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

Please fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID: _____

_____

Applicable HIOS Plan IDs (Standard Component): _____

_____

Cost-Sharing Data Elements: _____

_____

Justification for Benefit Design: _____

_____

If you don't have enough space here to list your justifications, print out another form to augment them as needed.