

# Chapter 10a: Discrimination— Cost-Sharing Outlier: Supporting Documentation and Justification

---

Please fill in the following information.

**HIOS Issuer ID:** \_\_\_\_\_  
\_\_\_\_\_

**Applicable HIOS Plan IDs (Standard Component):** \_\_\_\_\_  
\_\_\_\_\_

**Cost-Sharing Data Element(s):** \_\_\_\_\_  
\_\_\_\_\_

**Justification for Benefit Design:** \_\_\_\_\_  
\_\_\_\_\_

If this provides insufficient space to list your justifications, please print out another form and add additional reasons there.