
Variable Label: Medical EHB Deductible, In Network (Tier 1), Default Coinsurance
Allowable Values: Free text
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name MEHBDedInnTier2Individual
Variable Definition: The dollar amount of the tier 2 in-network individual deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, In Network (Tier 2), Individual
Allowable Values: \$X



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Data Source: Not Applicable
Template field
Comments: This field is only applicable to plans with multiple in-network tiers and separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name MEHBDedInnTier2Family
Variable Definition: The dollar amount of the tier 2 in-network family deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, In Network (Tier 2), Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with multiple in-network tiers and separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name MEHBDedInnTier2Coinsurance
Variable Definition: The percentage used for the tier 2 in-network coinsurance for medical EHB benefits, unless a different coinsurance is listed for a specific benefit
Data Type: Text
Variable Label: Medical EHB Deductible, In Network (Tier 2), Default Coinsurance
Allowable Values: Free text
Data Source: Template field
Comments: This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; this field will be blank for dental plans

Variable Name MEHBDedOutOfNetIndividual
Variable Definition: The dollar amount of the out-of-network individual deductible for medical EHB benefits
Data Type: Text
Variable Label: Medical EHB Deductible, Out of Network, Individual
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name MEHBDedOutOfNetFamily



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Variable Definition: The dollar amount of the out-of-network family deductible for medical EHB benefits

Data Type: Text

Variable Label: Medical EHB Deductible, Out of Network, Family

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name MEHBDedCombInnOonIndividual

Variable Definition: The dollar amount of the combined in-/out-of-network individual deductible for medical EHB benefits

Data Type: Text

Variable Label: Medical EHB Deductible, Combined In/Out of Network, Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name MEHBDedCombInnOonFamily

Variable Definition: The dollar amount of the combined in-/out-of-network family deductible for medical EHB benefits

Data Type: Text

Variable Label: Medical EHB Deductible, Combined In/Out of Network, Family

Allowable Values: \$X
Not Applicable

Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name DEHBDedInnTier1Individual

Variable Definition: The dollar amount of the tier 1 in-network individual deductible for drug EHB benefits

Data Type: Text

Variable Label: Drug EHB Deductible, In Network (Tier 1), Individual

Allowable Values: \$X
Not Applicable

Data Source: Template field



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Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name DEHBDedInnTier1Family
Variable Definition: The dollar amount of the tier 1 in-network family deductible for drug EHB benefits

Data Type: Text
Variable Label: Drug EHB Deductible, In Network (Tier 1), Family
Allowable Values: \$X
 Not Applicable

Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits

Variable Name DEHBDedInnTier1Coinsurance
Variable Definition: The percentage used for the tier 1 in-network coinsurance for drug EHB benefits, unless a different coinsurance is listed for a specific benefit

Data Type: Text
Variable Label: Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Allowable Values: Free text
Data Source: Template field

Comments: This field is only applicable to plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name DEHBDedInnTier2Individual
Variable Definition: The dollar amount of the tier 2 in-network individual deductible for drug EHB benefits

Data Type: Text
Variable Label: Drug EHB Deductible, In Network (Tier 2), Individual
Allowable Values: \$X
 Not Applicable

Data Source: Template field
Comments: This field is only applicable to plans with multiple in-network tiers and separate medical and drug deductibles; for dental plans, this field will be blank for dental benefits

Variable Name DEHBDedInnTier2Family
Variable Definition: The dollar amount of the tier 2 in-network family deductible for drug EHB benefits

Data Type: Text
Variable Label: Drug EHB Deductible, In Network (Tier 2), Family
Allowable Values: \$X



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Data Source: Not Applicable
Template field
Comments: This field is only applicable to plans with multiple in-network tiers and separate medical and drug deductibles; for dental plans, this field will be blank for dental benefits

Variable Name DEHBDedInnTier2Coinsurance
Variable Definition: The percentage used for the tier 2 in-network coinsurance for drug EHB benefits, unless a different coinsurance is listed for a specific benefit
Data Type: Text
Variable Label: Drug EHB Deductible, In Network (Tier 2), Default Coinsurance
Allowable Values: Free text
Data Source: Template field
Comments: This field is only applicable to plans with multiple in-network tiers and separate medical and drug deductibles; this field will be blank for dental plans

Variable Name DEHBDedOutOfNetIndividual
Variable Definition: The dollar amount of the out-of-network individual deductible for drug EHB benefits
Data Type: Text
Variable Label: Drug EHB Deductible, Out of Network, Individual
Allowable Values: \$X
Data Source: Not Applicable
Template field
Comments: This field is only applicable to plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name DEHBDedOutOfNetFamily
Variable Definition: The dollar amount of the out-of-network family deductible for drug EHB benefits
Data Type: Text
Variable Label: Drug EHB Deductible, Out of Network, Family
Allowable Values: \$X
Data Source: Not Applicable
Template field
Comments: This field is only applicable to plans with separate medical and drug deductibles; this field will be blank for dental plans

Variable Name DEHBDedCombInnOonIndividual
Variable Definition: The dollar amount of the combined in-/out-of-network individual deductible for drug EHB benefits
Data Type: Text
Variable Label: Drug EHB Deductible, Combined In/Out of Network, Individual



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Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field will be blank.

Variable Name DEHBDedCombInnOonFamily
Variable Definition: The dollar amount of the combined in-/out-of-network family deductible for drug EHB benefits
Data Type: Text
Variable Label: Drug EHB Deductible, Combined In/Out of Network, Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field will be blank

Variable Name TEHBDedInnTier1Individual
Variable Definition: The dollar amount of the tier 1 in-network individual deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Medical and Drug EHB Deductible, In Network (Tier 1), Individual
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with combined medical and drug deductibles; for dental plans, this field will be blank

Variable Name TEHBDedInnTier1Family
Variable Definition: The dollar amount of the tier 1 in-network family deductible for medical and drug EHB benefits
Data Type: Text
Variable Label: Medical and Drug EHB Deductible, In Network (Tier 1), Family
Allowable Values: \$X
 Not Applicable
Data Source: Template field
Comments: This field is only applicable to plans with combined medical and drug deductibles; for dental plans, this field will be blank

Variable Name TEHBDedInnTier1Coinsurance
Variable Definition: The percentage used for the tier 1 in-network coinsurance for medical and drug EHB benefits, unless a different coinsurance is listed for a specific benefit.
Data Type: Text



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<i>Variable Label:</i>	Medical and Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with combined medical and drug deductibles; this field will be blank for dental plans
<i>Variable Name</i>	TEHBDedInnTier2Individual
<i>Variable Definition:</i>	The dollar amount of the tier 2 in-network individual deductible for medical and drug EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Medical and Drug EHB Deductible, In Network (Tier 2), Individual
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with multiple in-network tiers and separate medical and drug deductibles; for dental plans, this field will be blank for dental benefits
<i>Variable Name</i>	MEHBDedInnTier2Family
<i>Variable Definition:</i>	The dollar amount of the tier 2 in-network family deductible for medical EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Medical EHB Deductible, In Network (Tier 2), Family
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with multiple in-network tiers and combined medical and drug deductibles; for dental plans, this field will be blank
<i>Variable Name</i>	TEHBDedInnTier2Coinsurance
<i>Variable Definition:</i>	The percentage used for the tier 2 in-network coinsurance for medical and drug EHB benefits, unless a different coinsurance is listed for a specific benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Medical and Drug EHB Deductible, In Network (Tier 2), Default Coinsurance
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with multiple in-network tiers and combined medical and drug deductibles; this field will be blank for dental plans



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<i>Variable Name</i>	TEHBDedOutOfNetIndividual
<i>Variable Definition:</i>	The dollar amount of the out-of-network individual deductible for medical and drug EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Medical EHB Deductible, Out of Network, Individual
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with combined medical and drug deductibles; for dental plans, this field will be blank
<i>Variable Name</i>	TEHBDedOutOfNetFamily
<i>Variable Definition:</i>	The dollar amount of the out-of-network family deductible for medical and drug EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Medical and Drug EHB Deductible, Out of Network, Family
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with combined medical and drug deductibles; for dental plans, this field will be blank
<i>Variable Name</i>	TEHBDedCombInnOonIndividual
<i>Variable Definition:</i>	The dollar amount of the combined in-/out-of-network individual deductible for medical and drug EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Medical and Drug EHB Deductible, Combined In/Out of Network, Individual
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with combined medical and drug deductibles; for dental plans, this field will be blank
<i>Variable Name</i>	TEHBDedCombInnOonFamily
<i>Variable Definition:</i>	The dollar amount of the combined in-/out-of-network family deductible for medical and drug EHB benefits
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Medical and Drug EHB Deductible, Combined In/Out of Network, Family
<i>Allowable Values:</i>	\$X Not Applicable
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is only applicable to plans with combined medical and drug deductibles; for dental plans, this field will be blank



<i>Variable Name</i>	SBCHavingaBabyDeductible
<i>Variable Definition:</i>	The dollar amount of the deductible for the sample Summary of Benefits & Coverage (SBC) scenario of having a baby
<i>Data Type:</i>	Text
<i>Variable Label:</i>	SBC Scenario, having a Baby, Deductible
<i>Allowable Values:</i>	Free Text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional; blanks indicate no value was provided; this field is not applicable to dental plans

<i>Variable Name</i>	SBCHavingaBabyCopayment
<i>Variable Definition:</i>	The dollar amount of the copayment for the sample SBC scenario of having a baby
<i>Data Type:</i>	Text
<i>Variable Label:</i>	SBC Scenario, having a Baby, Copayment
<i>Allowable Values:</i>	Free Text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional; blanks indicate no value was provided; this field is not applicable to dental plans

<i>Variable Name</i>	SBCHavingaBabyCoinsurance
<i>Variable Definition:</i>	The dollar amount of the coinsurance for the sample SBC scenario of having a baby
<i>Data Type:</i>	Text
<i>Variable Label:</i>	SBC Scenario, having a Baby, Coinsurance
<i>Allowable Values:</i>	Free Text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional; blanks indicate no value was provided; this field is not applicable to dental plans

<i>Variable Name</i>	SBCHavingaBabyLimit
<i>Variable Definition:</i>	The dollar amount of the benefits limit for the sample SBC scenario of having a baby
<i>Data Type:</i>	Text
<i>Variable Label:</i>	SBC Scenario, having a Baby, Limit
<i>Allowable Values:</i>	Free Text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional; blanks indicate no value was provided; this field is not applicable to dental plans

<i>Variable Name</i>	SBCHavingDiabetesDeductible
<i>Variable Definition:</i>	The dollar amount of the deductible for the sample SBC scenario of having diabetes
<i>Data Type:</i>	Text



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Variable Label: SBC Scenario, having Diabetes, Deductible
Allowable Values: Free Text
Data Source: Template field
Comments: This field is optional; blanks indicate no value was provided;
 this field is not applicable to dental plans

Variable Name SBCHavingDiabetesCopayment
Variable Definition: The dollar amount of the copayment for the sample SBC scenario of having diabetes
Data Type: Text
Variable Label: SBC Scenario, having Diabetes, Copayment
Allowable Values: Free Text
Data Source: Template field
Comments: This field is optional; blanks indicate no value was provided;
 this field is not applicable to dental plans

Variable Name SBCHavingDiabetesCoinsurance
Variable Definition: The dollar amount of the coinsurance for the sample SBC scenario of having diabetes
Data Type: Text
Variable Label: SBC Scenario, having Diabetes, Coinsurance
Allowable Values: Free Text
Data Source: Template field
Comments: This field is optional; blanks indicate no value was provided;
 this field is not applicable to dental plans

Variable Name SBCHavingDiabetesLimit
Variable Definition: The dollar amount of the benefit limit for the sample SBC scenario of having diabetes
Data Type: Text
Variable Label: SBC Scenario, having Diabetes, Limit
Allowable Values: Free Text
Data Source: Template field
Comments: This field is optional; blanks indicate no value was provided;
 this field is not applicable to dental plans