



Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
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Rate and Benefits Information System User Manual

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1. APPROVALS

Submitting Organization's Approving Authority:

Signature

Printed Name

Date

Phone Number

Position Title

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5. INTRODUCTION

The Center for Consumer Information and Insurance Oversight (CCIIO), a division of the Department of Health and Human Services (HHS), is charged with helping implement many provisions of the Affordable Care Act. CCIIO oversees the implementation of the provisions related to private health insurance including providing oversight for the Issuer based data exchanges that populate <http://www.HealthCare.gov>.

The Health Insurance Oversight System (HIOS) allows the government to collect data from individual and small group market Issuers in order to facilitate this charge. The collected data is aggregated with other data sources and made public on a consumer-facing website. The Rate and Benefits Information System (RBIS) web site gathers detailed product benefit and eligibility data. This user manual explains the features and other aspects related to the use of the RBIS web site.

6. GETTING STARTED

6.1 MINIMUM REQUIREMENTS

6.1.1 Supported Applications

RBIS supports all Templates to be downloaded and completed in the following versions of Microsoft Excel: 2003, 2007 and 2010.

If using Excel 2003 and 2007, please use the .xls version of the Template. If using Excel 2010, please use the .xlsm version of the Templates. Some capability issues may occur when using the .xls version of the Template in Excel 2010.

The RBIS web site supports Firefox versions 3.5 and 4.0 and Internet Explorer versions 7 and 8.

6.1.2 Macro Security Level Setting

The RBIS Templates use macros to perform the built-in functions including the Validation and finalization processes. It is imperative that Excel's macro security level settings are set to allow macros. The following are the Excel macro security level settings:

- **Excel 2003** - Macro security level should be '**Medium.**' Instructions for setting the level once the spreadsheet is open will be covered in section 6.1.3, *Set-up Considerations*. This will allow the user to pick and choose which macros to work with versus which to not enable.
- **Excel 2007 or Later** - Macros should be set to '**Disable all macros with notification.**' Instructions will be provided in section 6.1.3, *Set-up Considerations*.

6.1.3 Set-up Considerations

Configuration on the computer must be set to satisfy the following requirements for the Issuer Data Entry Form to work properly:

- Have Microsoft Excel 2003, 2007 or 2010.
- Enable the Excel standard toolbar.
- Set Excel macro security settings to '*Medium (recommended)*' for Excel 2003.
 1. Select *Tools* from the menu bar.
 2. Select *Macro* on the dropdown menu.
 3. Select *Security*.
 4. Select *Medium (recommended)*.
 5. Click on *OK*.
 6. When the workbook is opened, it is fully functional.
- Set Excel macro security settings to '*Disable all macros with notifications*' for Excel 2007 or 2010.
 1. Select the *Office Button* in the upper left corner of the window.
 2. Select the *Excel Options* button at the bottom of the menu.
 3. Select *Trust Center* on the left navigation pane.
 4. Select *Trust Center Settings*.
 5. Select *Macro Settings* on the left navigation pane.
 6. Select the *Radio Button* in front of *Disable all macros with notification*.
 7. Select *OK* from the Trust Center window.
 8. Select *OK* from the Excel Option window.
 9. Select the *Options Button* when the workbook is opened.
 10. Select *Enable this content*.
 11. Select *OK*.

6.2 EXCHANGE OPERATIONS SUPPORT CENTER

If you need assistance with registering as a user, submitting data, reviewing and validating data, or other technical website functions, please contact the Exchange Operations Support Center (XOSC).

Phone Number: 1-855-267-1515

Email Address: CMS_FEPS@cms.hhs.gov

The XOSC hours of operation are 9:00AM to 6:00PM ET, Monday through Friday.

6.3 USER REGISTRATION

Issuers must first be a registered user in HIOS in order to gain access into RBIS. A user can be registered in HIOS by being added as a contact for an Issuer. If you have questions, please refer to the HIOS User Guide or call the XOSC. Any access requests outside of the normal HIOS

process must be submitted for CCIIO approval via the XOSC at 1-855-267-1515 or via e-mail at CCIIOPlanFinder@cms.hhs.gov.

6.4 ACCESSING THE SYSTEM

6.4.1 Log-In

Users who are registering with HIOS for the first time will receive a user name (their listed contact e-mail address) and a randomly generated password. This information should be used to access the system. Users will be required to customize their password after the first log-in.

1. Log-in to HIOS.
2. Enter the *User Name* and *Password*.
3. Enter the *Word Verification Code*.
4. Select the *Log-in Button*.
5. Select the *Rates & Benefits Information Systems (RBIS) Link* on the HIOS Main Page.
6. Select the *Link* to log-on to the RBIS system on the *RBIS Submissions Tab*
**Note: You will be navigated to the RBIS Log-in Page.
7. Enter the *User Name* and *Password*.
** Note: If you forget your password, please click on the *Forgot Password* link to be redirected to reset the password.
8. Enter the *Number Verification Code*.
** Note: If the code is not keyed in correctly or if the entry time exceeds the system threshold, the system will require you to request a new Number Verification code.
9. Select the *Log In button*.

The RBIS Log-in Screen is displayed below in Exhibit 6-1.

Exhibit 6-1: RBIS Login Screen

Health Insurance Oversight System

Wednesday, October 05, 2011

Sign-In

* Indicates required fields.

User Name:*

Password:*

[Forgot Password?](#)

Type the letters you see in the image into the Word Verification field below. If you are unable to read the image pictured below, please select the Play Audio Code link for audio verification

Word Verification * Please enter the letters you see in the image. If you use the Audio Verification, type the pronounced numbers and the first letter of each word.



[Can't read it?](#)
[Generate New Image](#)

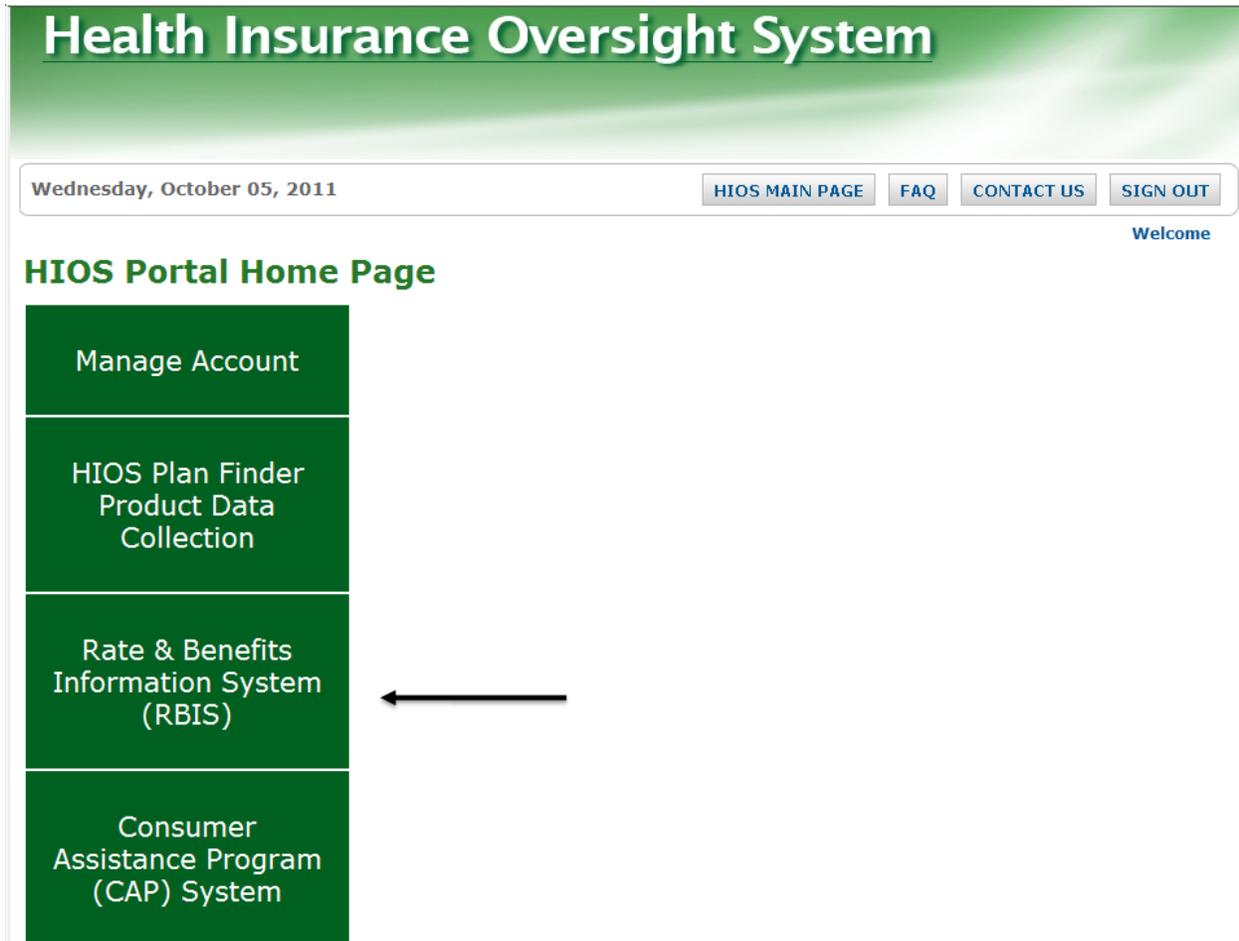
 [Play Audio Code](#)

*

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

The HIOS Main Page is displayed below in Exhibit 6-2.

Exhibit 6-2: HIOS Main Page



6.4.2 First Time User

New users who access the system for the first time will be required to customize their password after the first log-in. Users should go to the HIOS Page and follow the instructions provided. If you are experiencing any difficulties or need further assistance, please contact the XOSC.

The RBIS First Time User Page is displayed below in Exhibit 6-3.

Exhibit 6-3: RBIS First Time User Page



7. PROCESS OVERVIEW

The RBIS System is designed to automate the data Submission, Validation and Attestation processes. All tasks must be completed within the Submission window for data to be displayed on Healthcare.gov.

7.1 ROLE OVERVIEW

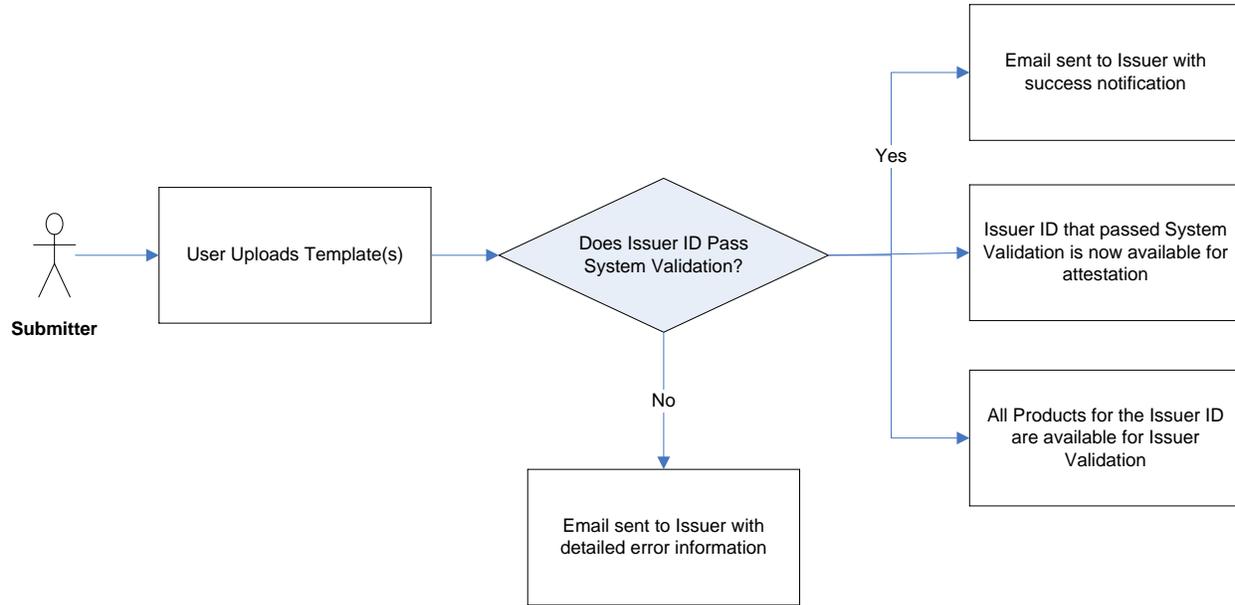
There are three different User roles that can be assigned for RBIS:

- **Submitter Role** – The User is responsible for and is allowed to submit data for any Issuer for which they have submitter permissions. They will be notified via e-mail of any errors during the Submission process.
- **Validator Role** – The User is responsible for validating that the data submitted is correct. They are allowed to validate products for any Issuer for which they have a Validation role.
- **Attester Role** - The User is responsible for attesting to data submitted by all Issuers for which they have permission. The Attester role is limited to the Issuer's Chief Executive Officer (CEO) or Chief Financial Officer (CFO).

7.2 SUBMITTER PROCESS

The Submission Process in RBIS is represented in Exhibit 7-1 below.

Exhibit 7-1: RBIS Submitter Role



The Submission process starts with downloading the Blank or Pre-populated Templates. The Templates need to be downloaded and saved to the local machine. When the Templates have all the required data populated, the data entered will need to be validated by selecting the Validate Button. When the Template passes Validation, the Validate and Finalized Button will need to be Selected to save a finalized csv file that can be uploaded.

The Submission Contacts' role in RBIS begins after the User uploads Template(s) into the system. Once uploaded, the Template(s) will go through a series of System Validations. The first set of Validations consists of very brief checks to ensure basic correctness. This includes checking the file name and file format. These Validations occur automatically upon Template upload.

The second set of system Validations will cross-check the Template(s) to ensure all the necessary data has been submitted for each Issuer ID. These Validations run on a pre-set schedule daily and only occur if Templates have successfully passed the first set of Validations.

If the Templates fail either of these Validations, the Submission Contact will receive an e-mail notifying them that the Template(s) failed System Validation. The Submitter will then be required to correct the errors listed in the e-mail and resubmit the file in RBIS. Alternatively, the Submitter will receive an e-mail if the Template(s) pass System Validation.

Emails will be sent to the Submitter for the following reasons:

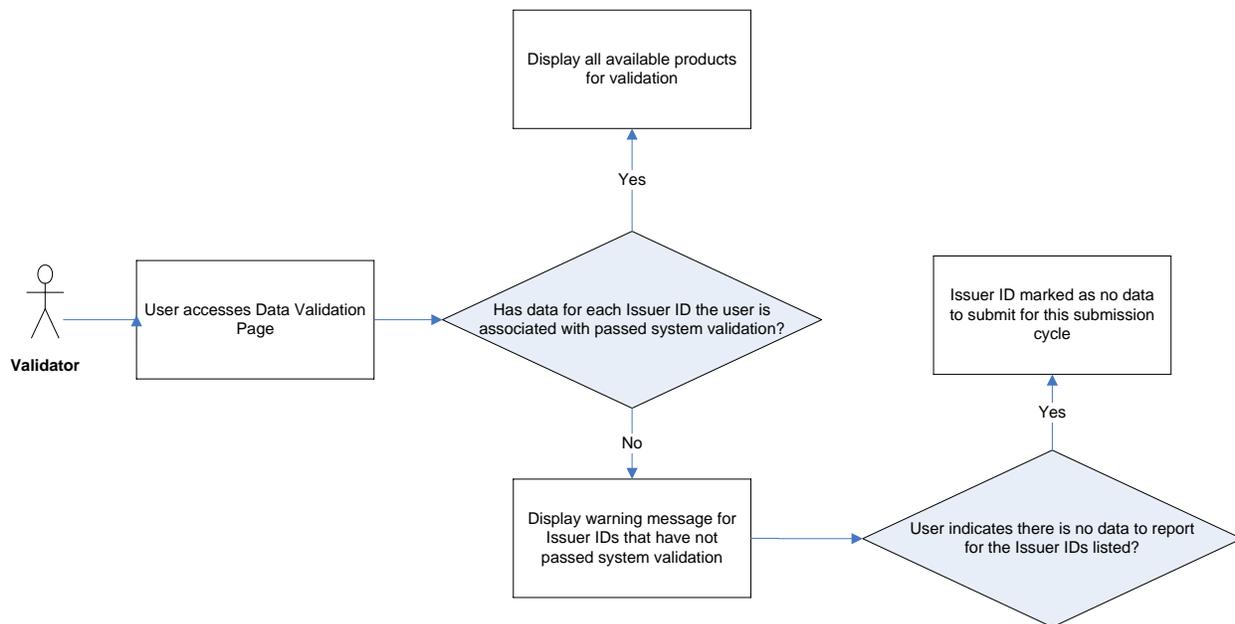
- The Template(s) fail Template(s) Validations.
- The Template(s) fail cross-check Validations.
- The Template(s) pass both sets of Validations.

If there are any issues with data, Submitters may resubmit the Template(s). Resubmissions will overwrite previous Submissions, but will not remove any data during the interim refresh, which will occur every two weeks. If you need a submitted product, region or product availability row removed, please contact the XOSC. If data is resubmitted, it must be revalidated.

7.3 VALIDATOR PROCESS

The Validation Process in RBIS is represented below in Exhibit 7-2.

Exhibit 7-2: RBIS Validator Role



The Validation Contacts role in RBIS begins when Validation becomes available for Issuer ID(s) associated with their User ID. In order for the Validation to become available, data for the Issuer ID(s) that the user is associated with must pass System Validation. Once data has passed System Validation, the data available for each Issuer ID will be displayed on the Validate Data screen in RBIS and the Validator will receive an e-mail. Users will see all Issuer IDs for which they have permissions.

If there is no data to be uploaded for the listed Issuer ID(s), the Validator may indicate this on the Validate Data Tab. Once Issuer ID(s) have been marked as ‘no data to report,’ a new warning message is displayed stating that the user has indicated that there is no data to report for the listed Issuer IDs.

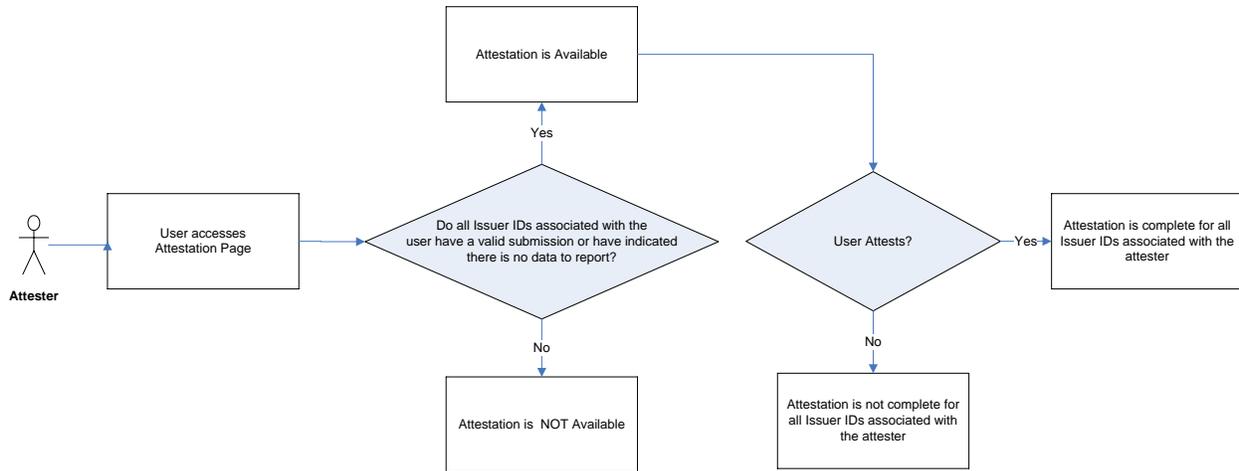
Issuer IDs must be validated to appear on Healthcare.gov.

If there are any issues with data, Submitters can resubmit Submissions. Each Submission for an Issuer ID overwrites previous Submissions. If data is resubmitted, it must be revalidated.

7.4 ATTESTOR PROCESS

The Attestation Process in RBIS is represented below in Exhibit 7-3.

Exhibit 7-3: RBIS Attester Role



The Attestation Contacts' role in RBIS will begin when Attestation becomes available for *all* Issuer ID(s) for which the user is associated. Attestation will not be available until all Issuer IDs associated with the user have a valid Submission or it is indicated that there is no data to report. Once Attestation is available, the Attester must read the Attestation agreement and electronically sign that they attest to the accuracy of the submitted data. Users should use caution when completing Attestation, as it can only be completed **one time per Submission window**.

7.5 RESUBMISSION PROCESS

The resubmission process is much like the Submission process. After an Issuer has resubmitted their data in RBIS, the Templates will go through both Template Validation as well as overall Product/Plan Cross-check Validation. Template specific System Validations will be performed prior to the Cross-check Validations.

The resubmission process allows the Issuer to change or update any data currently in the RBIS system. The Issuer may also add new data or correct any previously failed data during this time.

For further instructions on the resubmission process please refer to Section 14.

7.6 HEALTHCARE.GOV REFRESH

During the Submission window, which will run 10 weeks, there will be updates to the data displayed on Healthcare.gov. During this time, the Issuer is able to review data submitted during

the Submission window on Healthcare.gov. There will be an interim refresh and a final refresh which is detailed below.

7.6.1 Interim Refresh

The Interim Refresh will occur every two weeks during the Submission window.

- This will be a scheduled process which will occur every 2 weeks of the Submission window.
- No products currently on Healthcare.gov will be removed.
- All Issuer and Product data for plans and products that meet the following criteria will move to Healthcare.gov:
 - Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIIO suppressed
 - Not Expired

7.6.2 Final Refresh

The Final Refresh will occur at the end of the Submission window.

- Products currently on Healthcare.gov can be removed.
- All Issuer and Product data for plans and products that meet the following criteria will move to Healthcare.gov:
 - Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIIO suppressed
 - Not Expired

8. RBIS HOME PAGE

Upon successful login, users will arrive on the RBIS Home Page Welcome Screen. The RBIS Home Page is displayed below in Exhibit 8-1.

Exhibit 8-1: RBIS Home Page

Rate & Benefits Information System

03/18/2013 14:09 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome

[Submission Materials](#) [Data Upload](#) [Validate Data](#) [Attestation](#)

Announcements

- Welcome to the Rate and Benefits Information System (RBIS). This is your tool for submitting detailed health insurance product and plan information in the individual and small group markets.
- A User Manual is available that describes the data submission process in detail.
- Be sure to check out the related links box on this page for information about upcoming data submission windows, enhancements to this tool, and other resources.
- If you have policy questions regarding the HealthCare.gov Plan Finder, please e-mail CCIIOPlanFinder@cms.hhs.gov.
- If you need technical assistance regarding RBIS data submissions, please contact the Exchange Operations Support Center (XOSC) at 1-855-267-1515 or CMS_FEPS@cms.hhs.gov.

Reminder Email Opt Out

Individual Market

- 10020
- 27101
- 36810

Small Group Market

- 10020
- 13497
- 37590

Opt Out

Related Links

- [HealthCare.gov](#)
- [Content Requirements for HealthCare.gov - CCIIO](#)
- [Archive of Memos](#)
- [Training Resources](#)
- [CMS Portal](#)

User-Issuer Association

Issuer Code	Name	State	Action	Market	Contact
-------------	------	-------	--------	--------	---------

8.1 RBIS ANNOUNCEMENTS

The Home Page of the RBIS web site will display an Announcement section. This section will include helpful information, such as news, status updates, notable dates or events, and more. Additionally, it displays an informational list of all Issuer IDs for which a user is associated.

8.2 RBIS RELATED LINKS

The Home Page of the RBIS web site contains a Related Links section. This section will include links that are useful to the users, such as Healthcare.gov, the CCIIO website, training materials, and more.

8.3 USER ASSOCIATION TABLE

The Home Page of the RBIS web site contains a table at the bottom of the page. This provides a convenient opportunity to view and confirm all Issuers and roles for which the user is responsible.

9. SUBMISSION MATERIALS

The Submission Materials Tab includes the following information:

- Instructions and Reference Materials
- Templates for Submitting Products or Plans
- Pre-Populated Templates for Submitting Products or Plans

9.1 INSTRUCTIONS AND REFERENCE MATERIALS

The links below will allow users to view and access the latest version of the User Manual.

The Small Group Market instructions and reference material links are displayed below in Exhibit 9-1.

Rate & Benefits Information System

09/13/2011 22:22 HOME FAQ CONTACT US SIGN OUT

Submission Materials Data Upload Validate Data Attestation Admin Console

Download Submission Materials for Small Group Market

All issuers must use official templates when submitting product data for Healthcare.gov. The templates are available in Excel format and can be found on this page. Instructions for the submission process can be found below.

Instructions and Reference Materials

- [User Manual \(PDF - File Size\)](#)

9.2 DOWNLOAD SUBMISSION MATERIALS

The user can access and download the Submission materials link, under the Submissions Materials Tab, for updating and creating new products. The user can download Pre-populated Templates for completion from this page. Simply select which Template and format to download from the list by clicking on the Template hyperlinks. The Small Group Market Submission materials link is displayed below in Exhibit 9-2.

Exhibit 9-2: Download Data Submission Materials (Example from the Small Group Market)

The screenshot displays the 'Rate & Benefits Information System' website. At the top, there is a green header with the system name. Below the header, a navigation bar includes a date and time display (11/12/2012 16:32) and buttons for HOME, FAQ, CONTACT US, and SIGN OUT. A secondary navigation bar features tabs for Submission Materials, Data Upload, Validate Data, and Attestation. Under Submission Materials, there are links for Individual and Small Group. The main content area is titled 'Download Submission Materials for Small Group Market' and contains the following text: 'All issuers must use official templates when submitting product data for Healthcare.gov. The templates are available in Excel format and can be found on this page. Instructions for the submission process can be found below.' It lists 'Instructions and Reference Materials' with a link to the 'User Manual (PDF - 3.33MB)'. Under 'Pre-Populated Templates for Submitting Small Group Products', there are sections for 'Benefits' (with links for ZIP and XLSM formats), 'Product Availability' (with links for ZIP and XLSM formats), and 'Regions' (with links for ZIP and XLSM formats). A section titled 'Templates for Submitting Small Group products' follows, with sub-sections for 'Benefits', 'Product Availability', and 'Regions', each listing links for blank Excel templates in XLS and XLSM formats. A 'Next Steps' section at the bottom explains that users should fill in the templates and then navigate to the Data Upload tab. At the very bottom, there are links for Accessibility, Rules of Behavior, Web Policies, and File Formats and Plugins.

10. ENHANCED SUBMISSION PROCESS

This Submission window will feature an enhanced Submission process. Instead of submitting all products and plans as in previous Submission windows, only data that needs to be updated

should be included on a Template for Submission. If no changes need to be made, then the plan or product should not be included in the Submission.

If data is submitted that results in an error, only that row or rows will need to be resubmitted. All of the other valid data submitted on the Template will not be need to be resubmitted. The exception to this is the Regions Template. A complete resubmission will be required if the Submission results in error. However, if the Template includes data for multiple Issuers, only the one that generated the error will need to be resubmitted.

Additionally, a new ‘Delete?’ column has been added to all Templates. In order to delete data, the column needs to be marked with a ‘Yes.’ Leaving data off of a submitted Template will not delete the data. In order to edit data, the column needs to be marked with a ‘No.’ User can then enter the edited data. An example of a Template submitted using the Enhanced Submission Process is displayed below in Exhibit 10-1.

Exhibit 10-1: Example Template Submitted Using the Enhanced Submission Process

	A	B	C	D	E	F	G
1	IFP Benefits Template v7.0			Validate Data		Validate and Finalize	
2							
3	Delete?	Issuer ID	Product Smart ID	Plan ID	Plan Name	Plan Effective Date	Plan Expiration Date
4	Select "Yes" to delete the row, select "No" to keep the row. Otherwise leave blank.	Enter the Issuer ID.	Enter the Product Smart ID.	Enter the Plan ID.	Enter the Plan Name.	Enter the Plan Effective Date.	Enter the Plan Expiration Date.
5	Yes	12345	12345WI038	12345WI0380001	test plan	09/01/2012	12/31/2013
6							
7							
8							
9							

Deletions of plans and products will not be reflected on Healthcare.gov after the final refresh. Details on how the Enhanced Submission Process will work for each of the individual Templates are provided in their respective sections.

11. TEMPLATES

11.1 SMALL GROUP TEMPLATES

All Issuers must use official Templates when submitting product data for Healthcare.gov. The following are three available Templates for download by the users that must be completed in order to submit new Product data into RBIS:

- Benefits Template
- Regions Template
- Product Availability Template

11.1.1 Benefits Template

The Benefits Template provides the capability for users to submit benefits data to RBIS. This Template includes instructions on how users should fill out each field. For example, if the column heading is asking if the Product is HSA-Eligible, the instructions will indicate that the user should enter either ‘Y’ or ‘N.’

The Benefits Template for Small Group Products is displayed below in Exhibit 11-1.

Exhibit 11-1: Benefits Template for Small Group Products

	A	B	C	D	E	F	G	H
1	SG Benefits Template v7.0				Validate Data		Validate And Finalize	
2								
3	Delete?	Issuer ID	Product Smart ID	Product Type	HSA-Eligible	Total Written Premium	Same-Sex Partners	Domestic Partners
4	Select "Yes" to delete the row, select "No" to keep the row. Otherwise leave blank.	Enter the Issuer ID	Enter the Product Smart ID	Enter one of the following: Indemnity, PPO, HMO, POS, EPO, Other/ Describe	Enter Y or N. Enter Y if any plan under this product qualifies as an HSA-eligible HDHP	Enter the total written premium for this product	Does this product allow enrollment of same-sex partners?	Does this product allow enrollment of domestic partners?
5								
6								
7								
8								
9								
10								
11								

If the users enter an invalid character or value, the Template will produce the error displayed in Exhibit 11-2. Pressing Retry will redirect you back to the cell with the invalid entry and allow you to reenter the correct value; selecting Cancel will redirect you back to the cell with the invalid entry and clear the data; and selecting Help will open the Microsoft Office Excel Help screen.

Exhibit 11-2: Invalid Data



During previous Submissions, instructions were to use 9 9s (999999999). The system has been enhanced to recognize 'No Maximum' and the use of 9-9's (999999999) will not be used to represent the value of unlimited for the following:

- Annual Max Benefit In-Network
- Annual Deductible (In-Network and Out-of-Network)
- Annual Medical Out of Pocket Limit (In-Network and Out-of-Network)

The 'Delete?' column is new to the Submission process. If a plan's or product's 'Delete?' column is marked with a 'Yes,' all of the data associated with that product or plan will be removed. If a Small Group product is deleted, all of the associated Product Availability data will be removed. If an Individual plan is deleted, all of the associated Rates data will be deleted. Deletions of plans and products will not be reflected on Healthcare.gov after the final refresh. For further instructions on how to download the Benefits Template for Submission, please refer to [Section 9.2](#).

11.1.2 Regions Template

The Regions Template provides the capability for users to submit data that defines the regions in which the Issuers operate. The Regions Template requires that the Issuer ID, Region #, and State Abbreviation fields be complete for each region. Users can also define the region using Zip, County and FIPS County codes. (Federal Information Processing Standards (FIPS) County codes are a five digit federal standard for identifying United States Counties.) The following standards apply when completing the Regions Template:

- **Do not enter both a FIPS code and County. If both are entered, only the FIPS code will be used.**
- If a region is defined only by Zip Code, then leave the FIPS Code and County columns empty.
- If a region is defined by a combination of Zip Code and County, then fill out both columns.
- If a region is defined by a combination of Zip Code and FIPS Code, then fill out both columns.
- If a region is defined only by FIPS Code, then leave the ZIP Code and County columns empty.
- If your Region covers a state for all zip codes then leave the ZIP Code, FIPS Code and COUNTY columns empty.

Many of these standards are included in the Template Validations.

The ‘Delete?’ column is new to the Submission process. If the column is marked with a ‘Yes,’ then that row will be deleted. However, all of the region data cannot be deleted. One row of region data must exist or the Submission will fail. Regions can only be edited at the level they were originally submitted. If a region needs to be edited at a different level, the original region must be deleted and the new levels added back in as new rows of data. Please refer to [Section 9.2](#) for further instructions on how to download the Regions Template for Submission.

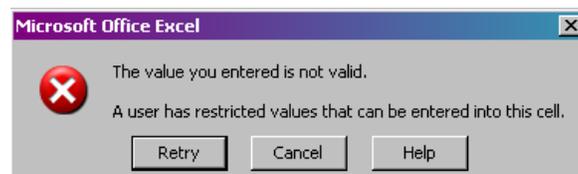
The Regions Template for Small Group Products is displayed below in Exhibit 11-3.

Exhibit 11-3: Regions Template for Small Group Products

	A	B	C	D	E	F	G		
1	SG Regions Template v7.0								
2									
3	Instructions:								
4	Please enter the region details for your service area below.								
5	If region is defined only by State, then leave Zip Code, FIPS Code and County columns empty;								
6	If region is defined only by State and Zip Code, then leave FIPS Code and County columns empty;								
7	If region is defined only by State and County, then leave Zip Code and FIPS Code columns empty;								
8	If region is defined only by State, Zip Code and FIPS Code, then leave the County column empty;								
9	If region is defined only by State, Zip Code and County Code, then leave the FIPS Code column empty;								
10	If region is defined only by State and FIPS Code, then leave Zip Code and County columns empty;								
11	If State, ZIP Code, FIPS Code and County are entered, then region will be defined as State, Zip Code and FIPS Code.								
12									
13									
						Validate Data		Validate And Finalize	
14	Delete?	Issuer ID	Region #	ZIP Code	FIPS Code	County	State Abbr		
15									
16									
17									
18									
19									
20									
21									

If the users enter an invalid character or value, the Template will produce the error displayed in Exhibit 11-4. Pressing Retry will redirect you back to the cell with the invalid entry and allow you to reenter the correct value; selecting Cancel will redirect you back to the cell with the invalid entry and clear the data; and selecting Help will open the Microsoft Office Excel Help screen.

Exhibit 11-4: Invalid Data



11.1.3 Product Availability Template

The Product Availability Template allows Issuers to indicate which Products are being offered in which regions. The Template requires the Issuer ID, Product Smart ID and Region # as defined by the Regions Template.

The Small Group Products Product Availability Template is displayed below in Exhibit 11-5.

Exhibit 11-5: Product Availability Template for Small Group Products

	A	B	C	D	E	F	G	H	I
1	SG Product Availability Template v7.0								
2									
3	Please enter your Product regions								
4	List the Product ID for each region in which it is available								
5									
6	Delete?	Issuer ID	Product Smart ID	Region #					
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

If the users enter an invalid character or value, the Template will produce the error displayed in Exhibit 11-6. Pressing Retry will redirect you back to the cell with the invalid entry and allow you to reenter the correct value; selecting Cancel will redirect you back to the cell with the invalid entry and clear the data; and selecting Help will open the Microsoft Office Excel Help screen.

Exhibit 11-6: Invalid Data



The 'Delete?' column is new to the Submission process. If the column is marked with a 'Yes,' then that row will be deleted. However, all product availability data for a product cannot be deleted. If a Submission is made that deletes all of the current product availability data without adding a new entry, the Submission will fail. There must be at least one valid product availability data entry for each plan that is in the system.

For further instructions on how to download the Product Availability Template for Submission, Please refer to [Section 9.2](#) for further instructions on how to download the Product Availability Template for Submission.

11.2 INDIVIDUAL TEMPLATES

All Issuers must use official Templates when submitting individual plan data for Healthcare.gov. The following four Templates, that must be completed in order to submit new Plan data into RBIS, are available for download by the users:

- Benefits Template
- Regions Template
- Rates Template
- Business Rules Template

Each Template is available in both pre-populated and blank form from the Submission Materials Page. Pre-populated Templates contain data loaded from HIOS as well as RBIS for Plan IDs. Plan IDs must be used to identify specific plans within a product.

Please ensure that if you copy the Product ID into the Plan ID field and manually add Plan ID to the end of it, that you use Excel's 'Copy Value' functionality and not the regular copy. If you do not, the Validations will not function properly by either not catching errors or rejecting valid data. (You can reverse any mistakes with the 'Undo' button.)

11.2.1 Validation/Finalization process

Selecting the Validate and Finalize button runs a final Validation check against the data for the Individual Templates. This button will then create a pipe-delimited .csv file. **It's important to note that the name of the worksheets in each Template is not changed from its original format since this will cause the creation of the .csv to fail.**

The .csv files created from the Templates will replace some of the data on the spreadsheet with corresponding codes to make the upload process more efficient. A table of the codes and their meanings per Template can be found in Appendix B.

11.2.2 Benefits Template

The Benefits Template provides the capability for users to submit benefits data to RBIS. The Template includes instructions on how users should fill out each field. For example, if the column heading is asking if the Product is HSA-Eligible, the instructions will indicate that the user should enter either 'Y' or 'N.'

The Benefits Template for Individual Plans is displayed below in Exhibit 11-7.

Exhibit 11-7: Benefits Template for Individual Plans

	A	B	C	D	E	F	G
1	IFP Benefits Template v7.0			Validate Data	Validate and Finalize		
2							
	Delete?	Issuer ID	Product Smart ID	Plan ID	Plan Name	Plan Effective Date	Plan Expiration Date
3	Select "Yes" to delete the row, select "No" to keep the row. Otherwise leave blank.	Enter the Issuer ID.	Enter the Product Smart ID.	Enter the Plan ID.	Enter the Plan Name.	Enter the Plan Effective Date.	Enter the Plan Expiration Date.
4							
5							
6							
7							
8							

The Benefits Template contains Plan IDs that have been provided for your products. If you have too many Plan IDs, please delete the rows with extra Plan IDs. If you need more Plan IDs, please refer to the HIOS User Manual on the process for generating new Plan IDs.

The Template allows for the entry of different plan level Benefits URLs from those listed in HIOS. This field is optional in RBIS. If you choose to enter a Benefits URL, Healthcare.gov will display it instead of the product’s Benefits URL from HIOS. If you choose not to enter it, Healthcare.gov will display the product’s Benefits URL from HIOS.

If the users enter an invalid character or value, the Template will produce the error displayed in Exhibit 11-8. This is not the same check that is completed by the System Validation that checks for acceptable characters. This is a simple check for required fields to be populated with data. Selecting ‘Retry’ will redirect you back to the cell with the invalid entry and allow you to re-enter the correct value; selecting ‘Cancel’ will redirect you back to the cell with the invalid entry and clear the data; and selecting ‘Help’ will open the Microsoft Office Excel Help screen.

Exhibit 11-8: Invalid Data



During previous Submissions, instructions were to use 9 9s (999999999). The system has been enhanced to recognize ‘No Maximum’ and the use of 9-9’s (999999999) will not be used to represent the value of unlimited for the following:

- Annual Max Benefit (IN)
- Annual Deductible (IN and OON)
- Annual Out-of-pocket Limit (IN and Elements(IN))
- Other Deductible 1 (IN and OON)
- Other Deductible 2 (IN and OON)
- Other Deductible 3 (IN and OON)

In addition, the two groups of fields listed below are optional (Group 1 and Group 2). However, if at least one of the fields in the group contains an amount, then ALL of the fields within the group must contain an amount. For example, if Maternity Co-pays has an amount of \$1000, then the other three Maternity fields must contain an amount. If there is no amount, then enter \$0.

Group 1:

- Maternity Deductibles
- Maternity Co-pays
- Maternity Co-insurance
- Maternity Limitations or Exclusions

Group 2:

- Diabetes Deductibles
- Diabetes Co-pays
- Diabetes Co-insurance
- Diabetes Limits or Exclusions

Please refer to [Section 9.2](#) for further instructions on how to download the Benefits Template for Submission.

11.2.2.1 Pre-Populated Benefits Template.

RBIS will pre-populate complete benefits information for plans that are currently in production and plans that were submitted, but not attested in the previous individual Submissions.

Plans that did not make it to production, newly submitted plans and plans that were not previously submitted plans will be pre-populated with the Issuer ID only

Cost share fields that were previously submitted with 9-9s will be pre-populated with 'No Maximum.'

11.2.3 Regions Template

The Individual and Family Plan Regions Template collects similar data and works in the same way as the Small Group Template. Please refer to the Small Group Regions Template section for additional information on how this works.

11.2.3.1 Pre-Populated Regions Template

RBIS will pre-populate the following fields:

- Delete?

- Issuer ID
- Region #
- Zip Code
- County
- State Abbreviation

The data displayed will be in the format submitted by the user. The data will also be sorted by Issuer ID, Region IDs associated to each Issuer ID, and all Zip Codes associated by a Region ID.

11.2.4 Rates Template

The Rates Template provides the ability to enter specific rate values for combinations of region, date, tobacco and gender (rows) broken out into subscriber type (columns). These rates are used to calculate the estimated base rate for plans. The Template includes instructions on how users should fill out each field.

The Rates Template for Individual Plans is displayed below in Exhibit 11-9.

Exhibit 11-9: Rates Template for Individual Plans

1	IFP Rates Template v7.0											
2				Validate Data		Validate And Finalize			Add Sheet			
3	Instructions:											
4	Enter the rate data for subscriber type in the table below using one row per plan.											
5	If there is no rate for the subscriber type in the row, leave it blank.											
6	Refer to the user manual for descriptions of the Subscriber Types											
7												
8												
9	Delete?	Issuer ID	Product Smart ID	Plan ID	Rate Effective Date	Rate Expiration Date	Region #	Minimum Age	Maximum Age	Gender	Tobacco?	Primary Subscriber
10												
11												
12	Optional: Select "Yes" to delete the row, select "No" to keep the row.											
13	Otherwise leave blank.											
14												
15												
16												

We recognize that there may be a very significant number of rate combinations for an Issuer’s plans. As such, the Template has the ability to create additional sheets to add more rates. Select the ‘Add Sheet’ button and an additional sheet will be created in the workbook.

If the users enter an invalid character or value, the Template will produce the error displayed in Exhibit 11-10. Selecting ‘Retry’ will redirect you back to the cell with the invalid entry and allow you to re-enter the correct value; selecting ‘Cancel’ will redirect you back to the cell with the invalid entry and clear the data; and selecting ‘Help’ will open the Microsoft Office Excel Help screen.

Exhibit 11-10: Invalid Data



The ‘Delete?’ column is new to the Submission process. If the column is marked with a ‘Yes,’ then that row will be deleted. However, all rates for a plan cannot be deleted. If a Submission is made that deletes all of the current rates without adding a new entry, the Submission will fail. There must be at least one valid rate for each plan that is in the system.

11.2.4.1 Pre-Populated Rates Template

RBIS will pre-populate complete rates information for plans that are currently in production and plans that were submitted, but not attested in the previous individual Submissions. Rates that have an expiration date that is more than thirty days before the pre-populated generation date will not be included.

Plans that did not make it to production and newly submitted plan that were not previously submitted will be pre-populated with the following:

- Issuer ID
- Product Smart ID
- Product Type

Plans with effective start or end dates that were defaulted in the last cycle will pre-populate blank.

Please refer to [Section 9.2](#) for further instructions on how to download the Rates Template for Submission.

11.2.5 Business Rules Template

The Business Rules Template tells the system how to use the rates provided in the Rates Template and the parameters submitted by users from Healthcare.gov to calculate an estimated base rate. Please refer to Appendix C for more details on how the business rules are provided. The Business Rules Template is completed on an Issuer basis.

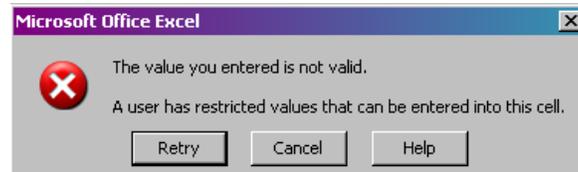
The Business Rules Template for Individual Plans is displayed below in Exhibit 11-11.

Exhibit 11-11: Business Rules Template for Individual Plans

	A	B	C	D	E
1	IFP Business Rules Template v7.0				
2				Validate Data	Validate and Finalize
3					
4	Instructions:				
5	Select an answer to each question from the list of choices provided.				
6					
7					
8	Delete?	Issuer ID	Product ID	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of dependents used to quote a two parent family?
9					
10					
11					
12					
13					
14					
15					

If the users enter an invalid character or value, the Template will produce the error displayed in Exhibit 11-12. Selecting 'Retry' will redirect you back to the cell with the invalid entry and allow you to re-enter the correct value; selecting 'Cancel' will redirect you back to the cell with the invalid entry and clear the data; and selecting 'Help' will open the Microsoft Office Excel Help screen.

Exhibit 11-12: Invalid Data



The 'Delete?' column is new to the Submission process. If the column is marked with a 'Yes', then that row will be deleted. The one exception is that the Issuer level business rule cannot be deleted. An attempted deletion will result in a failed Submission. However, it can be modified. Deletions of business rules at the product level are still valid.

11.2.5.1 Pre-Populated Business Rules Template

RBIS will pre-populate complete Business Rules information for plans currently in production and plans that were submitted, but not attested in the previous individual Submission.

Please refer to [Section 9.2](#) for further instructions on how to download the Rates Template for Submission.

11.2.6 Automatic creation of pre-populated Templates

RBIS will pre-populate Templates if any of the following data has changed to refresh the Templates.

- New product created in HIOS for Small Group and Individual markets (please refer to the HIOS user manual for additional information).
 - Plan IDs will be created in RBIS after receiving notification that a new product was created for an Individual market.
 - Products being deleted or undeleted from HIOS.
 - Products changing from closed to open or open to closed.
 - Products association status being changed.
 - Products end date changed.
 - Products territory changed where the Issuer associated with the product changes its state of conducting business from a state to a territory or vice-versa.
 - Products application data being updated for the product for the very first time that causes the product to become unsuppressed or suppressed.
 - User changes
 - Any changes to a submitter role.
 - Creating new submitter Issuer role mapping for a new user.
 - Changes to a submitter's Issuer role mapping for an existing user.
 - Creation of new Plan IDs in HIOS.
-

12. DATA UPLOAD

The Data Upload Tab is broken up into the following three subsections:

- Uploaded Files – Small Group
- Uploaded Files – Individual
- View Uploaded Files

The Data Upload Tab is displayed below in Exhibit 12-1.

Exhibit 12-1: Data Upload Tab

Submission Materials	Data Upload	Validate Data	Attestation	Admin Console
Upload Files - Individual	View Uploaded Files			

Upload Data Submissions for Individual Market

All issuers must submit data for products to display on Healthcare.gov on this page. Issuers may submit new products or make certain updates to existing products.

Upload Instructions for Individual Market

Before uploading files, confirm that the appropriate product data has been updated into the HIOS system by selecting the checkbox. To upload files, use the browse button to locate the appropriate file from your computer and attach the file. You must select which type of template you are uploading in each row.

Once you have selected all the files you would like to upload, select the 'Upload' button.

The following file formats are accepted:

- Pipe Delimited (CSV)- Note: Finalizing the template will automatically create a CSV file suitable for upload
- ZIP

NOTE: If you define regions in the regions template using counties, please ensure that the county names are all UPPERCASE before uploading the file.

Upload Files for Individual Market

Check here to confirm that the HIOS product data has already been uploaded for these products. The upload button will not be accessible until this selection has been made.

<input type="text"/>	Browse...	- Select Template Type
<input type="text"/>	Browse...	- Select Template Type
<input type="text"/>	Browse...	- Select Template Type
<input type="text"/>	Browse...	- Select Template Type
<input type="text"/>	Browse...	- Select Template Type

Upload

Next Steps

After data has been successfully uploaded, issuers should navigate to the Validate Data tab in order to perform product validation. Please note that there may be a delay after submission before the product data is available to view on the Validate data screen due to system processing.

12.1 DATA UPLOAD – SMALL GROUP AND INDIVIDUAL MARKET

Submission users can upload Submission materials for the Small Group Market and Individual Market from their respective Upload Files Page links under the Data Upload Tab. All Issuers must submit data for Products to display on Healthcare.gov.

12.1.1 Upload Files

Before uploading files, users must confirm that the appropriate Product data has been uploaded into the HIOS system by selecting the checkbox displayed below in Exhibit 12-2.

Exhibit 12-2: HIOS Product Data Upload Confirmation – Small Group

Upload Data Submissions for Small Group Market

All issuers must submit data for products to display on Healthcare.gov on this page. Issuers may submit new products or make certain updates to existing products.

Upload Instructions for Small Group Market

Before uploading files, confirm that the appropriate product data has been updated into the HIOS system by selecting the checkbox. To upload files, use the browse button to locate the appropriate file from your computer and attach the file. You must select which type of template you are uploading in each row.

Once you have selected all the files you would like to upload, select the 'Upload' button.

The following file formats are accepted:

- Pipe Delimited (CSV)- Note: Finalizing the template will automatically create a CSV file suitable for upload
- ZIP

NOTE: If you define regions in the regions template using counties, please ensure that the county names are all UPPERCASE before uploading the file.

Upload Files for Small Group Market

Check here to confirm that the HIOS product data has already been uploaded for these products. The upload button will not be accessible until this selection has been made.

	Browse...	-Select Template Type
	Browse...	-Select Template Type

The Individual HIOS Product Data Upload Confirmation is displayed below in Exhibit 12-3.

Exhibit 12-3: HIOS Product Data Upload Confirmation – Individual

Upload Instructions for Individual Market

Before uploading files, confirm that the appropriate product data has been updated into the HIOS system by selecting the checkbox.

To upload files, use the browse button to locate the appropriate file from your computer and attach the file. You must select which type of template you are uploading in each row.

Once you have selected all the files you would like to upload, select the 'Upload' button.

The following file formats are accepted:

- Pipe Delimited (CSV)- Note: Finalizing the template will automatically create a CSV file suitable for upload
- ZIP

NOTE: If you define regions in the regions template using counties, please ensure that the county names are all UPPERCASE before uploading the file.

Upload Files for Individual Market

Check here to confirm that the HIOS product data has already been uploaded for these products. The upload button will not be accessible until this selection has been made.

	Browse...	-Select Template Type

Upload

Next Steps

After data has been successfully uploaded, issuers should navigate to the Validate Data tab in order to perform product validation.

Please note that there may be a delay after submission before the product data is available to view on the Validate data screen due to system processing.

The submitter will need to select the 'Browse' button to locate and attach the appropriate file saved to the computer to upload the file(s). After selecting the file to upload, the correct Template type must be selected for the Template that is being uploaded. Users should remember to select only completed FINALIZED files for Submission. All files must be 30 MB or smaller. If users are having difficulty with the file size of a Small Group Template, they should consider using a pipe-delimited format.

An example of the Small Group Market files selected to upload is displayed below in Exhibit

12-4.

Exhibit 12-4: Files Selected to Upload (Example is from Small Group)

Upload Files for Small Group Market

Check here to confirm that the HIOS product data has already been uploaded for these plans. The upload button will not be accessible until this selection has been made.

C:\my_data\ALL\RBIS\User Manual\RBIS User M	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type

Upload

Once all the files for upload have been chosen, the Template type must be selected from the dropdown and the 'Upload' button must be selected in order for the file upload process to begin.

The Upload Files button is displayed below in Exhibit 12-5.

Exhibit 12-5: Upload Files

Upload Files for Small Group Market

Check here to confirm that the HIOS product data has already been uploaded for these products. The upload button will not be accessible until this selection has been made.

C:\Documents and Settings\All Users\Desktop\ak	Browse...	Benefits
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type

Upload

12.2 VIEW UPLOADED FILES FOR SMALL GROUP MARKET AND INDIVIDUAL MARKET

Once files have been successfully uploaded, the user may view their upload file history for the Small Group or plans for the Individual Market from the View Upload Files. All files that have been uploaded during the current Submission window will be displayed on this page.

The View Upload Files Page is displayed below in Exhibit 12-6.

Exhibit 12-6: View Uploaded Files

Rate & Benefits Information System

11/12/2012 16:34

[HOME](#)
[FAQ](#)
[CONTACT US](#)
[SIGN OUT](#)

Submission Materials
Data Upload
Validate Data
Attestation

Upload Files-Individual
Upload Files-Small Group
View Uploaded Files

Uploaded Files History

Individual

User ID	File Name	Template
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103231055__RBIS_IFP_Rates_Template_DRAFT.csv	Individual
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103231153__RBIS_IFP_Benefits_98944_MSKI.csv	Individual
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103231159__RBIS_IFP_BusinessRules_98944_MSKI.csv	Individual
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103231439__RBIS_IFP_Regions_98944_MSKI.csv	Individual
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103235428__RBIS_SG_Regions_Template_DRAFT.csv	Individual
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103231055__RBIS_IFP_Rates_75499_MSKI.csv	Individual
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103231153__RBIS_IFP_Benefits_75499_MSKI.csv	Individual
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103231159__RBIS_IFP_BusinessRules_75499_MSKI.csv	Individual
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103231439__RBIS_IFP_Regions_75499_MSKI.csv	Individual

Small Group

User ID	File Name	Template
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103234731__RBIS_SG_Product_Availability_Template_DRAFT.csv	Small Group
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103234743__RBIS_SG_Benefits_Template_DRAFT.csv	Small Group
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103235428__RBIS_SG_Regions_Template_DRAFT.csv	Small Group
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103235428__RBIS_SG_Regions_Template_DRAFT.csv	Small Group
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_201211041446__RBIS_SG_Regions_Template_DRAFT.csv	Small Group
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103233636__RBIS_SG_Product_Availability_Template_DRAFT.csv	Small Group
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_2012110323460__RBIS_SG_Benefits_Template_DRAFT.csv	Small Group
MARIA.STRYCHOWSKI@CGIFEDERAL.COM	Final_20121103235428__RBIS_SG_Regions_Template_DRAFT.csv	Small Group

If an Issuer has not uploaded any files, there will not be an upload history.

12.3 SUBMISSION COMPLETE

After an Issuer has uploaded their data, the Templates will go through both Template Validation as well as an overall Product/Plan Cross-check Validation. Template specific System Validations will be performed prior to the Cross-check Validations.

12.3.1 Template Validations

Before any Products for an Issuer ID are available for Data Validation, all Products for that Issuer ID must pass Template Validations. The Template Validations will additionally ensure that the file format is appropriate and correct. The Template Validations include, but are not limited to the following:

- Making certain the Issuer ID is valid.
- Checking to ensure that the data entered in each field matches the appropriate data type.
- Validating that the Template matches the Template type.
- Ensuring that the User ID submitting the file is associated with all Issuer IDs for which they are submitting data.
- Making sure each Product ID listed is a valid Product.
- Making sure each Plan ID listed is a valid Plan ID.
- Confirming that each product within the benefits Template does not match an existing product's benefit structure for a Product under an Issuer ID.
- Making sure all required fields are complete for each Template.
- Verifying that all Counties, Zip Codes, and/or FIPS Codes are valid and exist within the Issuer ID's associated state.

As soon as the System Validation has been completed, the user will receive notification via e-mail with the results of System Validation for each Issuer ID associated with the uploaded Template(s). The e-mail will include the following information:

- List of errors for each occurrence (if applicable)
- List of files submitted
- Issuer ID
- Issuer Name
- Market Type
- Outcome of System Validations
- Template type of each file
- Time of Submission
- List of warnings. (if applicable)

In the event that an Issuer ID fails Template Validations, the user must correct the errors listed in the e-mail and re-submit. If an Issuer ID passes Template Validations, it must then pass Cross-Check Validations before it is eligible for Data Validation in RBIS.

12.3.2 Cross-Check Validations

After Templates have successfully completed Template Validations, they must also pass Cross-check Validations. During this process, the existing data is used in conjunction with the newly submitted data to determine the Product/Plan validity. The Product/Plan Cross-check Validations include, but are not limited to:

- Ensuring that all Small Group Products have at least one valid Benefits Template, one Product Availability Template and one Region Template.
- Ensuring that all Individual Plans have at least one Benefits Template, one Region Template, one Rate Template and one Business Rules Template.
- Validating that all the existing Product/Plan IDs listed in the Product Availability Template exist in the data base.
- Validating that all new Product/Plan IDs listed in the Product Availability Template exist in the Benefits Template submitted in the same Submission period.

Cross-check Validations are run daily on a pre-set schedule. Once Cross-check Validations have been completed, Issuers will receive an e-mail for each Issuer ID associated with the uploaded Template(s). The e-mail will include the following information:

- List of errors for each occurrence (if applicable)
- List of files submitted
- Issuer ID
- Issuer Name
- Market type
- Outcome of System Validations
- Template type of each file
- Time of Submission
- List of warnings. (if applicable)

In the event that an Issuer ID fails Cross-check Validations, the user will receive an e-mail with the total number of errors, but will not receive more than 1000 errors due to size constraints. The ID will not be re-checked until another Template with the Issuer ID is uploaded. Users must correct the errors listed in the e-mail before the ID is eligible for Data Validation in RBIS. (Correcting errors might only require uploading a Template that had not been uploaded at the time of the Cross-check Validation.) If an Issuer ID passes Cross-check Validations, the user will only receive one e-mail once the Cross-check Validations are complete.

The error e-mail will list the first 1000 errors. Example email: Your Submission has resulted in “X Number of Errors”. Because of size constraints, we can only display the first 1000. For additional information, please contact the Exchange Operation Support Center (XOSC) at CMS_FEPS@cms.hhs.gov or 1-855-267-1515.

13. VALIDATE DATA

The Validate Data Tab is broken up into the following four subsections:

- View All Plans—Individual
- View All Products—Small Group
- Search by Scenario—Individual

- Search by Scenario—Small Group

All Issuers must complete Data Validation for their Products/Plans before the data is approved for use on Healthcare.gov.

13.1 VALIDATE DATA

Issuers can validate data from two different views, the ‘View All Products and Search by Scenario. Other views can be found under the Validate Data Tab.

13.1.1 View All Products

The View All Products section allows Issuers to validate data by viewing all Products/Plans available for a given Issuer ID. If users would like to run scenarios, please refer to the instructions in *Section 12.1.1.3.4, Search by Scenario*, for additional information.

13.1.1.1 View Single Issuer ID

Users must select their Issuer ID to validate data under ‘View All Products.’ The ‘Select Issuer ID(s)’ drop down for the Small Group Market is displayed below in Exhibit 13-1 and for the Individual Market in Exhibit 13-2.

Exhibit 13-1: Select Issuer ID(s) for Small Group Market

Issuer Benefits for Small Group Market

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\)](#)

Select Issuer ID(s):

13521

46916
47939

Enter

* Indicates data has been updated since last refresh to healthcare.gov

Issuer ID: 13521

Issuer Attestation Status: Attested

Issuer Products Information:

Product ID	Product Name	Production Status	Deductible Range	Average Cost Per Person	Benefit Information	Validation Status
						Select All [Yes] Select All [No]

Exhibit 13-2: Select Issuer ID(s) for Individual Market

Issuer Benefits for Individual Market

Select Issuer ID(s):

11891
33360
81941

* Indicates data has been updated since last refresh to healthcare.gov

Issuer ID: 33360
Issuer Attestation Status: Not attested
Issuer Products Information:

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit Information	Validation Status
						Select All [Yes] Select All [No]

13.1.1.2 View Multiple Issuer IDs

Users should hold down Ctrl + click on all the Issuer IDs they wish to view at once to validate data for multiple Issuer IDs at the same time.

The Issuer ID Multi-select view is displayed below in Exhibit 13-3.

Exhibit 13-3: Issuer ID Multi-Select

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\)](#)

Select Issuer ID(s):

12007
32725

13.1.1.3 No Data Received for Issuer ID(s)

If a User has not submitted data for an Issuer ID, a warning message will be displayed. The message will list the Issuer IDs for which no data has been submitted and explain that Attestation cannot occur without a complete Submission for an Issuer. In the event that there is no data to report for the Issuer IDs listed for the current Submission window, users may select the checkbox below, displayed in Exhibit 13-4, to indicate that no data will be submitted and must select the 'Submit' button.

Exhibit 13-4: No Data Received for Issuer ID(s) (Example from Small Group Market)

Validate Data for Small Group Market

All issuers must validate their product data before the data is approved for use on Healthcare.gov. To validate your data, select your issuer ID from the menu below to view all products available for that issuer, and use the radio buttons in the Status column. If you would like to run scenarios to view rate information, please visit the [Search By Scenario](#) page.

WARNING:

No data has been received for the following issuer IDs:

- 10055
- 10064
- 10078
- 10091
- 10313
- 10754
- 10940
- 11015

Attestation cannot occur without a complete submission for an issuer. Please return to the Data Upload tab and resubmit with the full set of issuers or select the option below

By selecting this checkbox, I agree that there is no data to report for the issuer IDs listed above for this submission window

13.1.1.3.1 No Data to Report for Issuer ID(s)

If a User has not submitted data for an Issuer ID and has agreed that there is no data to report for the current Submission window, the warning message provided below in Exhibit 13-5 will be displayed.

Exhibit 13-5: No Data to Report for Issuer ID(s) (Example from Small Group Market)

WARNING:

You have indicated that there is no data to report for the following issuer IDs:

- 45648
 - 46388
 - 74330
 - 87629
 - 52746
 - 75415
-

13.1.1.3.2 Issuer Benefits

Selecting the hyperlink ‘View benefit details for all Issuer IDs’, displayed below in Exhibit 13-6, allows the user to download a complete list of benefit details for all Issuer IDs with the most current information reported.

Exhibit 13-6: View Benefit Details for All Issuer IDs (Example from Small Group Market)

Issuer Benefits for Small Group Market

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\)](#)

Select Issuer ID(s):

13521
46316
47939

* Indicates data has been updated since last refresh to healthcare.gov

Issuer ID: 13521

Issuer Attestation Status: Attested

Issuer Products Information:

Product ID	Product Name	Production Status	Deductible Range	Average Cost Per Person	Benefit Information	Validation Status
						Select All [Yes] Select All [No]

If the user would like to view the benefits data for the individual Products/Plans, they may select the ‘View Product Benefit Information’ hyperlink in the Benefit Information column of the table as displayed below in Exhibit 13-7.

Exhibit 13-7: View Benefit Details for Individual Products (Example from Small Group Market)

Validate Data for Small Group Market

All issuers must validate their product data before the data is approved for use on Healthcare.gov. To validate your data, select your issuer ID from the 'Select Issuer IDs' section below to view all products available for that issuer, and use the radio buttons in the Status column. If you would like to run scenarios to view rate information, please visit the [Search By Scenario](#) page.

Issuer Benefits for Small Group Market

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\)](#)

Select Issuer ID(s):

13521
46316
47939

* Indicates data has been updated since last refresh to healthcare.gov

Issuer ID: 13521

Issuer Attestation Status: Attested

Issuer Products Information:

Product ID	Product Name	Production Status	Deductible Range	Average Cost Per Person	Benefit Information	Validation Status
						Select All [Yes] Select All [No]
13521NY001	GHI POSs	Current submission	200, 250, 300, 350	-	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
13521NY002	GHI POS	Current submission	150, 200, 225, 250	-	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
13521NY003	GHI HMO HNY	Current submission	200, 250, 300, 350	-	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
13521NY004	GHI HMO HNY	Current submission	125, 225, 325, 425	-	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No

Selecting the ‘View Product Benefit Information’ hyperlink will display the window below in Exhibit 13-8.

Exhibit 13-8: Benefit Details for Individual Products – Small Group Market

Issuer ID: 87629
 Product Smart ID: VA45678901
 Product Name: HMO COPAY \$15

Key features	Product's Coverage
Product Type:	HMO
HSA Eligible:	No
Total Premium Written:	501739.0
Same Sex Partners:	Covered
Domestic Partners:	Not Covered
Annual Deductible In-Network	Deductible + Coinsurance
Annual Deductible Out-of-Network	
PCP CoPay In-Network	Min: 370.0 Max: 677.0
PCP CoPay Out-of-Network	
Coinsurance In-Network	Min: 47 Max: 63
Coinsurance Out-of-Network	
Annual Out-of-Pocket Limit In-Network	250, 500, 1000, 2057
Annual Out-of-Pocket Limit Out-of-Network	
Annual Max Benefit In-Network	1441841.0
Annual Max Benefits Out-of-Network	
Primary Care Visit to Treat an Injury or Illness	
Specialist Visit	
Other Practitioner Office Visit (Nurse, Physician Assistant)	
Preventive Care/Screening/Immunization	
Diagnostic Test (X-Ray and Lab Work)	
Imaging (CT/PET Scans, MRIs)	
Generic Drugs	
Preferred Brand Drugs	
Non-Preferred Brand Drugs	
Specialty Drugs	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Outpatient Surgery Physician/Surgical Services	
Emergency Room Services	
Emergency Transportation/Ambulance	
Urgent Care Centers or Facilities	
Inpatient Hospital Services (e.g., Hospital Stay)	
Inpatient Physician and Surgical Services	
Mental/Behavioral Health Outpatient Services	
Mental/Behavioral Health Inpatient Services	
Substance Abuse Disorder Outpatient Services	
Substance Abuse Disorder Inpatient Services	
Prenatal and Postnatal Care	
Delivery and All Inpatient Services for Maternity Care	
Home Health Core Services	
Outpatient Rehabilitation Services	
Habilitation Services	
Skilled Nursing Facility	
Durable Medical Equipment	
Hospice Services	
Routine Eye Exam for Children	
Eye Glasses for Children	Covered
Dental Check-Up for Children	
Acupuncture	
Bariatric Surgery	
Non-Emergency Care When Traveling Outside the U.S.	
Chiropractic Care	
Cosmetic Surgery	
Routine Dental Services (Adult)	
Hearing Aids	
Infertility Treatment	
Long-Term/Custodial Nursing Home Care	
Private-Duty Nursing	
Routine Eye Exam (Adult)	
Routine Foot Care	
Weight Loss Programs	

Close

13.1.1.3.3 Validation Status

Using the radio buttons in the Validation Status column, Issuers must decide between the two Validation Status options, ‘Yes’ or ‘No,’ for each Product or Plan. By selecting ‘Yes,’ the user indicates that all data for the given Product or Plan is valid and correct. In doing so, the product passes Issuer Validation. By selecting ‘No,’ the user indicates that all data for the given product or plan is *not* valid. In doing so, the product fails Issuer Validation. Users may change the Validation Status for all products for an Issuer ID at one time by selecting either the ‘Select All [Yes]’ or ‘Select All [No]’ link. Users must select the ‘Save’ Button for the Validation Status to be saved in RBIS. By default, the Validation Status is ‘No.’

The example of a Small Group Market Validation status is displayed below in Exhibit 13-9.

Exhibit 13-9: Validation Status (Example from Small Group Market)

Issuer Benefits for Small Group Market

[View benefit details for all issuer IDs \(CSV file download - See User Manual for instructions\)](#)

Select Issuer ID(s):

13521
46916
47939

Enter

* Indicates data has been updated since last refresh to healthcare.gov

Issuer ID: 13521

Issuer Attestation Status: Attested

Issuer Products Information:

Product ID	Product Name	Production Status	Deductible Range	Average Cost Per Person	Benefit Information	Validation Status
						Select All [Yes] Select All [No]
13521NY001	GHI POSs	Current submission	200, 250, 300, 350	-	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
13521NY002	GHI POS	Current submission	150, 200, 225, 250	-	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
13521NY003	GHI HMO HNY	Current submission	200, 250, 300, 350	-	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No
13521NY004	GHI HMO HNY	Current submission	125, 225, 325, 425	-	View Product Benefit Information	<input type="radio"/> Yes <input checked="" type="radio"/> No

Submit

13.1.1.3.4 Search by Scenario

The Search by Scenario section allows Issuers to view and validate data by running scenarios to view information.

13.1.1.3.5 Search Criteria Required Fields

In order to run a Small Group scenario and view information, the following fields must be completed:

- Issuer ID
- Number of Employees
- Zip Code of Business
- County
- Coverage Start Date

The Small Group Market search criteria is displayed below in Exhibit 13-10.

Exhibit 13-10: Search Criteria – Small Group Market

Search Criteria for Small Group Market:

* Indicates Required Field

Select Issuer ID(s)*:
10055
10064
10078
10083

*Number of Employees :

*ZipCode of Business : ex. 48154

*When do you want coverage to start?
 / / (mm/dd/yyyy)

13.1.1.3.6 Search Criteria Required Fields-- Individual

In order to run an individual scenario and view information, the following fields must be completed:

- Issuer ID
- Zip Code
- County
- Coverage Start Date
- Primary Information
 - Gender
 - Date of Birth
 - Tobacco Status

The Individual Market search criteria is displayed below in Exhibit 13-11.

Exhibit 13-11: Search Criteria – Individual Market

*Indicates Required Field

*Select Issuer ID(s):

* ZIP Code
 (Choose Verify ZIP button to select your County)

* When do you want coverage to start? / / (mm/dd/yyyy)

Who do you want to get insured?

Person	Gender	Date of Birth (mm/dd/yyyy)	Tobacco User? Past 12 Months
* Primary	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Secondary	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child1	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child2	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child3	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child4	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Child5	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

13.1.1.3.7 Zip Code

After a zip code has been entered, users must select the ‘Verify Zip’ button. The Counties field will appear and users must select the appropriate county before selecting the ‘Submit’ button. The ‘Zip Code’ field is displayed below in Exhibit 13-12.

Exhibit 13-12: Zip Code Field

* ZipCode of Business : ex.48154

*Select County: ARLINGTON FAIRFAX ALEXANDRIA CITY

13.1.1.3.8 Search Results

Once all required fields have been populated, users can select the ‘Submit’ button to review their results. The Small Group Market search by scenario results are displayed below in Exhibit 13-13.

Exhibit 13-13: Search by Scenario Results – Small Group

Search Criteria for Small Group Market

**Indicates Required Field*

***Select Issuer ID(s):**

***Number of Employees:**

***ZIP Code**
(Choose Verify ZIP button to select your County)

***Select County:**
 PRINCE WILLIAM

***When do you want coverage to start?**
 / / (mm/dd/yyyy)

Search Results for Small Group Market:

+ Indicates data has been updated since last refresh to healthcare.gov

Issuer ID	Product ID	Product Name	Production Status	Deductible Range	Validation Status Select All [Yes] Select All [No]
24251	24251VA002	Optimum Choice Preferred	+ In production	0, 250, 500, 1000, 1500	<input type="radio"/> Yes <input checked="" type="radio"/> No
24251	24251VA001	Optimum Choice	+ In production	0, 250, 500, 1000, 1500	<input type="radio"/> Yes <input checked="" type="radio"/> No
93187	93187VA001	Aetna Health Maintenance Organization	Current submission	0, 1500, 2000, 2500	<input checked="" type="radio"/> Yes <input type="radio"/> No
93187	93187VA002	Aetna Health Maintenance Organization	Current submission	0, 2500	<input checked="" type="radio"/> Yes <input type="radio"/> No

Issuers may adjust the Validation Status from the Search Results table. Using the radio buttons in the Validation Status column, Issuers must decide between the two Validation Status options, ‘Yes’ or ‘No,’ for each Product or Plan. By selecting ‘Yes,’ the user indicates that all data for the given Product or Plan is valid and correct. In doing so, the Product or Plan passes Issuer Validation. By selecting ‘No,’ the user indicates that all data for the given Product or Plan is *not* valid. In doing so, the product or plan fails Issuer Validation. Users may change the Validation Status for all Products or Plans for an Issuer ID at one time by selecting either the ‘Select All [Yes]’ or ‘Select All [No]’ link. Users must select the ‘Save’ button for the Validation Status to be saved in RBIS.

14. ATTESTATION

All Issuers must attest to the accuracy of their data before the data is approved for use on Healthcare.gov. Users will attest to data for all Issuer IDs. **Users should use caution when completing Attestation, as it can only be completed one time per Submission window.**

14.1 ATTESTATION AVAILABLE

Attestation becomes available when all Issuers for a CEO/CFO from both markets have been submitted successfully or have been marked as no data to submit. In order to attest to the accuracy of Product data, the Attester must fill in the Electronic Signature box and select the 'Attest' button.

There will be a single Attestation Page and a single 'Attestation' button for the user. The attester will attest to all products for both markets concurrently. There will be two separate tables for displaying information for each Issuer associated to the user. This includes the status information if the Issuer is not available for Attestation or a list of the Issuers that the user is attesting for when Attestation is available.

There will be Manual Attestation forms available upon request for when an attester wants to only attest to a single market. The request for the Manual Attestation form will need to be sent to CMS_FEPS@cms.hhs.gov with a description of what market the request is for.

By selecting 'Attest,' I agree in my capacity as CEO or CFO that I have examined the current Submission to the best of my information and knowledge, and I believe it accurately represents the benefit and cost sharing information of the reported Products or Plans based on current Template parameters. This Attestation agreement is displayed below in Exhibit 14-1.

Exhibit 14-1: Attestation

02/14/2012 11:36

HOME FAQ CONTACT US SIGN OUT

Submission Materials Data Upload Validate Data **Attestation**

Submit Attestation Search by Scenario-Small Group Search by Scenario-Individual

Please review attestation agreement and sign below.

By selecting "ATTEST", I agree in my capacity as CEO or CFO that I have examined the current submission to the best of my information and knowledge, and I believe it accurately represents the benefit and cost sharing information of the reported products/plans based on current template parameters.

* Indicates Required Field

* Electronic Signature (First Name Last Name):

The Attest button will not be accessible until an electronic signature has been entered. Attest

Issuer IDs Available for Attestation - Individual Market

Issuer ID	Issuer Name	State	Product Line

Accessibility | Rules of Behavior | Web Policies | File Formats and Plugins

U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201

14.2 ATTESTATION UNAVAILABLE

Data Attestation is unavailable when an Issuer has not completed Submission for all Issuer IDs associated with their User ID. Issuers must submit data for every Issuer ID they are associated with before Attestation will become available. Users should navigate to the Data Upload Tab to upload data. In the event that there is no data to report for the current Submission window for one or more Issuer IDs associated with your User ID, users may indicate under the Data Validation Tab that no data will be submitted. Please refer to [Section 8.1.1.3](#) for further instructions.

The Attestation Unavailable Page is displayed below in Exhibit 14-2.

Exhibit 14-2: Attestation Unavailable

Rate & Benefits Information System

11/12/2012 16:23 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

[Submission Materials](#) [Data Upload](#) [Validate Data](#) **Attestation**

[Submit Attestation](#) [Search by Scenario-Small Group](#) [Search by Scenario-Individual](#)

Attestation Unavailable

Attestation is not currently available. Attestation will not be available until all Issuer IDs associated with your user account have successfully submitted data or have indicated there is no data to report for this submission cycle.

Status of Data - Small Group

Issuer ID	Status
40733	No Data Available

Status of Data - Small Group

Issuer ID	Status
40733	No Data Available
66837	Submission Complete - Data Available

14.3 ATTESTATION COMPLETE

Once Attestation has been completed, the users will be redirected to the Attestation Complete Page displayed in Exhibit 14-3.

Exhibit 14-3: Attestation Complete

The screenshot displays the 'Rate & Benefits Information System' interface. At the top, there is a green header with the system name. Below the header, a navigation bar includes a date and time '11/06/2012 10:11' and buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A secondary navigation bar contains tabs for 'Submission Materials', 'Data Upload', 'Validate Data', and 'Attestation', with 'Attestation' being the active tab. Below this, there are links for 'Submit Attestation', 'Search by Scenario-Small Group', and 'Search by Scenario-Individual'. The main content area is titled 'Data Attestation Complete' and contains a congratulatory message: 'Congratulations, you have successfully submitted your attestation.' It also displays 'Attestation completed: 2012-10-19 15:39:03.847' and 'User ID: MARIAS'. A table with three rows shows 'Issuer ID' values: '40733' and '66837'. A 'Print' button is located below the table. At the bottom of the page, there are links for 'Accessibility', 'Rules of Behavior', 'Web Policies', and 'File Formats and Plugins', along with the footer text: 'U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201'.

The Data Attestation, Data Submission and Data Validation contacts will all receive a copy of the Attestation Complete e-mail notification. The e-mail will provide the following information:

- Issuer ID
- Issuer Name
- Market Type
- Message confirming that Attestation is complete for the Issuer
- Date Attestation is complete
- Time Attestation is complete

14.4 MANUAL ATTESTATION

If an electronic Attestation cannot be completed, the Issuer may request a paper Attestation form for either the Small Group or Individual Market. This manual Attestation request must be approved by CCIIO before the Issuer will be granted access to the form. If Issuers are granted approval to manually attest, they will be provided with a form for the CEO/CFO to sign. This form will need to be scanned and e-mailed back to CMS_FEPS@cms.hhs.gov.

15. RESUBMISSION

The resubmission process is a time for the Issuer to change or update any data currently in the RBIS system. The Issuer can also add new data or correct any previously failed data during the Submission process. If information is updated in the HIOS system, an e-mail will be generated informing that a new Pre-populated Template will be available. After an Issuer has re-submitted their data, the Templates will go through both Template Validations as well as overall Product or Plan Cross-check Validations. Template specific System Validations will be performed prior to the Cross-check Validations.

Products that are displayed in RBIS during the resubmission process are:

- Products currently in production.
- Previously submitted products that were validated successfully but not attested.
- Products newly submitted to RBIS.
- New products in HIOS that will be available only in the Pre-populated Templates.

15.1 RESUBMISSION REQUIREMENTS

Issuers may submit any updates, changes or corrected failed Submissions from the previous refresh. If a Product or Plan failed in the previous Submission because it was ‘Not Attested,’ the Issuer will need to resubmit or the product will be removed from RBIS.

Product or Plans currently in production can only be updated and cannot be removed from the Validate Data Tab through Submission. If no updates are needed, then the Issuer may just remove them from the Template.

If no changes or updates need to be made, then resubmission is not necessary. This Product will still require Validation and Attestation in order to be displayed on Healthcare.gov. The Issuer will need to indicate there is no data to submit and then Attestation will become available. Validation and Attestation are required in order to be displayed on Healthcare.gov.

15.2 RESUBMISSION VALIDATION REQUIREMENTS

All Products will require Validation and Attestation even if there are no updates from the previous Submission. The Issuer will need to confirm there is no data to submit then validate and attest. All Products in RBIS will have a default Validation status of ‘No.’ All Submissions must successfully pass System Validation.

The Issuer will need to use the new ‘Delete?’ column functionality to remove any Products that are currently in production.

15.3 HEALTHCARE.GOV REFRESH

Information will be updated every two weeks on Healthcare.gov during the Submission window. A status update e-mail will be sent every two weeks, on the week there is not a refresh, for the

first six weeks of the Submission window and will be sent weekly thereafter. These status e-mails will be sent to the Primary Data Submitters with all validators and all other submitters copied on the e-mail. One e-mail with all the associated Issuer IDs will be sent per Primary Data Submitter. The e-mails will be sent for the appropriate market type based upon the associations of the Primary Data Submitter. The following information will be included in the e-mails:

- Submission status
 - Successful
 - Unsuccessful
- Validation status
 - All products have been validated
 - At least one product has been rejected or not yet validated
- Attestation status
 - Complete
 - Incomplete

If all Issuers associated to the Primary Data Submitter have been submitted successfully and have had all of their products validated and attested, no e-mail will be sent. Users will be able to turn off e-mail reminders via a checkbox on the RBIS Home Page. This opt-out selection will only apply to the e-mail reminders and not to any other system generated e-mails. The e-mail opt-out checkbox is displayed below in Exhibit 15-1.

Exhibit 14-4: Email Opt-out Checkbox

Reminder Email Opt Out

Individual Market

- 13521
- 47939
- 46916

Small Group Market

- 13521
- 47939
- 46916

Opt Out

All products that have been validated and attested will be displayed on Healthcare.gov.

15.3.1 Interim Refresh.

This will be a scheduled process. Additional ad-hoc requests may still occur.

- No products/plans currently in production will be removed.

- Only the following data that meets the gate check criteria will be moved to production:
 - Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIIO suppressed
 - Not Expired

All Issuer and Product data for Plans and Products that meet the criteria will move to Healthcare.gov.

15.3.2 Final Refresh

This will occur at the end of the Submission window.

16. APPENDICES

16.1 APPENDIX A – TEMPLATE DATA VALIDATIONS

The following are the steps to trigger the Validation Process:

1. When the submitter has completed the data entry or updates, it is recommended to save the document before starting the Validation Process.
 - a. For Excel 2003 version, select the Excel **'Save'** icon. There is no need to rename the document at this point.
 - b. For Excel 2007 version or higher, select the Microsoft Office button  , select 'Save As,' and ensure the file version is set to 2003 version. There is no need to rename the document at this point,
2. Select **Validate Data**.

Upon triggering the Validation Process, a message box will pop up indicating which cells did not pass Validation along with a brief description as to why the cell did not pass Validation. Once the Validation rules are corrected, **Validate Data** will display a message indicating the Validation was successful.

Once the Template has passed Validation, the Excel file must be finalized. In order to do finalize the Excel file, select the **Validate and Finalize** button. This will create a .csv file that must be submitted in the RBIS module.

16.2 APPENDIX B - EMAIL ERROR MESSAGES

16.2.1.1 Small Group Benefits Template

The table below in Exhibit 16-1 describes all error messages produced when a Small Group Benefits Template does not pass System Validations.

Exhibit 16-1: Small Group Benefits Template Email Error Messages.

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Benefits Template. *Note: The latest version is 7.0.	1001
System Validation	Benefits Template	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this Template does not have permission to submit this Benefit Template or the Issuer ID does not exist in HIOS.	1002
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist in HIOS. Product ID must exist in HIOS before data can be submitted to RBIS.	1003
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product ID – This product was submitted under a market type that does not match the product’s market type in HIOS.	1004
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product ID - This product was submitted during a previous submission window. Benefits cannot be resubmitted for the same Product ID. Please use the Administrative Template to make updates to Benefits.	1005
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product - Product Benefits match the benefits of an existing product. Each product must have unique benefits.	1006
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Issuer ID field blank.	1007

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Issuer ID: <Issuer ID>	Null value - You cannot leave the Product Smart ID field blank.	1008
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the HSA-Eligible field blank.	1009
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Total Written Premium field blank.	1010
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Same Sex Partners field blank.	1011
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Domestic Partners field blank.	1012
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual Deductible in Network field blank.	1013
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual Deductible out of Network field blank.	1014
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Copay in Network field blank.	1015
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Copay out of Network field blank.	1016
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Coinsurance in Network field blank.	1017
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Coinsurance out of Network field blank.	1018

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual out of Pocket limit in Network field blank.	1019
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual out of Pocket limit out of Network field blank.	1020
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Annual Max Benefit in Network field blank.	1021
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Primary care visit to treat an injury or illness field blank.	1022
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Specialist visit field blank.	1023
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Other practitioner office visit field blank.	1024
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Preventive care/screening/immunization field blank.	1025
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Diagnostic test (x-ray, blood work) field blank.	1026
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Imaging (CT/PET scans, MRIs) field blank.	1027
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Generic drugs field blank.	1028
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Preferred brand drugs field blank.	1029

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Non-preferred brand drugs field blank.	1030
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Specialty drugs (e.g., chemotherapy) field blank.	1031
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Outpatient facility fee (example, ambulatory surgery center) field blank.	1032
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Outpatient Physician/ surgeon fees field blank.	1033
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Emergency medical transportation field blank.	1034
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Urgent care field blank.	1035
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Outpatient facility fee (example, ambulatory surgery center) field blank.	1036
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Outpatient facility fee (example, ambulatory surgery center) field blank.	1037
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Mental/Behavioral health outpatient services field blank.	1038
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Mental/ Behavioral health inpatient services field blank.	1039
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Substance use disorder outpatient services field blank.	1040

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Substance use disorder inpatient services field blank.	1041
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Prenatal and postnatal care field blank.	1042
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Delivery and all inpatient services field blank.	1043
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Home health care field blank.	1044
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Rehabilitation services field blank.	1045
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Habilitation services field blank.	1046
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Skilled nursing care field blank.	1047
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Durable medical equipment field blank.	1048
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Hospice service field blank.	1049
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Eye exam field blank.	1050
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Glasses field blank.	1051

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Dental check-up field blank.	1052
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Acupuncture field blank.	1053
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Bariatric Surgery field blank.	1054
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Non-emergency care when traveling outside of the U.S. field blank.	1055
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Chiropractic Care field blank.	1056
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Cosmetic Surgery field blank.	1057
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Dental care (adult) field blank.	1058
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Hearing aids field blank.	1059
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Infertility treatment field blank.	1060
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Long-term care field blank.	1061
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Private-duty nursing field blank.	1062

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Routine eye care (adult) field blank.	1063
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Routine foot care field blank.	1064
System Validation	Benefits Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Weight loss programs field blank.	1065
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	1066
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Primary Care Visit to Treat an Injury or Illness is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1067
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Specialist Visit is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1068
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Other Practitioner Office Visit (Nurse, Physician Assistant) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1069

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Preventive Care/Screening/Immunization is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1070
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Diagnostic Test (X-Ray and Lab Work) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1071
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Imaging (CT/PET Scans, MRIs) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1072
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Generic Drugs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1073
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Preferred Brand Drugs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1074
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Non-Preferred Brand Drugs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1075

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Specialty Drugs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1076
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Outpatient Facility Fee (e.g., Ambulatory Surgery Center) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1077
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Outpatient Surgery Physician/Surgical Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1078
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Emergency Room Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1079
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Emergency Transportation/Ambulance is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1080
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Urgent Care Centers or Facilities is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1081

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Inpatient Hospital Services (e.g., Hospital Stay) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1082
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Inpatient Physician and Surgical Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1083
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Mental/Behavioral Health Outpatient Services is not valid. You can enter one of the following values: Covered, Not Covered, Available for Additional Premium or Covered with Limitations.	1084
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Mental/Behavioral Health Inpatient Services is not valid. You can enter one of the following values: Covered, Not Covered, Available for Additional Premium or Covered with Limitations.	1085
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Substance Abuse Disorder Outpatient Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1086

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Substance Abuse Disorder Inpatient Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1087
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Prenatal and Postnatal Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1088
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Delivery and All Inpatient Services for Maternity Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1089
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Home Health Care Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1090
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Outpatient Rehabilitation Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1091
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Habilitation Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1092

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Skilled Nursing Facility is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1093
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Durable Medical Equipment is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1094
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Hospice Services is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1095
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Routine Eye Exam for Children is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1096
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Eye Glasses for Children is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1097
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Dental Check-Up for Children is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1098

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Acupuncture is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1199
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Bariatric Surgery is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1100
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Non-Emergency Care When Traveling Outside of the U.S. is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1101
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Chiropractic Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1102
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Cosmetic Surgery is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1103
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Routine Dental Services (Adult) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1104

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Hearing Aids is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1105
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Infertility Treatment is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1106
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Long-Term/Custodial Nursing Home Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1107
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Private-Duty Nursing is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1108
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Routine Eye Exam (Adult) is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1109
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Routine Foot Care is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1110

Type of Validation	Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for Weight Loss Programs is not valid. You can enter one of the following values: Covered or Not Covered or Available for Additional Premium or Covered with Limitations.	1111
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	1112
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Template - The Template submitted is not the correct version of the Template. Please download the latest version of the Templates from RBIS - Submission Materials Page.	1113
System Validation	Benefits Template	Product ID :<Product Smart ID>	Invalid Data - The data entered for the Product Type is not valid. Please check the Template for the correct format or value options.	6027

16.2.1.2 Small Group Regions Template

The table below in Exhibit 16-2 describes all error messages produced when a Small Group Regions Template does not pass System Validations.

Exhibit 16-2: Small Group Regions Template Email Error Messages

Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
Regions Template	File Name: <File Name>	Invalid Template - The Template submitted is not the correct version of the Template. Please download the latest version of the Templates from RBIS - Submission Materials Page. *Note: The latest version is 7.0.	1113
Regions Template	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Regions Template.	4001
Regions Template	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this Template does not have permissions to submit this Regions Template or the Issuer ID does not exist in HIOS.	4002

Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
Regions Template	Region ID: <Region ID>	Invalid State - State entered does not match the State listed for this Issuer ID.	4003
Regions Template	Region ID: <Region ID>, Zip code: <Zip Code>, County name: <County name>	County-Zip mismatch - County name and Zip code entered do not match.	4004
Regions Template	Region ID: <Region ID>, FIPS Code: <FIPS Code>, Zip code: <Zip Code>	FIPS code-Zip mismatch - FIPS code and zip code entered do not match.	4005
Regions Template	Region ID: <Region ID>, FIPS Code: <FIPS Code>, Zip code: <Zip code>	FIPS code-County mismatch - FIPS code and County name entered do not match.	4006
Regions Template	Region ID: <Region ID>, FIPS Code: <FIPS code>, Zip code: <Zip code>, County Name: <County name>	Invalid Data Entry - Data elements entered for Zip Code, County name and FIPS code do not match.	4007
Regions Template	Region ID: <Region ID>, Zip Code: <Zip Code>	Invalid Zip - Zip code entered does not exist in the state listed for this Issuer ID.	4008
Regions Template	Region ID: <Region ID>, County Name: <County Name>	Invalid County - County name entered does not exist in the state listed for this Issuer ID.	4009
Regions Template	Region ID: <Region ID>, FIPS code: <FIPS code>	Invalid FIPS code - FIPS code entered does not exist in the state listed for this Issuer ID.	4010
Regions Template	Region ID: <Region ID>	Null value - You cannot leave the Issuer ID field blank.	4011
Regions Template	Issuer ID: <Issuer ID>	Null value- You cannot leave the Region ID field blank.	4012
Regions Template	Region ID: <Region ID>	Null value- You cannot leave the State field blank.	4013

Template type	Issuer Error Key ID	Issuer Error Type name	Error Code
Regions Template	Region ID: <Region ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	4014

16.2.1.3 Small Group Product Availability Template

The table below in Exhibit 16-3 describes all error messages produced when a Small Group Product Availability Template does not pass System Validations.

Exhibit 16-3: Small Group Product Availability Template Email Error Messages

Template type	Issuer Error Key ID	Issuer Error Type name	Error code
Product Availability Template	File Name: <File Name>	Invalid Template - The Template submitted is not the correct version of the Template. Please download the latest version of the Templates from RBIS - Submission Materials Page. *Note: The latest version is 7.0.	1113
Product Availability Template	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Product Availability Template.	3001
Product Availability Template	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this Template does not have permissions to submit this Product Availability Template or the Issuer ID does not exist in HIOS.	3002
Product Availability Template	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist. Product ID must exist in HIOS before data can be submitted to RBIS.	3003
Product Availability Template	Product ID :<Product Smart ID>	Invalid Product ID - Market type selected for this Product ID does not match the HIOS market type.	3004
Product Availability Template	Product ID :<Product Smart ID>	Null value - You cannot leave the Issuer ID field blank.	3005
Product Availability Template	Issuer ID: <Issuer ID>	Null value - You cannot leave the Product Smart ID field blank.	3006
Product Availability Template	Product ID :<Product Smart ID>	Null value- You cannot leave the Region ID field blank.	3007
Product Availability Template	Issuer ID: <Issuer ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	3008
Product Availability Template	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	3009

16.2.1.4 Small Group Cross Check Validations

The table below in Exhibit 16-4 describes all error messages produced when a Small Group Template does not pass Cross-check System Validations.

Exhibit 16-4: Small Group Cross-check Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
Cross Check Validation	Issuer ID: <Issuer ID>	Incomplete Submission Warning - No Regions Template has been received for your Issuer ID. Issuer must have existing or new Region to pass validation. *Note: The latest version is 7.0.	5002
Cross Check Validation	Issuer ID: <Issuer ID>	Incomplete Submission Warning - No Benefits Template has been received for your Issuer ID. Issuer must have existing or new Benefits to pass validation.	5003
Cross Check Validation	Issuer ID: <Issuer ID>	Incomplete Submission Warning - No Product Availability Template has been received for your Issuer ID. A submission must include a Product Availability Template to be valid.	5004
Cross Check Validation	Product ID :<Product Smart ID>	Incomplete Product -This Product Smart ID was listed in Product Availability Template, however no Benefits information was received in the Benefits Template. All products must have benefits information for the submission to be valid.	5005
Cross Check Validation	Product ID :<Product Smart ID>	Incomplete Product -This Product Smart ID was listed in Benefits Template, however no Product Availability information was received in the Product Availability Template. All products must have Product Availability information for the submission to be valid.	5006
Cross Check Validation	Product ID :<Product Smart ID>, Region ID: <Region ID>	Incomplete Product - This product references a Region ID in the Product Availability Template that does not exist in your Regions Template. All regions referenced by the Product Availability Template must be included in the Regions Template.	5007

16.2.1.5 Individual Benefits Template

The table below in Exhibit 16-5 describes all error messages produced when an Individual Benefits Template does not pass System Validations.

Exhibit 16-5: Individual Benefits Template Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	File Name: <File Name>	Invalid Template - The Template submitted is not the correct version of the Template. Please download the latest version of the Templates from RBIS - Submission Materials Page. *Note: The latest version is 7.0.	1113
System Validation	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Benefits Template.	6001
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	6002
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this Template does not have permissions to submit data for this Issuer.	6003
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist in HIOS. Product ID must exist in HIOS before data can be submitted to RBIS.	6004
System Validation	Product ID :<Product Smart ID>	Invalid Product ID – This product was submitted under a market type that does not match the market type listed for the product in HIOS.	6005
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	6006
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is suppressed in HIOS.	6007
System Validation	Plan ID :<Plan ID>	Invalid Plan ID - This Plan ID does not exist in the database. Please use only the Plan IDs that were provided to you. If you need additional Plan IDs please contact the Help Desk.	6008
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - The Product ID entered is not valid for the Issuer ID entered.	6009
System Validation	Plan ID :<Plan ID>	Invalid Plan ID - The Plan ID entered is not valid for the Product ID entered.	6010
System Validation	Plan ID :<Plan ID>	Invalid Format - The Plan Effective Date must be in the appropriate date format.	6011
System Validation	Plan ID :<Plan ID>	Invalid Format - The Plan Expiration Date must be in the appropriate date format.	6012

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Date - The Plan Expiration Date must greater than or equal to the Plan Effective Date	6013
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Issuer ID field blank.	6014
System Validation	Issuer ID: <Issuer ID>	Null value - You cannot leave the Product Smart ID field blank.	6015
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Plan ID field blank.	6016
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Plan Name blank.	6017
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Plan Brochure field blank.	6018
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Deductible (IN) field blank	6019
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Deductible (IN) field	6020
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Deductible (OON) field blank	6021
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Deductible (OON) field	6022
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Out of Pocket Limit (IN) field blank	6023
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Out of Pocket Limit (IN) field	6024
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Max Benefit (IN) field blank	6025
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Max Benefit (IN) field	6026
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Product Type is not valid. Please check the Template for the correct format or value options.	6027
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the HSA-Eligible field is not valid. Please check the Template for the correct format or value options.	6028
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Same-Sex Partners field is not valid. Please check the Template for the correct format or value options.	6029

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Domestic Partners field is not valid. Please check the Template for the correct format or value options.	6030
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the PCP Copay (IN) field is not valid. Please check the Template for the correct format or value options.	6033
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the PCP Copay (OON) field is not valid. Please check the Template for the correct format or value options.	6034
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Coinsurance (IN) field is not valid. Please check the Template for the correct format or value options.	6035
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Coinsurance (OON) field is not valid. Please check the Template for the correct format or value options.	6036
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Annual Out-of-Pocket Limit Elements (IN) is not valid. Please check the Template for the correct format or value options.	6031
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Annual Deductible (OON) field is not valid. Please check the Template for the correct format or value options.	6032
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Annual Out-of-Pocket Limit Elements (IN) field is not valid. Please check the Template for the correct format or value options.	6038
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Primary Care Visit to Treat Injury or Illness (IN) field is not valid. Please check the Template for the correct format or value options.	6040
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Primary Care Visit to Treat Injury or Illness (OON) field is not valid. Please check the Template for the correct format or value options.	6041
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Primary Care Visit to Treat Injury or Illness Exceptions field is not valid. Please check the Template for the correct format or value options.	6042
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Specialist Visit (IN) field is not valid. Please check the Template for the correct format or value options.	6043
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Specialist Visit (OON) field is not valid. Please check the Template for the correct format or value options.	6044

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Specialist Visit Exceptions field is not valid. Please check the Template for the correct format or value options.	6045
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Other Practitioner Office Visit (Nurse, Physician Assistant) (IN) field is not valid. Please check the Template for the correct format or value options.	6046
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Other Practitioner Office Visit (Nurse, Physician Assistant) (OON) field is not valid. Please check the Template for the correct format or value options.	6047
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Other Practitioner Office Visit (Nurse, Physician Assistant) Exceptions field is not valid. Please check the Template for the correct format or value options.	6048
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Preventive Care/Screening/Immunization (IN) field is not valid. Please check the Template for the correct format or value options.	6049
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Preventive Care/Screening/Immunization (OON) field is not valid. Please check the Template for the correct format or value options.	6050
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Preventive Care/Screening/Immunization Exceptions field is not valid. Please check the Template for the correct format or value options.	6051
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Diagnostic Test (X-Ray and Lab Work) (IN) field is not valid. Please check the Template for the correct format or value options.	6052
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Diagnostic Test (X-Ray and Lab Work) (OON) field is not valid. Please check the Template for the correct format or value options.	6053
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Diagnostic Test (X-Ray and Lab Work) Exceptions field is not valid. Please check the Template for the correct format or value options.	6054
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Imaging (CT/PET Scans, MRIs) - (IN) field is not valid. Please check the Template for the correct format or value options.	6055

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Imaging (CT/PET Scans, MRIs) - (OON) field is not valid. Please check the Template for the correct format or value options.	6056
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Imaging (CT/PET Scans, MRIs) Exceptions field is not valid. Please check the Template for the correct format or value options.	6057
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for one or more Generic Drugs fields is not valid. Please check the Template for the correct format or value options.	6058
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Generic Drugs Exceptions field is not valid. Please check the Template for the correct format or value options.	6059
System Validation	Plan ID :<Plan ID>	Invalid Data - Invalid Data - The data entered for one or more Preferred Brand Drugs fields is not valid. Please check the Template for the correct format or value options.	6060
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Preferred Brand Drugs Exceptions field is not valid. Please check the Template for the correct format or value options.	6061
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for one or more Non-Preferred Brand Drugs fields is not valid. Please check the Template for the correct format or value options.	6062
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Non-Preferred Brand Drugs Exceptions field is not valid. Please check the Template for the correct format or value options.	6063
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for one or more Specialty Drugs fields is not valid. Please check the Template for the correct format or value options.	6064
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Specialty Drugs Exceptions field is not valid. Please check the Template for the correct format or value options.	6065
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (IN) field is not valid. Please check the Template for the correct format or value options.	6066

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (OON) field is not valid. Please check the Template for the correct format or value options.	6067
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Facility Fee (e.g., Ambulatory Surgery Center) - Exceptions field is not valid. Please check the Template for the correct format or value options.	6068
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Surgery Physician/Surgical Services (IN) field is not valid. Please check the Template for the correct format or value options.	6069
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Surgery Physician/Surgical Services (OON) field is not valid. Please check the Template for the correct format or value options.	6070
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Surgery Physician/Surgical Services - Exceptions field is not valid. Please check the Template for the correct format or value options.	6071
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Room Services (IN) field is not valid. Please check the Template for the correct format or value options.	6072
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Room Services (OON) field is not valid. Please check the Template for the correct format or value options.	6073
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Room Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6074
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Transportation/Ambulance (IN) field is not valid. Please check the Template for the correct format or value options.	6075
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Transportation/Ambulance (OON) field is not valid. Please check the Template for the correct format or value options.	6076
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Emergency Transportation/Ambulance Exceptions field is not valid. Please check the Template for the correct format or value options.	6077
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Urgent Care (IN) field is not valid. Please check the Template for the correct format or value options.	6078

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Urgent Care (OON) field is not valid. Please check the Template for the correct format or value options.	6079
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Urgent Care Exceptions field is not valid. Please check the Template for the correct format or value options.	6080
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Hospital Services (e.g., Hospital Stay) (IN) field is not valid. Please check the Template for the correct format or value options.	6081
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Hospital Services (e.g., Hospital Stay) (OON) field is not valid. Please check the Template for the correct format or value options.	6082
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Hospital Services (e.g., Hospital Stay) Exceptions field is not valid. Please check the Template for the correct format or value options.	6083
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Physician and Surgical Services (IN) field is not valid. Please check the Template for the correct format or value options.	6084
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Physician and Surgical Services (OON) field is not valid. Please check the Template for the correct format or value options.	6085
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Physician and Surgical Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6086
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Outpatient Services (IN) field is not valid. Please check the Template for the correct format or value options.	6087
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Outpatient Services (OON) field is not valid. Please check the Template for the correct format or value options.	6088
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Outpatient Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6089
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Inpatient Services (IN) field is not valid. Please check the Template for the correct format or value options.	6090

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Inpatient Services (OON) field is not valid. Please check the Template for the correct format or value options.	6091
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Mental/Behavioral Health Inpatient Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6092
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Outpatient Services (IN) field is not valid. Please check the Template for the correct format or value options.	6093
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Outpatient Services (OON) field is not valid. Please check the Template for the correct format or value options.	6094
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Outpatient Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6095
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Inpatient Services (IN) field is not valid. Please check the Template for the correct format or value options.	6096
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Inpatient Services (OON) field is not valid. Please check the Template for the correct format or value options.	6097
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Substance Abuse Disorder Inpatient Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6098
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Prenatal and Postnatal Care (IN) field is not valid. Please check the Template for the correct format or value options.	6099
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Prenatal and Postnatal Care (OON) field is not valid. Please check the Template for the correct format or value options.	6100
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Prenatal and Postnatal Care Exceptions field is not valid. Please check the Template for the correct format or value options.	6101

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Delivery and All Inpatient Services for Maternity Care (IN) field is not valid. Please check the Template for the correct format or value options.	6102
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Delivery and All Inpatient Services for Maternity Care (OON) field is not valid. Please check the Template for the correct format or value options.	6103
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Delivery and All Inpatient Services for Maternity Care Exceptions field is not valid. Please check the Template for the correct format or value options.	6104
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Home Health Care Services (IN) field is not valid. Please check the Template for the correct format or value options.	6105
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Home Health Care Services (OON) field is not valid. Please check the Template for the correct format or value options.	6106
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Home Health Care Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6107
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Rehabilitation Services (IN) field is not valid. Please check the Template for the correct format or value options.	6108
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Rehabilitation Services (OON) field is not valid. Please check the Template for the correct format or value options.	6109
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Inpatient Rehabilitation Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6110
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Rehabilitation Services (IN) field is not valid. Please check the Template for the correct format or value options.	6111
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Rehabilitation Services (OON) field is not valid. Please check the Template for the correct format or value options.	6112

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Outpatient Rehabilitation Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6113
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Habilitation Services field is not valid. Please check the Template for the correct format or value options.	6114
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Habilitation Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6115
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Skilled Nursing Facility (IN) field is not valid. Please check the Template for the correct format or value options.	6116
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Skilled Nursing Facility (OON) field is not valid. Please check the Template for the correct format or value options.	6117
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Skilled Nursing Facility Exceptions field is not valid. Please check the Template for the correct format or value options.	6118
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Durable Medical Equipment (IN) field is not valid. Please check the Template for the correct format or value options.	6119
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Durable Medical Equipment (OON) field is not valid. Please check the Template for the correct format or value options.	6120
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Durable Medical Equipment Exceptions field is not valid. Please check the Template for the correct format or value options.	6121
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Hospice Services (IN) field is not valid. Please check the Template for the correct format or value options.	6122
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Hospice Services (OON) field is not valid. Please check the Template for the correct format or value options.	6123
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Hospice Services Exceptions field is not valid. Please check the Template for the correct format or value options.	6124

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Routine Eye Exam for Children (IN) field is not valid. Please check the Template for the correct format or value options.	6125
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Routine Eye Exam for Children (OON) field is not valid. Please check the Template for the correct format or value options.	6126
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Routine Eye Exam for Children Exceptions field is not valid. Please check the Template for the correct format or value options.	6127
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Eye Glasses for Children (IN) field is not valid. Please check the Template for the correct format or value options.	6128
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Eye Glasses for Children (OON) field is not valid. Please check the Template for the correct format or value options.	6129
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Eye Glasses for Children Exceptions field is not valid. Please check the Template for the correct format or value options.	6130
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Dental Check-Up for Children (IN) field is not valid. Please check the Template for the correct format or value options.	6131
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Dental Check-Up for Children (OON) field is not valid. Please check the Template for the correct format or value options.	6132
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Dental Check-Up for Children Exceptions field is not valid. Please check the Template for the correct format or value options.	6133
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for one of the fields between Acupuncture and Routine Hearing Tests is not valid. Please check the Template for the correct format or value options.	6134
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in at least one Exceptions field contains an incorrect value. If the corresponding in-network and out of network values are Not Covered then the Exceptions field must be None.	6135

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Deductible (IN) Individual field	6137
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Deductible (IN) Family field	6138
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Deductible (OON) Individual field	6139
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Deductible (OON) Family field	6140
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 99999 in the PCP Copay (IN) field	6141
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 99999 in the PCP Copay (OON) field	6142
System Validation	Plan ID :<Plan ID>	Invalid Data - Number should be a whole number between 0 and 100 for the Coinsurance (IN) field	6143
System Validation	Plan ID :<Plan ID>	Invalid Data - Number should be a whole number between 0 and 100 for the Coinsurance (OON) field	6144
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual OOP Limit (IN) Individual field	6145
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual OOP Limit (IN) Family field	6146
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Max Benefit (IN) Individual field	6147
System Validation	Plan ID :<Plan ID>	Invalid Data - You must have less than 999999999 in the Annual Max Benefit (IN) Family field	6148
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Annual Out of Pocket Limit (OON) field blank	6149
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Annual Out of Pocket Limit (OON) field	6150
System Validation	Plan ID :<Plan ID>	Invalid Data - Data entered in one or more of the Annual Out of Pocket Limit (OON) fields is greater than 999999999.	6151
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Excluded Annual Out-of-Pocket Limit (IN) field blank	6152
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Excluded Annual Out-of-Pocket Limit (OON) field blank	6153

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in Excluded Annual Out-of-Pocket Limit (IN) contains one or more invalid characters. Please refer to the User Manual for list of valid characters.	6154
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in Excluded Annual Out-of-Pocket Limit (OON) contains one or more invalid characters. Please refer to the User Manual for list of valid characters.	6155
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in No Deductible contains one or more invalid characters. Please refer to the User Manual for list of valid characters.	6156
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the "Is a Referral Required to see a Specialist?" field is not valid. Please check the Template for the correct format or value options.	6157
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Type of Specialists Requiring a Referral field blank	6158
System Validation	Plan ID :<Plan ID>	Invalid Value - The value you entered in Type of Specialists Requiring a Referral is incompatible with the value you entered in Is a Referral required to see a specialist.	6159
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in Type of Specialists Requiring a Referral field contains one or more invalid characters. Please refer to the User Manual for a list of valid characters.	6160
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Deductible Exceptions field blank	6161
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 1 field blank	6162
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 1 (IN) field blank	6163
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 1 (IN) field	6164
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 1 (OON) field blank	6165
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 1 (OON) field	6166
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 2 field blank	6167
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 2 (IN) field blank	6168

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 2 (IN) field	6169
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 2 (OON) field blank	6170
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 2 (OON) field	6171
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 3 field blank	6172
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 3 (IN) field blank	6173
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 3 (IN) field	6174
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Other Deductible 3 (OON) field blank	6175
System Validation	Plan ID :<Plan ID>	Invalid value - You must have valid numbers in the Other Deductible 3 (OON) field	6176
System Validation	Plan ID :<Plan ID>	Invalid value - The value(s) entered in Other Deductible 1 (IN) and (OON) are incompatible with the value entered in Other Deductible 1 field.	6177
System Validation	Plan ID :<Plan ID>	Invalid value - The values entered in Other Deductible 2 (IN) and (OON) are incompatible with the value entered in Other Deductible 2 field.	6178
System Validation	Plan ID :<Plan ID>	Invalid value - The value you entered in Other Deductible 3 (IN) and (OON) are incompatible with the value entered in Other Deductible 3 field.	6179
System Validation	Plan ID :<Plan ID>	Invalid Data - Data entered in one or more of Other Deductibles 1 fields is greater than 999999999.	6180
System Validation	Plan ID :<Plan ID>	Invalid Data - Data entered in one or more of Other Deductibles 2 fields is more than 999999999.	6181
System Validation	Plan ID :<Plan ID>	Invalid Data - Data entered in one or more of Other Deductibles 3 fields is more than 999999999.	6182
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in Other Deductible 1 contains one or more invalid characters. Please refer to the User manual for a list of valid characters.	6183

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in Other Deductible 2 contains one or more invalid characters. Please refer to the User manual for a list of valid characters.	6184
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in Other Deductible 3 contains one or more invalid characters. Please refer to the User manual for a list of valid characters.	6185
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the More Deductibles field is not valid. Please check the Template for the correct format or value options.	6186
System Validation	Plan ID :<Plan ID>	Invalid Data - The four maternity fields must either be Null or populated with valid amounts.	6187
System Validation	Plan ID :<Plan ID>	Invalid Data - The four Diabetes fields should be Null or populated with valid amounts.	6188
System Validation	Plan ID :<Plan ID>	Invalid Data: The value entered in one or more Maternity amount fields has a value greater than 999999999.	6189
System Validation	Plan ID :<Plan ID>	Invalid Data: The value entered in one or more Diabetes amount fields has a value greater than 999999999.	6190
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in at least one Exceptions field contains one or more invalid characters. Please refer to the User manual for a valid list of characters.	6191
System Validation	Plan ID :<Plan ID>	Invalid Data - Data in Deductible Exceptions contains an invalid character. Please check the Template for instructions on valid data.	6192
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the “Is notice required for pregnancy?” field is not valid. Please check the Template for the correct format or value options.	6193
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the “Is Diabetes wellness program offered?” field is not valid. Please check the Template for the correct format or value options.	6194
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Excluded Annual Out-of-Pocket Limit (IN) field should include the phrases premiums, co-payments and balance-billing charges.	6195
System Validation	Plan ID :<Plan ID>	Invalid Data - The data entered for the Excluded Annual Out-of-Pocket Limit (OON) field should include the phrases premiums, co-payments and balance-billing charges.	6196

16.2.1.6 Individual Regions Template

The table below in Exhibit 16-6 describes all error messages produced when an Individual Regions Template does not pass System Validations.

Exhibit 16-6: Individual Regions Template Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	File Name: <File Name>	Invalid Template - The Template submitted is not the correct version of the Template. Please download the latest version of the Templates from RBIS - Submission Materials Page. *Note: The latest version is 7.0.	1113
System Validation	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Regions Template.	4001
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this Template does not have permissions to submit data for this Issuer.	4002
System Validation	Region ID: <Region ID>	Invalid State - State entered does not match the State listed for this Issuer ID.	4003
System Validation	Region ID: <Region ID>, Zip code: <Zip Code>, County name: <County name>	County-Zip mismatch - County name and Zip code entered do not match.	4004
System Validation	Region ID: <Region ID>, FIPS Code: <FIPS Code>, Zip code: <Zip Code>	FIPS code-Zip mismatch - FIPS code and zip code entered do not match.	4005
System Validation	Region ID: <Region ID>, FIPS Code: <FIPS Code>, Zip code: <Zip code>	FIPS code-County mismatch - FIPS code and County name entered do not match.	4006
System Validation	Region ID: <Region ID>, FIPS Code: <FIPS code>, Zip code: <Zip code>, County Name: <County name>	Invalid Data Entry - Data elements entered for Zip Code, County name and FIPS code do not match.	4007
System Validation	Region ID: <Region ID>, Zip Code: <Zip Code>	Invalid Zip - Zip code entered does not exist in the state listed for this Issuer ID.	4008

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Region ID: <Region ID> , County Name: <County Name>	Invalid County - County name entered does not exist in the state listed for this Issuer ID.	4009
System Validation	Region ID: <Region ID> , FIPS code: <FIPS code>	Invalid FIPS code - FIPS code entered does not exist in the state listed for this Issuer ID.	4010
System Validation	Region ID: <Region ID>	Null value - You cannot leave the Issuer ID field blank.	4011
System Validation	Issuer ID: <Issuer ID>	Null value- You cannot leave the Region ID field blank.	4012
System Validation	Region ID: <Region ID>	Null value- You cannot leave the State field blank.	4013
System Validation	Region ID: <Region ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	4014

16.2.1.7 Individual Rates Template

The table below in Exhibit 16-7 describes all error messages produced when an Individual Rates Template does not pass System Validations.

Exhibit 16-7: Individual Rates Template Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	File Name: <File Name>	Invalid Template - The Template submitted is not the correct version of the Template. Please download the latest version of the Templates from RBIS - Submission Materials Page. *Note: The latest version is 7.0.	1113
System Validation	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Rates Template.	7001
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	7002
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this Template does not have permissions to submit data for this Issuer.	7003

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist in HIOS. Product ID must exist in HIOS before data can be submitted to RBIS.	7004
System Validation	Product ID :<Product Smart ID>	Invalid Product ID – This product was submitted under a market type that does not match the market type listed for the product in HIOS.	7005
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	7006
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is suppressed in HIOS.	7007
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - The Product ID entered is not valid for the Issuer ID entered.	7008
System Validation	Plan ID :<Plan ID>	Invalid Plan ID - The Plan ID entered is not valid for the Product ID entered.	7009
System Validation	Plan ID :<Plan ID>	Invalid Plan ID - This Plan ID does not exist in the database. Please use only the Plan IDs that were provided to you. If you need additional Plan IDs please contact the Help Desk.	7010
System Validation	Plan ID :<Plan ID>	Invalid Date - The Rate Expiration Date must be greater than or equal to the Rate Effective Date	7011
System Validation	Plan ID :<Plan ID>	Invalid Format - The Rate Effective Date must be in the appropriate date format.	7012
System Validation	Plan ID :<Plan ID>	Invalid Format - The Rate Expiration Date must be in the appropriate date format.	7013
System Validation	Plan ID :<Plan ID>	Invalid Format - Minimum Age must be a whole number	7014
System Validation	Plan ID :<Plan ID>	Invalid Format - Maximum Age must be a whole number	7015
System Validation	Plan ID :<Plan ID>	Invalid Max-Min Age Combination - The Maximum Age must be greater than or equal to the Minimum Age entered	7016

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Plan ID :<Plan ID>	Invalid Minimum Age - The Minimum Age must be greater than or equal to zero.	7017
System Validation	Plan ID :<Plan ID>	Invalid Subscriber Type - A value must be provided for at least one subscriber type for each row on the Template.	7018
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Plan Effective Date field blank.	7019
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Plan Expiration Date field blank.	7020
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Gender field blank.	7021
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Issuer ID field blank.	7022
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Maximum Age field blank.	7023
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Minimum Age field blank.	7024
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Plan ID field blank.	7025
System Validation	Product ID :<Product Smart ID>	Null value - You cannot leave the Product Smart ID field blank.	7026
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Region field blank.	7027
System Validation	Plan ID :<Plan ID>	Null value - You cannot leave the Tobacco? field blank.	7028
System Validation	Plan ID :<Plan ID>	Invalid Gender Type - The Gender Type entered is not Valid	7029
System Validation	Plan ID :<Plan ID>	Invalid Smoking Type - The Smoking Type entered is not Valid	7030

16.2.1.8 Individual Business Rules Template

The table below in Exhibit 16-8 describes all error messages produced when an Individual Business Rules Template does not pass System Validations.

Exhibit 16-8: Individual Business Rules Template Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	File Name: <File Name>	Invalid Template - The Template submitted is not the correct version of the Template. Please download the latest version of the Templates from RBIS - Submission Materials Page. *Note: The latest version is 7.0.	1113
System Validation	File Name: <File Name>	Invalid Template type - Template does not match the selected Template type. Template submitted is not a Business Rules Template.	8001
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - The Issuer ID does not exist in HIOS. Please submit Issuer data in HIOS before submitting in RBIS.	8002
System Validation	Issuer ID: <Issuer ID>	Invalid Issuer ID - User that submitted this Template does not have permissions to submit data for this Issuer.	8003
System Validation	Issuer ID: <Issuer ID>	Null value - You cannot leave the Issuer ID field blank.	8004
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “How are the rates for contracts covering two or more enrollees calculated?” field contains an invalid value.	8005
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “Is there a minimum and maximum age for a dependent?” field contains an invalid value.	8008
System Validation	Issuer ID: <Issuer ID>	Invalid value – “The Are child-only policies issued?” field contains an invalid value.	8009
System Validation	Issuer ID: <Issuer ID>	Invalid value – “The If there are child-only policies what are the minimum and maximum ages if any?” field contains an invalid value or an incompatible value based on answers to prior questions.	8010
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “What are the maximum number of children used to quote a children-only contract?” field contains an invalid value or an incompatible value based on answers to prior questions.	8011

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “If there are rates for child only policies, which age is used?” field contains an invalid value or an incompatible value based on answers to prior questions.	8012
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “If there are rates for couples and for families, which age is used?” field contains an invalid value or an incompatible value based on answers to prior questions.	8013
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “Are domestic partners treated the same as secondary subscribers?” field contains an invalid value.	8014
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “Are same-sex partners treated the same as secondary subscribers?” field contains an invalid value.	8015
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “What is the minimum age for a secondary subscriber?” field contains an invalid value.	8016
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “What is the maximum age for a new primary or secondary subscriber?” field contains an invalid value.	8017
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “When a family size rate factor is applied to contracts with 2+ enrollees, who is eligible for the family size rate factor?” field contains an invalid value.	8018
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “If a family size rate factor is applied to a contract, what is the family size rate?” field contains an invalid value.	8019
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “How is age determined for rating and eligibility purposes?” field contains an invalid value.	8020
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - Product ID does not exist in HIOS. Product ID must exist in HIOS before data can be submitted to RBIS.	8021
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product was submitted under a market type that does not match the market type listed for the product in HIOS.	8022
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is closed in HIOS.	8023
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - This product is suppressed in HIOS.	8024

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
System Validation	Product ID :<Product Smart ID>	Invalid Product ID - The Product ID entered is not valid for the Issuer ID entered.	8025
System Validation	Issuer ID: <Issuer ID>	Invalid value - The value entered for “If there are rates for dependents, which age is used?” field contains an invalid value.	8026
System Validation	Issuer ID: <Issuer ID>	Invalid value - The value entered for “How are rates for two or more children on a Child-Only policy calculated?” field contains an invalid value.	8027
System Validation	Issuer ID: <Issuer ID>	Invalid value - The value entered for “How are rates for two or more children on a Child-Only policy calculated?” field contains an invalid value or an incompatible value based on answers to prior questions.	8028
System Validation	Issuer ID: <Issuer ID>	Invalid Rule - Business Rules are all defined at the Product Level. There should be at least one rule defined at the Issuer Level.	8029
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “What are the maximum number of dependents used to quote a two parent family?” field contains an invalid value or an incompatible value based on answers to prior questions. Please refer to the User Manual for instructions.	8030
System Validation	Issuer ID: <Issuer ID>	Invalid value - The “What are the maximum number of dependents used to quote a single parent family?” field contains an invalid value or an incompatible value based on answers to prior questions. Please refer to the User Manual for instructions.	8031
System Validation	Issuer ID: <Issuer ID>	Invalid value - The value in “If there are rates for dependents, which age is used?” field contains an invalid value or an incompatible value based on answers to prior questions. Please refer to the User Manual for instructions.	8032
System Validation	Issuer ID: <Issuer ID>	Invalid value - The value in “If there are rates for dependents, which age is used?” field cannot be Not Applicable based on the answers to your prior questions. Please refer to the User Manual for instructions.	8033

16.2.1.9 Individual Cross-Check Validations

The table below in Exhibit 16-9 describes all error messages produced when an Individual Template does not pass Cross-check System Validations.

Exhibit 16-9: Individual Cross-check Email Error Messages

Type of Validation	Issuer Error Key ID	Issuer Error Type name	Error Code
Cross Check Validation	Plan ID :<Plan ID>	Incomplete Plan - This Plan ID was listed in Rates Template, however no Benefits information was received in the Benefits Template. All plans must have benefits information for the submission to be valid.	9005
Cross Check Validation	Plan ID :<Plan ID>	Incomplete Plan - This Plan ID was listed in Benefits Template, however no Rates information was received in the Rates Template. Each plan must at least one rate to be valid.	9006
Cross Check Validation	Plan ID :<Plan ID>	Incomplete Plan - This plan references a Region in the Rates Template that was not submitted via the Regions Template.	9007
Cross Check Validation	Issuer ID: <Issuer ID>	Incomplete plan – Business rules do not exist for this Issuer.	9008

16.3 APPENDIX C - FILE TYPE INSTRUCTIONS

The following file formats are accepted for data upload into the Rate and Benefits Information System (RBIS):

- Pipe Delimited
- ZIP

16.3.1 Pipe Delimited (.csv)

All files must be 30 MB or smaller. If users are having difficulty with the file size, the Pipe Delimited format may be utilized. Before saving the finalized document as a Pipe Delimited text file, users should ensure that all required fields have been filled in correctly. All data-entry cells, which are highlighted in green, require users to enter data in plain text.

16.3.2 ZIP

All files must be 30 MB or smaller. If users have difficulty with the file size, zipped or compressed files take up less storage space and may be utilized instead. User can combine several files into a single compressed folder, making it easier to upload into RBIS. It is important to note that **users may only have one Template type per ZIP file**. For example, users may upload multiple Benefits Templates in one ZIP file, but they cannot upload a Benefits Template with a Rates Template into the same ZIP file.

16.3.3 Savings documents in .ZIP format

Before saving the finalized document as a ZIP file, users should ensure that all required fields have been filled in correctly. All data-entry cells, which are highlighted in green, require users to enter data in plain text.

The following are the steps to compress a file or folder using Windows:

1. Locate the file(s) or folder(s) that you would like to compress.
2. Select the file(s) or folder(s) and right click, point to Send To, and then click Compressed (zipped) Folder.
 - a. A new compressed folder is created. Right click the folder, select 'Rename,' and then type the new name to rename the folder.

The following are the steps to compress files and folders using Mac OS:

1. Select the item or items you would like to compress.
2. Choose File and select Compress.
 - a. If you compress a single item, the compressed file has the name of the original item with a .zip extension. If you compress multiple items at once, the compressed file is called Archive.zip.
 - b. When you open a compressed file, it is replaced by a folder containing uncompressed copies of the original items. As the item is being uncompressed, the Archive Utility appears in the Dock. If you want to change where the uncompressed files appear or automatically delete the .zip files, select Archive Utility, and select Archive Utility > Preferences.

16.4 APPENDIX D - TEMPLATE DATA FIELD DEFINITIONS

16.4.1 Small Group Benefits Template

The following table in Exhibit 16-10 is the Benefits Template Data Dictionary. This table includes definitions for the fields found in each column of the Template.

Exhibit 16-10: Benefits Template Data Dictionary – Small Group

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Delete?	Select 'Yes' to delete the row, select 'No' to keep the row. Otherwise leave blank.	No	Varchar	N/A	<ul style="list-style-type: none">• Yes• No

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	Exists in Issuer Organization and Issuer Request tables.
Product Smart ID	10 digit alphanumeric that identifies a product	Yes	Varchar	10	Exists in Insurance Product table.
Product Type	Network design for the product (e.g., PPO, HMO, etc.)	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Indemnity • PPO • POS • EPO • HMO • Other/Describe
HSA-Eligible	Product meets all of the requirements to be an HSA-qualified high deductible health plan	Yes	Varchar	1	<ul style="list-style-type: none"> • Y • N
Total Written Premium	Total written premium for this product	No	Numeric	N/A	N/A
Same-Sex Partners	A family unit consisting of two individuals of the same gender, whether or not registered as domestic partners or otherwise recognized by state government.	Yes	Varchar	1	<ul style="list-style-type: none"> • Y • N
Domestic Partners	A family unit consisting of two individuals, whether or not of the same gender, and whether or not registered as domestic partners or otherwise recognized by state government.	Yes	Varchar	1	<ul style="list-style-type: none"> • Y • N
Annual Deductible In-Network	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for in-network services that are subject to the deductible for in-network.	Yes	Varchar	256	<ul style="list-style-type: none"> • None • X, X, X, X,...

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Annual Deductible Out-of-Network	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the deductible for out-of-network.	Yes	Varchar	256	<ul style="list-style-type: none"> • None • X, X, X, X,...
PCP Copay In-Network	Flat dollar amount which a patient must pay when visiting an in-network primary care physician for in-network.	Yes	Varchar	256	<ul style="list-style-type: none"> • None • x, y
PCP Copay Out-of-Network	Flat dollar amount which a patient must pay when visiting an out-of-network primary care physician for out-of-network.	Yes	Varchar	256	<ul style="list-style-type: none"> • None • x, y
Coinsurance In-Network	Percentage of a health care provider's allowed amount which a patient must pay when utilizing an in-network health care provider for in-network.	Yes	Varchar	256	<ul style="list-style-type: none"> • None • x%, y%
Coinsurance Out-Network	Percentage of a health care provider's allowed amount which a patient must pay when utilizing an out-of-network health care provider for out-of-network.	Yes	Varchar	256	<ul style="list-style-type: none"> • None • x%, y%
Annual Medical Out-of-Pocket Limit In-Network	Maximum amount each year which a patient or family pays for covered in-network services, excluding premiums and charges above allowed amount from out-of-network providers for in-network.	Yes	Varchar	256	<ul style="list-style-type: none"> • None • x, x, x, x,...

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Annual Medical Out-of-Pocket Limit Elements In-Network	The elements (deductible, copays, and coinsurance) which accrue to the out-of-pocket limit. For example, if the out-of-pocket limit is in addition to the deductible and copays continue to be charged after the out-of-pocket limit is reached, select Coinsurance for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • None • Deductible • Copay • Coinsurance • Coinsurance + Copay • Deductible + Copay • Deductible + Coinsurance • Deductible + Coinsurance + Copay
Annual Max Benefit In-Network	Maximum amount which an insurer will pay per year for a patient or family, regardless of annual out-of-pocket limit for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • None • x
Primary Care Visit to Treat Injury or Illness	General physician charges for in-office evaluation and treatment.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Specialist Visit	Specialist physician charges for in-office evaluation and treatment.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Other Practitioner Office Visit (Nurse, Physician Assistant)	Other practitioners may include nurses and/or physician assistants.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Preventive Care/Screening/Immunization	Health care to prevent illness or detect illness at an early stage (e.g. mandated preventative services, including flu shots, and screening mammograms).	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Diagnostic Test (X-Ray and Lab Work)	Diagnostic labs and x-rays.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Imaging (CT/PET Scans, MRIs)	Advanced radiology.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Generic Drugs	Generic drugs from pharmacy and/or mail order.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Preferred Brand Drugs	Brand drugs on formulary from pharmacy and/or mail order.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Non-Preferred Brand Drugs	Brand drugs not on formulary from pharmacy and/or mail order.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Specialty Drugs	Prescription medications that require special handling, administration, or monitoring and used to treat complex, chronic and often costly conditions.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Facility charges for outpatient care.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Outpatient Surgery Physician/Surgical Services	Physician charges for outpatient admission.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Emergency Room Services	Facility and treatment charges related to an emergency medical condition.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Emergency Transportation/Ambulance	Ambulance services for an emergency medical condition.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Urgent Care Centers or Facilities	Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not as severe as to require emergency room care.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Inpatient Hospital Services (e.g., Hospital Stay)	Facility and treatment charges for inpatient hospital admission.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Inpatient Physician and Surgical Services	Physician charges for inpatient hospital admission.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Mental/Behavioral Health Outpatient Services	Mental/Behavioral health outpatient services.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Mental/Behavioral Health Inpatient Services	Mental/ Behavioral health inpatient services.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Substance Abuse Disorder Outpatient Services	Substance abuse disorder outpatient services.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Substance Abuse Disorder Inpatient Services	Substance abuse disorder inpatient services.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Prenatal and Postnatal Care	Prenatal and postnatal care, not limited to complications of pregnancy.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Delivery and All Inpatient Services for Maternity Care	Delivery and all associated inpatient services, not limited to complications of pregnancy.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Home Health Care Services	Services provided at the patient's home.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Outpatient Rehabilitation Services	Services that help a person restore lost skills and functioning for daily living due to injury or illness.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Habilitation Services	Services that help a person develop skills and functioning for daily living.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Skilled Nursing Facility	Charges associated with care provided by a licensed skilled nursing facility.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Durable Medical Equipment	Equipment and supplies ordered by a health care provider for everyday or extended use.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Hospice Services	Services to provide support for patient in last stages of terminal illness.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Routine Eye Exam for Children	A standard ophthalmic exam for children.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Eye Glasses for Children	Eye glasses for children.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Dental Check-Up for Children	Dental check-up services for children.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Acupuncture	Acupuncture treatment for a medical condition not limited to use for anesthesia	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Bariatric Surgery	Surgical procedures for the reduction of weight.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Non-Emergency Care when Travelling Outside the U.S.	Non-emergency care when traveling outside the U.S.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Chiropractic Care	Charges associated with care by a licensed chiropractor	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Cosmetic Surgery	Surgical procedures when the primary purpose is to change or improve appearance.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Routine Dental Services (Adult)	A standard routine dental service (adult).	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Hearing Aids	Charges associated with the provision of hearing aids.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations

Field Name	Definition	Required ?	Data Type	Field Length Max	List of Values
Infertility Treatment	Charges associated with the diagnosis and treatment of infertility, such as IVF.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Long-Term/Custodial Nursing Home Care	Charges associated with services that include medical and non-medical care to people who have a chronic illness or disability.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Private-Duty Nursing	Nursing services provided in the home.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Routine Eye Exam (Adult)	A standard ophthalmic exam (adult).	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Routine Foot Care	Routine foot exams and treatments not exclusive to services related to treatment of diabetes and other metabolic or peripheral vascular diseases.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations
Weight Loss Programs	Reimbursement or discounts applied to charges associated with participation in weight loss programs.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Available for Additional Premium • Covered with Limitations

16.4.2 Small Group Regions Template

The following table in Exhibit 16-11 is the Regions Template Data Dictionary. This table includes definitions for the fields found in each column of the Template.

Exhibit 16-11: Regions Template Data Dictionary – Small Group

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Delete?	Select 'Yes' to delete the row, select 'No' to keep the row. Otherwise leave blank.	No	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	N/A
Region #	Identifies a specific geographic region as defined by a combination of Zip code, FIPS code, County Name and State	Yes	Numeric	50	N/A
Zip Code	Five digit number that identifies a regions zip code	No	Numeric	5	N/A
FIPS Code	A five digit code that identifies counties in the U.S.	No	Numeric	5	N/A
County	Name of county found in the U.S.	No	Varchar	50	N/A
State Abbr	Two digit State abbreviation codes	Yes	Varchar	2	AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

16.4.3 Small Group Product Availability Template

The following table in Exhibit 16-12 is the Product Availability Template Data Dictionary. The table includes definitions for the fields found in each column of the Template.

Exhibit 16-12: Product Availability Template Data Dictionary – Small Group

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Delete?	Select 'Yes' to delete the row, select 'No' to keep the row. Otherwise leave blank.	No	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	N/A
Product Smart ID	Ten digit alphanumeric that identifies a product	Yes	Varchar	10	N/A
Region #	Identifies a specific geographic region as defined by a combination of Zip code, FIPS code, County Name and State	Yes	Numeric	256	N/A

16.4.4 Individual Benefits Template

The following table in Exhibit 16-13 is the Benefits Template Data Dictionary. The table includes definitions for the fields found in each column of the Template.

Exhibit 16-13: Benefits Template Data Dictionary – Individual

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Delete?	Select 'Yes' to delete the row, select 'No' to keep the row. Otherwise leave blank.	No	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	Exists in Issuer Organization and Issuer Request tables.
Product Smart ID	Ten digit alphanumeric that identifies a product	Yes	Varchar	10	Exists in Insurance Product table.
Plan ID	Fourteen digit number that identifies the plan	Yes	Varchar	14	N/A
Plan Name	Name of the plan given by the Issuer	Yes	Varchar	256	N/A
Plan Effective Date	Date that a plan becomes open for enrollment	Yes	Date	N/A	N/A
Plan Expiration Date	Date that a plan becomes closed and no longer accepts new enrollments	Yes	Date	N/A	N/A
Product Type	Network design for the product (e.g., PPO, HMO, etc.)	Yes	Varchar	N/A	<ul style="list-style-type: none"> • INDEMNITY • PPO • POS • EPO • HMO • Other/Describe

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
HSA-Eligible	Plan meets all of the requirements to be an HSA-qualified high deductible health plan	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No
Same-Sex Partners	A family unit consisting of two individuals of the same gender, whether or not registered as domestic partners or otherwise recognized by state government.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No
Domestic Partners	A family unit consisting of two individuals, whether or not of the same gender, and whether or not registered as domestic partners or otherwise recognized by state government.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No
Annual Deductible (IN)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for in-network services that are subject to the deductible.	Yes	Varchar	N/A	\$[] Individual / \$[] Family
Annual Deductible (OON)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the deductible.	Yes	Varchar	N/A	\$[] Individual / \$[] Family
No Deductible	Description of when there may be no deductible for the plan.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Enter services that do not count towards the deductible <p>Acceptable characters: abcdefghijklmnopqrst uvwxyzABCDEFGHI JKLMNOPQRSTU VWXYZ1234567890.:_- %,)#/;\$&</p>

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Deductible Exceptions	Description of the exceptions to the annual deductible for the plan.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Enter services that do not count towards the deductible <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- ,()#%#/\$;&</p>
Other Deductible 1	Description of an additional deductible type for the plan.	Yes	Varchar	50	<ul style="list-style-type: none"> • None • Enter the service that has a separate deductible <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- ,()#%#/\$;&</p>
Other Deductible 1 (IN)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for in-network services that are subject to the other deductible 1	Yes	Varchar	N/A	\$[] Individual / \$[] Family
Other Deductible 1 (OON)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the other deductible 1	Yes	Varchar	N/A	\$[] Individual / \$[] Family

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Other Deductible 2	Description of an additional deductible type for the plan.	Yes	Varchar	50	<ul style="list-style-type: none"> • None • Enter the service that has a separate deductible <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- ,()%#/\$;&</p>
Other Deductible 2 (IN)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for in-network services that are subject to the other deductible 2	Yes	Varchar	N/A	\$[] Individual / \$[] Family
Other Deductible 2 (OON)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the other deductible 2	Yes	Varchar	N/A	\$[] Individual / \$[] Family
Other Deductible 3	Description of an additional deductible type for the plan.	Yes	Varchar	50	<ul style="list-style-type: none"> • None • Enter the service that has a separate deductible <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- ,()%#/\$;&</p>
Other Deductible 3 (IN)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for in-network services that are subject to the other deductible 3	Yes	Varchar	N/A	\$[] Individual / \$[] Family

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Other Deductible 3 (OON)	Dollar amount that a patient or family must pay for covered services each year before the insurer pays claims for out-of-network services that are subject to the other deductible 3	Yes	Varchar	N/A	\$_[] Individual / \$_[] Family
More Deductibles	Description of additional deductible types for the plan.	Yes	Varchar	N/A	• Yes • No
PCP Copay (IN)	Flat dollar amount which a patient must pay when visiting an in-network primary care physician for in-network.	Yes	Varchar	5	• Not Covered • \$X
PCP Copay (OON)	Flat dollar amount which a patient must pay when visiting an out-of-network primary care physician for out-of-network.	Yes	Varchar	5	• Not Covered • \$X
Coinsurance (IN)	Percentage of a health care provider's allowed amount which a patient must pay when utilizing an in-network health care provider for in-network.	Yes	Varchar	N/A	• Not Covered • \$X
Coinsurance (OON)	Percentage of a health care provider's allowed amount which a patient must pay when utilizing an out-of-network health care provider for out-of-network.	Yes	Varchar	N/A	• Not Covered • \$X
Annual Out-of-Pocket Limit (IN)	Maximum amount each year which a patient or family pays for covered in-network services, excluding premiums and charges above allowed amount from out-of-network providers for in-network.	Yes	Varchar	N/A	\$_[] Individual / \$_[] Family

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Annual Out-of-Pocket Limit (OON)	Maximum amount each year which a patient or family pays for covered in-network services, excluding premiums and charges above allowed amount from out-of-network providers for out-of-network.	Yes	Varchar	N/A	\$_[] Individual / \$_[] Family
Annual Out-of-Pocket Limit Elements	The elements (deductible, copays, and coinsurance) which accrue to the out-of-pocket limit. For example, if the out-of-pocket limit is in addition to the deductible and copays continue to be charged after the out-of-pocket limit is reached.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • None • Deductible • Co-pay • Coinsurance • Coinsurance + Co-pay • Deductible + Co-pay • Deductible + Coinsurance • Deductible + Coinsurance + Co-pay
Excluded Annual Out-of-Pocket Limit (IN)	Excluded Annual Out-of-Pocket Limit for In-Network.	Yes	Varchar	175	<p>None</p> <p>Enter any Out-of-Pocket exclusions</p> <p>The data entered into this field must start with the phrase: “Premiums, Copayments and balance-billing charges.”</p> <p>Acceptable characters: abcdefghijklmnopqrst vwxyzABCDEFGHI JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- -,)%#/\;\$&</p>

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Excluded Annual Out-of-Pocket Limit (OON)	Excluded Annual Out-of-Pocket Limit for Out-of-Network.	Yes	Varchar	175	None Enter any Out-of-Pocket exclusions The data entered into this field must start with the phrase: "Premiums, Copayments and balance-billing charges." Acceptable characters: abcdefghijklmnopqrst vwxyzABCDEFGHI JKLMNOPQRSTU WXYZ1234567890.:_- (),%#/\$&
Annual Max Benefit (IN)	Maximum amount which an insurer will pay per year for a patient or family, regardless of annual out-of-pocket limit for in-network.	Yes	Varchar	N/A	\$_ Individual / \$_ Family
Is a Referral Required to see a Specialist?	Field for referral to see the specialist.	Yes	Varchar	N/A	• Yes • No
Type of Specialists Requiring a Referral	Field for types of specialists requiring a referral.	Yes	Varchar	175	• None • Enter specialists requiring a referral Acceptable characters: abcdefghijklmnopqrst vwxyzABCDEFGHI JKLMNOPQRSTU WXYZ1234567890.:_- (),%#/\$&

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Primary Care Visit to Treat Injury or Illness (IN)	General physician charges for in-office evaluation and treatment for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Primary Care Visit to Treat Injury or Illness (OON)	General physician charges for in-office evaluation and treatment for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Primary Care Visit to Treat Injury or Illness Exceptions	Exceptions or limitations to General physician charges for in-office evaluation and treatment.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- %,) #/;\$&</p>

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Specialist Visit (IN)	Specialist physician charges for in-office evaluation and treatment for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Specialist Visit (OON)	Specialist physician charges for in-office evaluation and treatment for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Specialist Visit Exceptions	Exceptions or limitations to Specialist physician charges for in-office evaluation and treatment.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- %,) #/;\$&</p>

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Other Practitioner Office Visit (Nurse, Physician Assistant) (IN)	Other practitioners may include nurses and/or physician assistants for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Other Practitioner Office Visit (Nurse, Physician Assistant) (OON)	Other practitioners may include nurses and/or physician assistants for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Other Practitioner Office Visit (Nurse, Physician Assistant) Exceptions	Exceptions or limitations to other practitioners may include nurses and/or physician assistants.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- ,()%#/\$;&</p>

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Preventive Care/Screening/Immunization (IN)	Health care to prevent illness or detect illness at an early stage (e.g. mandated preventative services, including flu shots, and screening mammograms) for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Preventive Care/Screening/Immunization (OON)	Health care to prevent illness or detect illness at an early stage (e.g. mandated preventative services, including flu shots, and screening mammograms) for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Preventive Care/Screening/Immunization Exceptions	Exceptions or limitations to Health care to prevent illness or detect illness at an early stage (e.g. mandated preventative services, including flu shots, and screening mammograms).	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- ,()%#/#;\$&</p>

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Diagnostic Test (X-Ray and Lab Work) (IN)	Diagnostic labs and x-rays for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Diagnostic Test (X-Ray and Lab Work) (OON)	Diagnostic labs and x-rays for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Diagnostic Test (X-Ray and Lab Work) Exceptions	Exceptions or limitations to Diagnostic labs and x-rays.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- %,) #/;\$&</p>

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Imaging (CT/PET Scans, MRIs) (IN)	Advanced radiology for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Imaging (CT/PET Scans, MRIs) (OON)	Advanced radiology for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Imaging (CT/PET Scans, MRIs) Exceptions	Exceptions or limitations to Advanced radiology.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- %,) #/;\$&</p>

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Generic Drugs - Retail (IN)	Generic drugs from pharmacy in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Generic Drugs - Retail (OON)	Generic drugs from pharmacy out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Generic Drugs - Mail Order (IN)	Generic drugs from mail order in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Generic Drugs - Mail Order (OON)	Generic drugs from mail order out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Generic Drugs Exceptions	Exceptions or limitations to Generic drugs from pharmacy and/or mail order.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,(%)#/\;\$&</p>
Preferred Brand Drugs - Retail (IN)	Brand drugs on formulary from pharmacy in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Preferred Brand Drugs - Retail (OON)	Brand drugs on formulary from pharmacy out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Preferred Brand Drugs - Mail Order (IN)	Brand drugs on formulary from mail order in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Preferred Brand Drugs - Mail Order (OON)	Brand drugs on formulary from mail order out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Preferred Brand Drugs Exceptions	Exceptions or limitations to brand drugs on formulary from pharmacy and/or mail order.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrst uvwxyzABCEDFGHI JKLMNOPQRSTU WXYZ1234567890.:_- ,()#%/\;\$&</p>
Non-Preferred Brand Drugs - Retail (IN)	Brand drugs not on formulary from pharmacy in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Non-Preferred Brand Drugs - Retail (OON)	Brand drugs not on formulary from pharmacy out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Non-Preferred Brand Drugs - Mail Order (IN)	Brand drugs not on formulary from mail order in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Non-Preferred Brand Drugs - Mail Order (OON)	Brand drugs not on formulary from mail order out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Non-Preferred Brand Drugs Exceptions	Exceptions or limitations to brand drugs not on formulary from pharmacy and/or mail order.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- ,()%#/#;\$&</p>

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Specialty Drugs - Retail (IN)	Prescription medications that require special handling, administration, or monitoring and used to treat complex, chronic and often costly conditions from pharmacy in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Specialty Drugs - Retail (OON)	Prescription medications that require special handling, administration, or monitoring and used to treat complex, chronic and often costly conditions from pharmacy out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Specialty Drugs - Mail Order (IN)	Prescription medications that require special handling, administration, or monitoring and used to treat complex, chronic and often costly conditions from mail order in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Specialty Drugs - Mail Order (OON)	Prescription medications that require special handling, administration, or monitoring and used to treat complex, chronic and often costly conditions from mail order out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Specialty Drugs Exceptions	Exceptions or limitations to prescription medications that require special handling, administration, or monitoring and used to treat complex, chronic and often costly conditions.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- ,()#%#/\$;&</p>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (IN)	Facility charges for outpatient care for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (OON)	Facility charges for outpatient care for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Exceptions	Exceptions or limitations to facility charges for outpatient care.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Outpatient Surgery Physician/Surgical Services (IN)	Physician charges for outpatient admission for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Outpatient Surgery Physician/Surgical Services (OON)	Physician charges for outpatient admission for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Outpatient Surgery Physician/Surgical Services Exceptions	Exceptions or limitations to physician charges for outpatient admission.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Emergency Room Services (IN)	Facility and treatment charges related to an emergency medical condition for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Emergency Room Services (OON)	Facility and treatment charges related to an emergency medical condition for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Emergency Room Services Exceptions	Exceptions or limitations to facility and treatment charges related to an emergency medical condition.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Emergency Transportation/Ambulance (IN)	Ambulance services for an emergency medical condition for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Emergency Transportation/Ambulance (OON)	Ambulance services for an emergency medical condition for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Emergency Transportation/Ambulance Exceptions	Exceptions or limitations to ambulance services for an emergency medical condition.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Urgent Care (IN)	Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not as severe as to require emergency room care for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Urgent Care (OON)	Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not as severe as to require emergency room care for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Urgent Care Exceptions	Exceptions or limitations to care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not as severe as to require emergency room care.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Inpatient Hospital Services (e.g., Hospital Stay) (IN)	Facility and treatment charges for inpatient hospital admission for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Inpatient Hospital Services (e.g., Hospital Stay) (OON)	Facility and treatment charges for inpatient hospital admission for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Inpatient Hospital Services (e.g., Hospital Stay) Exceptions	Exceptions or limitations to facility and treatment charges for inpatient hospital admission.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Inpatient Physician and Surgical Services (IN)	Physician charges for inpatient hospital admission for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Inpatient Physician and Surgical Services (OON)	Physician charges for inpatient hospital admission for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Inpatient Physician and Surgical Services Exceptions	Exceptions or limitations to physician charges for inpatient hospital admission.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Mental/Behavioral Health Outpatient Services (IN)	Mental/Behavioral health outpatient services for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Mental/Behavioral Health Outpatient Services (OON)	Mental/Behavioral health outpatient services for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Mental/Behavioral Health Outpatient Services Exceptions	Exceptions or limitations to mental/behavioral health outpatient services.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Mental/Behavioral Health Inpatient Services (IN)	Mental/ Behavioral health inpatient services for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Mental/Behavioral Health Inpatient Services (OON)	Mental/ Behavioral health inpatient services for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Mental/Behavioral Health Inpatient Services Exceptions	Exceptions or limitations to mental/behavioral health inpatient services.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Substance Abuse Disorder Outpatient Services (IN)	Substance abuse disorder outpatient services for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Substance Abuse Disorder Outpatient Services (OON)	Substance abuse disorder outpatient services for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Substance Abuse Disorder Outpatient Services Exceptions	Exceptions or limitations to substance abuse disorder outpatient services.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Substance Abuse Disorder Inpatient Services (IN)	Substance use disorder inpatient services for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Substance Abuse Disorder Inpatient Services (OON)	Substance use disorder inpatient services for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Substance Abuse Disorder Inpatient Services Exceptions	Exceptions or limitations to substance use disorder inpatient services.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Prenatal and Postnatal Care (IN)	Prenatal and postnatal care, not limited to complications of pregnancy for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Prenatal and Postnatal Care (OON)	Prenatal and postnatal care, not limited to complications of pregnancy for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Prenatal and Postnatal Care Exceptions	Exceptions or limitations to prenatal and postnatal care, not limited to complications of pregnancy.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Delivery and All Inpatient Services for Maternity Care (IN)	Delivery and all associated inpatient services, not limited to complications of pregnancy for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Delivery and All Inpatient Services for Maternity Care (OON)	Delivery and all associated inpatient services, not limited to complications of pregnancy for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Delivery and All Inpatient Services for Maternity Care Exceptions	Exceptions or limitations to delivery and all associated inpatient services, not limited to complications of pregnancy.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Home Health Care Services (IN)	Services provided at the patient's home for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Home Health Care Services (OON)	Services provided at the patient's home for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Home Health Care Services Exceptions	Exceptions or limitations to services provided at the patient's home.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Inpatient Rehabilitation Services (IN)	Services that help a person restore lost skills and functioning for daily living due to injury or illness for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Inpatient Rehabilitation Services (OON)	Services that help a person restore lost skills and functioning for daily living due to injury or illness for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Inpatient Rehabilitation Services Exceptions	Exceptions or limitations to services that help a person restore lost skills and functioning for daily living due to injury or illness.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Outpatient Rehabilitation Services (IN)	Services that help a person restore lost skills and functioning for daily living due to injury or illness for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Outpatient Rehabilitation Services (OON)	Services that help a person restore lost skills and functioning for daily living due to injury or illness for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Outpatient Rehabilitation Services Exceptions	Exceptions or limitations to services that help a person restore lost skills and functioning for daily living due to injury or illness.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Habilitation Services (IN)	Services that help a person develop skills and functioning for daily living for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Habilitation Services (OON)	Services that help a person develop skills and functioning for daily living for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Habilitation Services Exceptions	Exceptions or limitations to services that help a person develop skills and functioning for daily living.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Skilled Nursing Facility (IN)	Charges associated with care provided by a licensed skilled nursing facility for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Skilled Nursing Facility (OON)	Charges associated with care provided by a licensed skilled nursing facility for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Skilled Nursing Facility Exceptions	Exceptions or limitations to charges associated with care provided by a licensed skilled nursing facility.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Durable Medical Equipment (IN)	Equipment and supplies ordered by a health care provider for everyday or extended use for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Durable Medical Equipment (OON)	Equipment and supplies ordered by a health care provider for everyday or extended use for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Durable Medical Equipment Exceptions	Exceptions or limitations to equipment and supplies ordered by a health care provider for everyday or extended use.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Hospice Services (IN)	Services to provide support for patient in the last stages of terminal illness for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Hospice Services (OON)	Services to provide support for patient in the last stages of terminal illness for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Hospice Services Exceptions	Exceptions or limitations to services to provide support for patient in the last stages of terminal illness.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_- ,()%#/\;\$&</p>
Routine Eye Exam for Children (IN)	A standard ophthalmic exam for children for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Routine Eye Exam for Children (OON)	A standard ophthalmic exam for children for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Routine Eye Exam for Children Exceptions	Exceptions or limitations to a standard ophthalmic exam for children	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Eye Glasses for Children (IN)	Eye glasses for children for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Eye Glasses for Children (OON)	Eye glasses for children for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Eye Glasses for Children Exceptions	Exceptions or limitations to eye glasses for children	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ WXYZ1234567890.:_-,%#/\;\$&</p>
Dental Check-Up for Children (IN)	Dental check-up services for children for in-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Dental Check-Up for Children (OON)	Dental check-up services for children for out-of-network.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible
Dental Check-Up for Children Exceptions	Exceptions or limitations to dental check-up services for children.	Yes	Varchar	175	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations <p>Acceptable characters: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ JKLMNOPQRSTUVWXYZ 1234567890.:_-,%#/\;\$&</p>
Acupuncture	Acupuncture treatment for a medical condition not limited to use for anesthesia	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Bariatric Surgery	Surgical procedures for the reduction of weight.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Non-Emergency Care when Travelling Outside the U.S.	Non-emergency care when travelling outside the U.S.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Chiropractic Care	Charges associated with care by a licensed chiropractor	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Cosmetic Surgery	Surgical procedures when the primary purpose is to change or improve appearance.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Routine Dental Services (Adult)	A standard routine dental services (adult).	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Hearing Aids	Charges associated with the provision of hearing aids.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Infertility Treatment	Charges associated with the diagnosis and treatment of infertility, such as IVF.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Long-Term/Custodial Nursing Home Care	Charges associated with services that include medical and non-medical care to people who have a chronic illness or disability.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Private-Duty Nursing	Nursing services provided in the home.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Routine Eye Exam (Adult)	A standard ophthalmic exam (adult).	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Routine Foot Care	Routine foot exams and treatments not exclusive to services related to treatment of diabetes and other metabolic or peripheral vascular diseases.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Weight Loss Programs	Reimbursement or discounts applied to charges associated with participation in weight loss programs.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Routine Hearing Tests	A standard hearing exam (adult).	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Covered • Not Covered • Covered with Limitations • Available for Additional Premium
Plan Brochure	A link that provides online information about the plan.	No	Varchar	256	N/A
Is notice required for Pregnancy?	An indicator for the Plan whether an insurer is to provide notice for pregnancy.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No
Maternity Deductibles	Dollar amount that a patient or family must pay as deductible for covered services before the insurer pays claims for services that are subject to the deductible.	No	Varchar	N/A	<ul style="list-style-type: none"> • \$X

Field Name	Definition	Required?	Data Type	Field Length Max	List of Values
Maternity Co-pays	Dollar amount that a patient or family must pay as co-pay for covered services before the insurer pays claims.	No	Varchar	N/A	• \$X
Maternity Coinsurance	Dollar amount that a patient or family must pay as coinsurance for covered services before the insurer pays claims.	No	Varchar	N/A	• \$X
Maternity Limits or Exclusions	Description of the limits or exclusions to the maternity service for the plan.	No	Varchar	N/A	• \$X
Is Diabetes wellness program offered?	An indicator for the Plan whether it offers diabetes wellness program.	Yes	Varchar	N/A	• Yes • No
Diabetes Deductibles	Dollar amount that a patient or family must pay as deductible for covered services before the insurer pays claims for services that are subject to the deductible.	No	Varchar	N/A	• \$X
Diabetes Co-pays	Dollar amount that a patient or family must pay as co-pay for covered services before the insurer pays claims.	No	Varchar	N/A	• \$X
Diabetes Coinsurance	Dollar amount that a patient or family must pay as coinsurance for covered services before the insurer pays claims.	No	Varchar	N/A	• \$X
Diabetes Limits or Exclusions	Description of the limits or exclusions to the diabetes service for the plan.	No	Varchar	N/A	• \$X

16.4.5 Individual Regions Template

The following table in Exhibit 16-14 is the Regions Template Data Dictionary. This table includes definitions for the fields found in each column of the Template.

Exhibit 16-14: Regions Template Data Dictionary – Individual

Field Name	Description	Required ?	Data Type	Field Length Max	List of Values
Delete?	Select 'Yes' to delete the row, select 'No' to keep the row. Otherwise leave blank	No	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	N/A
Region #	Identifies a specific geographic region as defined by a combination of Zip code, FIPS code, County Name and State	Yes	Numeric	50	N/A
ZIP Code	Five digit number that identifies a regions zip code	No	Numeric	5	N/A
FIPS Code	A five digit code that identifies counties in the U.S.	No	Numeric	5	N/A
County	Name of county found in the U.S.	No	Varchar	50	N/A
State Abbreviation	Two digit State abbreviation codes	Yes	Varchar	2	AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

16.4.6 Individual Business Rules Template

The following table in Exhibit 16-15 is the Business Rules Template Data Dictionary. This table includes definitions for the fields found in each column of the Template.

Exhibit 16-15: Business Rules Template Data Dictionary – Individual

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Delete?	Select 'Yes' to delete the row, select 'No' to keep the row. Otherwise leave	No	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
	blank				
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	Exists in Issuer Organization and Issuer Request tables.
Product ID	Ten digit alphanumeric that identifies a product	No	Varchar	10	Exists in Insurance Product table.
How are rates for contracts covering two or more enrollees calculated?	Determines if a returned rate is the sum of individual rates or if a group rate is available.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 - There are rates specifically for couples and for families (not just addition of individual rates) • 2 - The standard individual rate for each member is added together; there are no family size rate factors • 3 - The standard individual rate for each member is added together and family size rate factors are applied (e.g., -18% child) • 4- A different rate (specifically for parties of two or more) for each member is added together

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
What are the maximum number of dependents used to quote a two parent family?	For a two parent family, group rates are based on the number of dependents up to the maximum amount stated.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 or More • Not Applicable
What are the maximum number of dependents used to quote a single parent family?	For a single parent family, group rates are based on the number of dependents up to the maximum amount stated.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 or More • Not Applicable
Is there a minimum and maximum age for a dependent?	When the business rule says to add up individual rates, this determines the age range to be used to return rates for dependents.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • At least [__] months up to excluding [__] years • Not Applicable
If there are rates for dependents, which age is used?	Specifies the age to use for determining the dependents rate.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 - Age of the youngest dependent • 2 - Age of the oldest dependent • 3 - Age of the dependent that gives the higher rate • 4 - Age of the dependent that gives the lower rate • 5 - Order that the dependents are submitted on Healthcare.gov • 6 - Not Applicable
Are child-only policies issued?	Used to determine if an Issuer offers child only policies and if so, then there are additional questions that need to be	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No, child-only policies are not issued

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
	answered to determine what rates to return.				
How are rates for two or more children on a Child-Only policy calculated?	Used to determine rates for two or more children, if an Issuer offers Child Only policies.	Required: If "Are child-only policies issued?" is 'Yes' then select 1 or 2 and if 'No' then select '3 - Not Applicable'.	Varchar	N/A	<ul style="list-style-type: none"> • 1 - Add up the individuals rates of each child • 2 - There are group rates for 2 or more children • 3 - Not Applicable
If there are child-only policies, what are the minimum and maximum ages, if any?	Defines the minimum and maximum age range to be eligible for a child only policy if the Issuer offers child only policies.	Required: Enter age if answer to child-only policies is 'Yes', otherwise select 'Not Applicable'	Varchar	N/A	<ul style="list-style-type: none"> • At least [__] months up to excluding [__] years • Not Applicable
What are the maximum number of children used to quote a children-only contract?	Defines how many children rates are added up to determine the overall rate if more than one child is eligible for a child only policy.	Required: Select maximum number of children if answer to child-only policies is 'Yes', otherwise select 'Not Applicable'	Varchar	N/A	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 or More • Not Applicable

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
If there are rates for child only policies, which age is used?	Rules to determine the age for calculating rates for child-only policies. Determines which age to use if there are more than one child applying for a child only policy.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 - Age of the younger child • 2 - Age of the older child • 3 - Age of the child that gives the higher rate • 4 - Age of the child that gives the lower rate • 5 - Order that the children are submitted on Healthcare.gov • 6 - Not Applicable
If there are rates for couples and for families, which age is used?	If there is a different rate for couples and families based on the age of the subscribers, this determines which age to use to return a rate.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 - Age of the younger subscriber • 2 - Age of the older subscriber • 3 - Age of the subscriber that gives the higher rate • 4 - Age of the subscriber that gives the lower rate • 5 - Age that the user specifies as primary subscriber • 6 - Not Applicable
Are domestic partners treated the same as secondary subscribers?	Defines the rules for treating a domestic partner when determining if a couple is eligible for a rate.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 - Yes • 2 - No
Are same-sex partners treated the same as secondary subscribers?	Defines the rules for treating a same sex partner when determining if a couple is eligible for a rate.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 - Yes • 2 - No
What is the minimum age for a secondary subscriber?	Sets the minimum age for determining the eligibility of a secondary subscriber (e.g. a	Yes	Varchar	N/A	<ul style="list-style-type: none"> • [__] years • Not Applicable

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
	spouse).				
What is the maximum age for a new primary or secondary subscriber?	Sets the maximum age for determining the eligibility of a new primary or secondary subscriber.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • [__] years [__] months • Not Applicable
When a family size rate factor is applied to contracts with 2+ enrollees who is eligible for the family size rate factor?	For family rates where the rate is the sum of the individual rates, if there is an additional family size rate factor for large families, this determines which enrollees are eligible for the factored rate.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 - All applicants • 2 - All applicants except for the primary subscriber • 3 - The enrollees after the first [__] enrollees get a family size rate factor • 4 - If there are two or more enrollees apply the family size rate factor to all enrollees • 5 - Not Applicable
If a family size rate factor is applied to a contract, what is the family size rate?	Defines the family size rate factor, as a percent, that is applied to the eligible enrollees.	Yes	Numeric	3	N/A
How is age determined for rating and eligibility purposes?	Defines the rules for determining the eligibility of a subscriber based on their age in relation to rate effective dates.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • 1 - Age on effective date • 2 - Age on January 1st of the effective date year • 3 - Age on insurance date (age on birthday nearest the effective date)

16.4.7 Individual Rates Template

The following table in Exhibit 16-16 is the Rates Template Data Dictionary. This table includes definitions for the fields found in each column of the Template.

Exhibit 16-16: Rates Template Data Dictionary – Individual

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Delete?	Select 'Yes' to delete the row, select 'No' to keep the row. Otherwise leave blank	No	Varchar	N/A	<ul style="list-style-type: none"> • Yes • No
Issuer ID	Five digit number that identifies the Issuer	Yes	Numeric	5	Exists in Issuer Organization and Issuer Request tables.
Product Smart ID	Ten digit alphanumeric that identifies a product.	Yes	Varchar	10	Exists in Issuer Insurance Product table.
Plan ID	Fourteen digit number that identifies the Plan.	Yes	Varchar	14	Exists in Issuer Insurance Plan table.
Rate Effective Date	Date when a rate goes into effect for a plan.	Yes	Date	N/A	N/A
Rate Expiration Date	Date when a rate is no longer available for a plan.	Yes	Date	N/A	N/A
Region #	Identifies a specific geographic region as defined by a combination of Zip code, FIPS code, County Name and State.	Yes	Numeric	50	N/A
Minimum Age	Minimum age that a subscriber may be in order to be eligible for a rate.	Yes	Numeric	3	N/A
Maximum Age	Maximum age that a subscriber may be in order to be eligible for a rate.	Yes	Numeric	3	N/A

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Gender	Sex of the subscriber used to determine if a person is eligible for a rate from a plan.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Male • Female • No Preference
Tobacco?	Tobacco use of subscriber used to determine if a person is eligible for a rate from a plan.	Yes	Varchar	N/A	<ul style="list-style-type: none"> • Smoker • Non-Smoker • No Preference
Primary Subscriber	Primary enrollee on a plan used to determine which rate(s) to return when individual rates are used.	No	Numeric	N/A	N/A
Secondary Subscriber	A joint enrollee (e.g. a Spouse) on a plan used to determine which rate(s) to return when individual rates are used.	No	Numeric	N/A	N/A
Dependent	A joint enrollee (e.g. a child or other family member not the spouse) on a plan used to determine which rate(s) to return when individual rates are used.	No	Numeric	N/A	N/A
Primary Subscriber and Secondary Subscriber	A couple rate based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse).	No	Numeric	N/A	N/A
Primary Subscriber and One Dependent	A family rate for a single parent with one dependent.	No	Numeric	N/A	N/A

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Primary Subscriber and Two Dependents	A family rate for a single parent with two dependents.	No	Numeric	N/A	N/A
Primary Subscriber and Three Dependents	A family rate for a single parent with three dependents.	No	Numeric	N/A	N/A
Primary Subscriber and Four or more Dependents	A family rate for a single parent with four or more dependents.	No	Numeric	N/A	N/A
Primary Subscriber, Secondary Subscriber and One Dependent	A family rate for a couple with one dependent.	No	Numeric	N/A	N/A
Primary Subscriber, Secondary Subscriber and Two Dependents	A family rate for a couple with two dependents.	No	Numeric	N/A	N/A
Primary Subscriber, Secondary Subscriber and Three Dependents	A family rate for a couple with three dependents.	No	Numeric	N/A	N/A
Primary Subscriber, Secondary Subscriber and Four or more Dependents	A family rate for a couple with four or more dependents.	No	Numeric	N/A	N/A
Child Only	If child only policies are available, the rate for a child on a child only policy.	No	Numeric	N/A	N/A

Field Name	Description	Required?	Data Type	Field Length	Template List of Values
Two Children Only	If child only policies are available, the rate for two children on a child only policy.	No	Numeric	N/A	N/A
Three Children Only	If child only policies are available, the rate for three children on a child only policy.	No	Numeric	N/A	N/A
Four or More Children Only	If child only policies are available, the rate for four or more children on a child only policy.	No	Numeric	N/A	N/A

16.5 APPENDIX E - BUSINESS RULES AND RATES TEMPLATE INTEGRATION

HealthCare.gov is used to assist consumers in identifying affordable and comprehensive health insurance coverage options that are available in their state. The information displayed on HealthCare.gov should include, but is not limited to, information on eligibility, availability, premium rates, and benefit descriptions by plan and within an appropriate geographic context.

The purpose of this section is to illustrate how the various data input from consumers on Healthcare.gov combined with Issuer data Submissions in the RBIS system generate the estimated premium rates that are output and displayed to a consumer on Healthcare.gov. The following three components are involved:

- **Consumer Input on Healthcare.gov** – The data that a consumer inputs on Healthcare.gov plays a factor in determining for which benefit plans that the consumer is eligible.
- **Business Rules Template** – This Template allows Issuers to submit the answers to questions that will eventually affect how the rates for their benefit plans are calculated.
- **Rates Template** - The Rates Template allows Issuers to submit plan rate data as well as other determining factors such as subscriber type, gender, smoking habits and region associated with benefit plans.

The combination of all three components outlined above is what determines the benefit plans and associated rates that are displayed to a consumer when they perform a search for available healthcare plans that they are eligible for on Healthcare.gov.

16.5.1 Business Rules Template Guidelines

The Business Rules Template for Individual and Family Plans is displayed below in Exhibit 16-17.

Exhibit 16-17: Business Rules Template for Individual and Family Plans

	A	B	C	D	E
1	IFP Business Rules Template v7.0				
2				Validate Data	Validate and Finalize
3					
4	Instructions:				
5	Select an answer to each question from the list of choices provided.				
6					
7					
8	Delete?	Issuer ID	Product ID	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of dependents used to quote a two parent family?
9					
10					
11					
12					
13					
14					
15					

1.) Download the Business Rules Template

- a) Please refer to [Section 9.2](#) for further instructions on how to download the Business Rules Template for Submission.

2.) Complete the Business Rules Template

- a) Complete the Business Rules Template using the table below in Exhibit 16-18 as a guide on how to answer the Business Rules questions.
- b) Please refer to [Section 15.9](#) for further step by step instructions on how to complete the Business Rules Template.

Exhibit 16-18: Business Rules Template for Individual and Family Plans

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
1	Delete?	Optional	Yes No	Select 'Yes' to delete the row, select 'No' to keep the row. Otherwise leave blank.
2	Issuer ID	Required	Enter Issuer ID	Five digit number that identifies an Issuer.

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
3	Product ID	Optional Note: Enter the Product ID only if different Business Rules apply to the product.	Enter Issuer Product Smart ID	A specific value intended to capture business meaning, but having no computational value. Identifies an insurance product within the HIOS system.
4	How are rates for contracts covering two or more enrollees calculated?	Required	1 - There are rates specifically for couples and for families (not just addition of individual rates) 2 - The standard individual rate for each member is added together; there are no family size rate factors 3 - The standard individual rate for each member is added together and family size rate factors are applied (e.g., -18% child) 4 - A different rate (specifically for parties of two or more) for each member is added together	This question determines if an Issuer calculates rates based on the sum of individual rates or if a group rate is available.
5	What is the maximum number of dependents used to quote a two parent family?	Required. Note: If 4 is 1 then only 1,2,3, or 4 can be selected.	1 2 3 4 or more Not Applicable	Determines the maximum number of dependents used to return Individual and Group rates.

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
6	What is the maximum number of dependents used to quote a single parent family?	Required. Note: If 4 is 1 then only 1, 2, 3, or 4 can be selected..	1 2 3 4 or more Not Applicable	Determines the maximum number of dependents used to return Individual and Group rates.
7	Is there a minimum and maximum age for a dependent?	Required Note: i) No dependency ii) If age is selected then: a) A pop-up window will be displayed to enter number of months for minimum age (defaulted to 0) and number years for maximum age (required field). b) Months should be less than or equal to Years (when converted to months). c) Months and Years are integers (whole numbers).	At least [__] months up to excluding [__]years Not Applicable	If rates are calculated based on the sum of individual rates, this question determines the age range used to return rates for dependents.

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
8	If there are rates for dependents, which age is used?	Required Note: i) If 4 is 1 then only 1, 2, 3, 4 or 5 can be selected. ii) If 4 is 2, 3 or 4 and if both ID 5 and 6 are 'Not Applicable' then 6 ('Not Applicable') can be selected. iii) If 4 is 2, 3 or 4 and if any of the ID 5 and 6 are other than 'Not Applicable' then 6 ('Not Applicable') cannot be selected.	1 - Age of the youngest dependent 2 - Age of the oldest dependent 3 - Age of the dependent that gives the higher rate 4 - Age of the dependent that gives the lower rate 5 - Order that the dependents are submitted on Healthcare.gov 6 - Not Applicable	This determines which dependent(s) to use when calculating the base rates to return when the answer to question 4 is 2, 3 or 4
9	Are child-only policies issued?	Required	1 - Yes 2 - No, child-only policies are not issued	This question is asked in order to determine if Child Only policies are offered by the Issuer. If they are offered, then additional follow up questions are required to be answered in order for the system to output the correct rates.
10	How are rates for two or more children on a child-only policy calculated?	Required Note: i) If 9 is 'No' then only 'Not Applicable' can be selected. ii) If 9 is 'Yes', then either 1 or 2 must be selected	Transformation Rule: 1 - Add up the individuals rates of each child 2 - There are group rates for two or more children 3 - Not Applicable	This question determines how to calculate the base rates for a child only policy.

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
11	If there are child-only policies, what are the minimum and maximum ages, if any?	<p>Conditionally Required. This field is only required to be complete if 'Yes' is selected for Question 9.</p> <p>Note: i) If 9 is 'No' then only 'Not Applicable' can be selected. ii) If 9 is 'Yes' and age is selected then: a) A pop-up window will be displayed to enter number of months for minimum age (defaulted to 0) and number years for maximum age (required field). b) Months should be less than or equal to Years (when converted to months). c) Months and Years are integers (whole numbers).</p>	At least [__] months up to excluding [__]years Not Applicable	If child only policies are offered, this question defines the minimum and maximum age range that a child must fall into in order to be eligible for a child only policy. If child only policies are not offered, select 'Not Applicable'.
12	What is the maximum number of children used to quote a children-only contract?	<p>Conditionally Required. This field is only required to be complete if 'Yes' is selected for Question 8.</p> <p>Note: i) If 9 is 'No' then only 5 ('Not Applicable') can be selected. ii) If 9 is 'Yes' then only 1, 2, 3 or 4 can be selected.</p>	1 2 3 4 or more Not Applicable	If more than one child is eligible for a child only policy, this question defines the maximum number of child only rates that can be added up in order to determine the overall rate. . If child only policies are not offered, select 'Not Applicable'.

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
13	If there are rates for child only policies, which age is used?	Conditionally Required. This field is only required to be complete if 'Yes' is selected for Question 9. Note: i) If 9 is 'No' then only 6 ('Not Applicable') can be selected. ii) If 9 is 'Yes' then only 1, 2, 3, 4 or 5 can be selected.	1 - Age of the younger child 2 - Age of the older child 3 - Age of the child that gives the higher rate 4 - Age of the child that gives the lower rate 5 - Order in which the children are submitted on Healthcare.gov 6 - Not Applicable	If a subscriber is applying for a child only policy for multiple children, this question defines which age to use in order to calculate the rate. . If child only policies are not offered, select 'Not Applicable.'
14	If there are rates for couples and for families, which age is used?	Conditionally Required. This field is only required to be complete if option 1 is selected for Question 4. Note: i) If 4 is 1 or 4 then only 1, 2, 3, 4, or 5 can be selected. ii) If 4 is 2 or 3 then only 6 ('Not Applicable') can be selected.	1 - Age of the younger subscriber 2 - Age of the older subscriber 3 - Age of the subscriber that gives the higher rate 4 - Age of the subscriber that gives the lower rate 5 - Age the user specifies as primary subscriber 6 - Not applicable	If there is a different rate for couples and families based on the age of the subscribers, this question determines which age to use when returning a rate. If rates are based on the sum of individual rates, then select 'Not Applicable.'
15	Are domestic partners treated the same as secondary subscribers?	Required	1 - Yes 2 - No	This question is used to determine the rules for domestic partners when determining if a couple is eligible for a rate.
16	Are same-sex partners treated the same as secondary subscribers?	Required	1 - Yes 2 - No	This question is used to determine the rules for treating a same sex partner when determining if a couple is eligible for a rate.

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
17	What is the minimum age for a secondary subscriber?	Required Note: i) No dependency ii) If age is selected then: a) A pop-up window will be displayed to enter number of years for minimum age (required field). b) Years is an integer (whole number). c) Valid numbers: 0 to 200	<input type="checkbox"/> years Not Applicable	This question is used to set the minimum age for determining the eligibility of a secondary subscriber (e.g. a spouse).
18	What is the maximum age for a new primary or secondary subscriber?	Required Note: i) No dependency ii) If age is selected then: a) A pop-up window will be displayed to enter number of years (required field) and number of months (defaulted to 0) for maximum age. b) Months and Years are integers (whole numbers).	<input type="checkbox"/> years <input type="checkbox"/> months Not Applicable	This question is used to set the maximum age when determining the eligibility for a new primary or secondary subscriber.

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
19	When a family size rate factor is applied to contracts with 2+ enrollees who is eligible for the family size rate factor?	<p>Conditionally Required. This field is only required to be complete if option 3 is selected for Question 3.</p> <p>Note: i) If 4 is 3 then only 1, 2, 3 or 4 can be selected ii) if 4 is 1, 2 or 4 then only 5 ('Not Applicable') can be selected. iii) if 3 (number of enrollees) is selected then: a) A pop-up window will be displayed to enter number of enrollees to get the family size rate (required field). b) Enrollees is an integer (whole number).</p>	1 - All applicants 2 - All applicants except for the primary subscriber 3 - The enrollees after the first [__] enrollees get a family size rate factor 4 - If there are 2 more enrollees apply the family size rate factor to all enrollees 5 - Not Applicable	If a family size rate factor applies to a contract, this question is used to determine which enrollees are eligible for the factored rate. If family size rate factors are not available, then select 'Not Applicable.'
20	If a family size rate factor is applied to a contract, what is the family size rate?	<p>Conditionally Required. This field is only required to be complete if option 1, 2 or 3 is selected for Question 3.</p> <p>Note: i) If 4 is 3 then enter a number. ii) if 4 is 1, 2 or 4 then enter only ZERO. iii) Should be between 0 and 100</p>	Enter the Family Size Rate Factor	If a family size rate factor applies to a contract, this question is used to define the family size rate factor, as a percent that is applied to the eligible enrollees. . If family size rate factors are not applicable then enter '0' for the factor.

Question Number	Business Rules Template Question	Required for Completion?	Input Selection Options	Notes
21	How is age determined for rating and eligibility purposes?	Required	1 - Age on effective date 2 - Age on January 1st of the effective date year 3 - Age on insurance date (age on birthday nearest the effective date)	This question is used to define the rules for determining the eligibility of a subscriber based on their age in relation to rate effective dates.

16.5.2 Age calculation for Eligibility and Quote determination

The subscriber's age is used for determining:

- a. Eligibility for a specific Issuer, Product or Plan.
- b. Rate lookup for a specific user type for a specific Plan.

There are three factors that influence the age calculation:

1. The subscribers date of birth.
2. The insurance effective date.
3. One of the following, Issuer specified, rules to determine the age on a specific date:
 - a. Age as of insurance effective date
 - b. Age as of January 1st of the same year as the insurance effective date
 - c. Age at date of birth that is closest to insurance effective date

These factors can be reduced to the question: "Given a subscriber, how old is he/she on a specific date?"

Age related eligibility rules are provided in months, while rates are specified for age bands in years. Therefore, we will first calculate the age in months and convert the result into years as needed.

For a specific subscriber born on date 'DOB' the following algorithm is used to determine the age in months on a specific date 'IED':

1. Determine 'age in years' as $DOB.year - IED.year$
2. If the birthday did not yet come up as at IED, then subtract one year from the 'age in years' and determine the 'months that have passed since the last birthday' as $12 - DOB.month + IED.month$

3. Else determine the 'months that have passed since the last birthday' as IED.month – DOB.month
4. If the day of the month of IED is before the day of the month of the DOB, then subtract one month from the 'months that have passed since the last birthday'
5. The resulting age in months is the determined as $12 * \text{'age in years'} + \text{'months that have passed since the last birthday'}$

The age in years is then calculated from the age in months by dividing the age in months by 12, ignoring the fractional portion of the result (which is the same as 'age in years' from the above calculation).

16.5.3 Rates Template Guidelines

The Rates Template for Individual and Family Plans is displayed below in Exhibit 16-19.

Exhibit 16-19: Rates Template for Individual and Family Plans

1	A	B	C	D	E	F	G	H	I	J	K	L
1	IFP Rates Template v7.0			Validate Data	Validate And Finalize					Add Sheet		
2	Instructions:											
3	Enter the rate data for subscriber type in the table below using one row per plan.											
4	If there is no rate for the subscriber type in the row, leave it blank.											
5	Refer to the user manual for descriptions of the Subscriber Types											
6												
7												
8												
9	Delete?	Issuer ID	Product Smart ID	Plan ID	Rate Effective Date	Rate Expiration Date	Region #	Minimum Age	Maximum Age	Gender	Tobacco?	Primary Subscriber
10												
11	Optional: Select "Yes" to delete the row, select "No" to keep the row. Otherwise leave blank.											
12												
13												
14												
15												
16												

1.) Download the Rates Template

- a. Download the Rates Template. For further instructions on how to download the Rates Template for Submission, please refer to [Section 9](#).
 - i. Note: Issuers have the option of downloading the following two versions of the Rates Template:
 1. Pre-Populated Rates Template – This Template provides pre-populated Issuer ID, Product ID, and Plan ID data for a user based on their log in credentials.
 2. Blank Rates Template – This is a standard blank Rates Template that does not include any pre-populated data.

2.) Complete the Rates Template

- a. Complete the following required fields for each plan on the worksheet labeled ‘IFP Rates Template.’ Please refer to [Section 15: Data Traceability Matrix](#) for more information on the definition of required fields,
 - i. **Issuer ID**
 1. If using the Blank Rates Template, enter an Issuer ID for each Plan.
 2. If using the Pre-Populated Rates Template, copy the list of Issuer IDs located on worksheet labeled ‘IssuerProductPlanIDs’ and paste them into the Issuer ID field on the ‘IFP Rates Template.’
 - ii. **Product ID**
 1. If using the Blank Rates Template, enter a Product ID for each Plan.

2. If using the Pre-Populated Rates Template, copy the list of Product IDs located on worksheet labeled ‘IssuerProductPlanIDs’ and paste them into the Product Smart ID field on the ‘IFP Rates Template.’

iii. Plan ID

1. If using the Blank Rates Template, enter a Plan ID for each Plan.
2. If using the Pre-Populated Rates Template, copy the list of Plan IDs located on worksheet labeled ‘IssuerProductPlanIDs’ and paste them into the Plan ID field on the ‘IFP Rates Template.’

iv. Rate Effective Date

v. Rate Expiration Date

vi. Region #

vii. Minimum Age

viii. Maximum Age

ix. Gender

x. Tobacco

xi. Subscriber Type

1. Enter the rate for each applicable subscriber type using one row per plan.
 - a. *Note: It is required that at least one Subscriber Type per row is populated with a rate.*
 - b. *Note: A rate will not be displayed for a consumer on Healthcare.gov unless it is defined in the Rates Template. The system only outputs rates that are defined by the Issuer in the Rates Template. Blank values will be accepted if an Issuer does not have a rate for Subscriber Type in the Template, however a rate will not be output on Healthcare.gov for any Subscriber Type fields that are left blank upon Submission by the Issuer.*

3.) Subscriber Type Definition and Mapping

- a. **Subscriber Type Definitions** - The Rates Template provides a way to capture plan rates for 13 different subscriber types. The following table in Exhibit 16-20 defines the subscriber types that are captured in the Rates Template.

Exhibit 16-20: Rates Template for Individual and Family Plans

Template Subscriber Type	Definition
Primary Subscriber	Primary enrollee on a plan used to determine which rate(s) to return when individual rates are used.
Secondary Subscriber	A joint enrollee (e.g. a Spouse) on a plan used to determine which rate(s) to return when individual rates are used.

Template Subscriber Type	Definition
Dependent	A joint enrollee (e.g. a child or other family member not the spouse) on a plan used to determine which rate(s) to return when individual rates are used.
Primary Subscriber and Secondary Subscriber	A couple rate based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse).
Primary Subscriber and One Dependent	A family rate for a single parent with one dependent.
Primary Subscriber and Two Dependents	A family rate for a single parent with two dependents.
Primary Subscriber and Three Dependents	A family rate for a single parent with three dependents.
Primary Subscriber and Four or More Dependents	A family rate for a single parent with four or more dependents.
Primary Subscriber, Secondary Subscriber and One Dependent	A family rate for a couple with one dependent.
Primary Subscriber, Secondary Subscriber and Two Dependents	A family rate for a couple with two dependents.
Primary Subscriber, Secondary Subscriber and Three Dependents	A family rate for a couple with three dependents.
Primary Subscriber, Secondary Subscriber and Four or More Dependents	A family rate for a couple with four or more dependents.
Child Only	If child only policies are available, the rate for a single child on a child only policy.
Two Children Only	If child only policies are available, the rates for 2 children on a child only policy.
Three Children Only	If child only policies are available, the rates for 3 children on a child only policy.
Four or More Children	If child only policies are available, the rates for 4 or more children on a child only policy.

- b. Subscriber Type Mappings** - The tables below provide subscriber type mappings for Issuers based on the method in which they calculate plan rates.
- i. Individual Rates** - The table in Exhibit 16-21 displays subscriber type mappings for when rates are calculated individually by adding up the sum of individual rates.

Exhibit 16-21: Subscriber Type Mapping for Individual Rate Calculations

Scenario	Template Subscriber Type
Single Male	Primary Subscriber
Single Female	Primary Subscriber
Child	Dependent
One Child Only	Child Only
Two Children Only	Child Only + Child Only
Three Children Only	Child Only + Child Only + Child Only
Husband + Wife	Primary Subscriber + Secondary Subscriber
Husband + Wife + One Child	Primary Subscriber + Secondary Subscriber + Dependent
Husband + Wife + Two Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent
Husband + Wife + Three Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent
Husband + Wife + Four Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent
Husband + Wife + Five Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent + Dependent
Single Parent + One Child	Primary Subscriber + Dependent
Single Parent + Two Children	Primary Subscriber + Dependent + Dependent
Single Parent + Three Children	Primary Subscriber + Dependent + Dependent + Dependent
Single Parent + Four Children	Primary Subscriber + Dependent + Dependent + Dependent + Dependent
Single Parent + Five Children	Primary Subscriber + Dependent + Dependent + Dependent + Dependent + Dependent
Domestic Partner + Domestic Partner	Primary Subscriber + Secondary Subscriber
Domestic Partner + Domestic Partner + One Child	Primary Subscriber + Secondary Subscriber + Dependent
Domestic Partner + Domestic Partner + Two Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent
Domestic Partner + Domestic Partner + Three Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent
Domestic Partner + Domestic Partner + Four Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent
Domestic Partner + Domestic Partner + Five Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent + Dependent
Same Sex Partner + Same Sex Partner	Primary Subscriber + Secondary Subscriber
Same Sex Partner + Same Sex Partner + One Child	Primary Subscriber + Secondary Subscriber + Dependent

Scenario	Template Subscriber Type
Same Sex Partner + Same Sex Partner + Two Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent
Same Sex Partner + Same Sex Partner + Four Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent
Same Sex Partner + Same Sex Partner + Five Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent
Same Sex Partner + Same Sex Partner + Five Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent + Dependent + Dependent

- i. **Group Rates** - The table in Exhibit 16-22 displays subscriber type mappings for when group rates are applied to a family of two or more enrollees.

Exhibit 16-22: Subscriber Type Mapping for Group Rate Calculations

Scenario	Template Subscriber Type	Limitations/Exceptions
Single Male	Primary Subscriber	
Single Female	Primary Subscriber	
Child	Dependent	
One Child Only	Child Only	
Two Children Only	Two Children	
Three Children Only	Three Children Only	
Four or More Children	Four or More Children	
Husband + Wife	Primary Subscriber and Secondary Subscriber	
Husband + Wife + One Child	Primary Subscriber, Secondary Subscriber and one dependent	
Husband + Wife + Two Children	Primary Subscriber, Secondary Subscriber and two dependents	
Husband + Wife + Three Children	Primary Subscriber, Secondary Subscriber and three dependents	
Husband + Wife + Four Children	Primary Subscriber, Secondary Subscriber and four or more dependents	
Husband + Wife + Five Children	Primary Subscriber, Secondary Subscriber and four or more dependents	

Scenario	Template Subscriber Type	Limitations/Exceptions
Single Parent + One Child	Primary Subscriber and one dependent	
Single Parent + Two Children	Primary Subscriber and two dependents	
Single Parent + Three Children	Primary Subscriber and three dependents	
Single Parent + Four Children	Primary Subscriber and four or more dependents	
Single Parent + Five Children	Primary Subscriber and four or more dependents	
Domestic Partner + Domestic Partner	Primary Subscriber and Secondary Subscriber	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + One Child	Primary Subscriber, Secondary Subscriber and one dependent	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + Two Children	Primary Subscriber, Secondary Subscriber and two dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + Three Children	Primary Subscriber, Secondary Subscriber and three dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + Four Children	Primary Subscriber, Secondary Subscriber and four or more dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + Five Children	Primary Subscriber, Secondary Subscriber and four or more dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner	Primary Subscriber and Secondary Subscriber	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + One Child	Primary Subscriber, Secondary Subscriber and one dependent	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + Two Children	Primary Subscriber, Secondary Subscriber and two dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + Three Children	Primary Subscriber, Secondary Subscriber and three dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.

Scenario	Template Subscriber Type	Limitations/Exceptions
Same Sex Partner + Same Sex Partner + Four Children	Primary Subscriber, Secondary Subscriber and four or more dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + Five Children	Primary Subscriber, Secondary Subscriber and four or more dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.

16.5.4 Sample rate calculations

Example Scenario 1 – Husband, Wife and 2 Children

Exhibit 16-23: Example Scenario 1 - Individual Rate Calculation

Enrollees	Template Subscriber Type
Husband	Primary Subscriber
Wife	Secondary Subscriber
Child	Dependent
Child	Dependent

Exhibit 16-24: Example Scenario 1 – Individual Rate Calculation

Gender	Tobacco?	Primary Subscriber	Secondary Subscriber	Dependent	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents
Male	Non-Smoker	\$52.00									
Female	Smoker		\$65.00								
Male	Non-Smoker			\$35.00							
Male	Non-Smoker			\$35.00							

The following four rows are filled out:

- The first row displays a male, who is non-smoker listed only as a primary subscriber with a rate of \$52.00.
- The second row displays a female, who is a smoker listed as a secondary subscriber with a rate of \$65.00.
- The third and fourth rows display males, who are non-smokers listed as dependents with a rate of \$35.00 per person.

Exhibit 16-25: Example Scenario 1 - Group Rate Calculation

Enrollees	Template Subscriber Type
Husband, Wife and two Children	Primary Subscriber, Secondary Subscriber and Two Dependents

Exhibit 16-26: Example Scenario 1 – Group Rate Calculation

Gender	Tobacco?	Primary Subscriber	Secondary Subscriber	Dependent	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents
No Preference	Non-Smoker										\$150.00

One row is filled out. The first row displays gender as a no-preference and non-smoker with a rate of \$150.00. The rate listed is only for the field primary subscriber, secondary subscriber and two dependents.

Example Scenario 2 – Husband, Wife and Five Children

Exhibit 16-27: Example Scenario 2 - Individual Rate Calculation

Enrollees	Template Subscriber Type
Husband	Primary Subscriber
Wife	Secondary Subscriber
Child	Dependent

Exhibit 16-28: Example Scenario 2 – Individual Rate Calculation

Gender	Tobacco?	Primary Subscriber	Secondary Subscriber	Dependent	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents
Male	Non-Smoker	\$52.00									
Female	Smoker		\$65.00								
Male	Non-Smoker			\$35.00							
Female	Non-Smoker			\$35.00							
Female	Non-Smoker			\$35.00							
Male	Non-Smoker			\$35.00							
Male	Non-Smoker			\$35.00							

The following Six rows are filled out:

- The first row displays a male who is a non-smoker listed only as a primary subscriber with a rate of \$52.00.
- The second row displays a female who is a smoker listed as a secondary subscriber with a rate of \$65.00.
- The third row displays a male who is a non-smoker listed as dependent with a rate of \$35.00 per person.
- The fourth and fifth rows display females who are non-smokers with a rate of \$35.00 per person.
- The sixth and seventh rows display males who are non-smokers listed as dependent with a rate of \$35.00 per person.

Exhibit 16-29: Example Scenario 2 - Group Rate Calculation

Enrollees	Template Subscriber Type
Husband, Wife and Five Children	Primary Subscriber, Secondary Subscriber and Four or More Dependents

Exhibit 16-30: Example Scenario 2 – Group Rate Calculation

Dependent	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents	Primary Subscriber, Secondary Subscriber and Three Dependents	Primary Subscriber, Secondary Subscriber and Four or More Dependents
									\$250.00

One row is filled out. The first row displays gender as a no-preference and non-smoker with a rate of \$250.00. The rate listed is only for the field primary subscriber, secondary subscriber and four or more dependents.

Example Scenario 3 – Two Child Only Policies

Exhibit 16-31: Example Scenario 3 - Individual Rate Calculation

Enrollees	Template Subscriber Type
Two Children	Child Only + Child Only

Exhibit 16-32: Example Scenario 3 – Individual Rate Calculation

Primary Subscriber and Two Dependents	Primary Subscriber and Three Dependents	Primary Subscriber and Four or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents	Primary Subscriber, Secondary Subscriber and Three Dependents	Primary Subscriber, Secondary Subscriber and Four or More Dependents	Child Only	Two Children Only	Three Children Only
									\$40.00
									\$50.00
									Optional: Enter the rat

There are two rows filled out. Both display rates for the child only field of \$40.00 per person.

Exhibit 16-33: Example Scenario 3 - Group Rate Calculation

Enrollees	Template Subscriber Type
Two Children	Two Children Only

Note: Group Rates do not apply for Child Only Policies; therefore the rate is calculated as the Sum Individual Rates.

Exhibit 16-34: Example Scenario 3 – Group Rate Calculation

Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents	Primary Subscriber, Secondary Subscriber and Three Dependents	Primary Subscriber, Secondary Subscriber and Four or More Dependents	Child Only	Two Children Only	Three Children Only	Four or More Children
					\$125.00		
					\$150.00		

There are two rows filled out. Both display group rates for two children. The first row displays a male who is a non-smoker between the ages of 1-5 while the second display a male who is a non-smoker between the ages of 6-10. Rate to return is based on the business rules derived by the answers to the other child only questions on the Business Rules Template.

16.6 APPENDIX F – BENEFITS AND BUSINESS RULES TEMPLATE .CSV CODES

In order to make the data upload process more efficient and standardized, a .csv conversion process occurs upon the finalization of the Individual and Family Benefits and Business Rules Templates. When a user selects the ‘Validate and Finalize’ button, the data that has been input into the Template is translated into corresponding code values and converted into a .csv file. The translation of data into code values makes it easier for the system to read the input values in the database. The tables below represent how the Template data fields map to the corresponding .csv codes and how the data will be displayed in the .csv file. These tables may be used to confirm that the data in the .csv file matches what was entered into the Template. If any errors are found in the .csv file, make the corrections in the Template and re-run the ‘Validate and Finalize’ process. *Note: It is not recommended that the .csv file is edited directly as this may impact the ability to troubleshoot any issues with the upload process.*

The Table below in Exhi16-35 displays the Benefits Template Codes for the Individual Market.

Exhibit 16-35: Benefits Template Codes - Individual

Template Field Name	List of Values	Value Displayed in .csv File
Delete?	<ul style="list-style-type: none"> • Yes • No 	Y N
Issuer ID	Exists in Issuer Organization and Issuer Request tables.	Same value input by user on Template
Product Smart ID	Exists in Insurance Product table.	Same value input by user on Template
Plan ID	N/A	Same value input by user on Template
Plan Name	N/A	Same value input by user on Template
Plan Effective Date	N/A	MM/DD/YYYY
Plan Expiration Date	N/A	MM/DD/YYYY
Product Type	<ul style="list-style-type: none"> • Indemnity • PPO • POS • EPO • HMO • Other/Describe 	INDEMNITY -> 11 HMO -> 12 PPO -> 13 EPO -> 14 POS -> 15 Other/Describe -> 16
HSA-Eligible	<ul style="list-style-type: none"> • Yes • No 	Yes No

Template Field Name	List of Values	Value Displayed in .csv File
Same-Sex Partners	<ul style="list-style-type: none"> • Yes • No 	Yes No
Domestic Partners	<ul style="list-style-type: none"> • Yes • No 	Yes No
Annual Deductible (IN)	\$_[] Individual / \$_[] Family	XX YY (XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
Annual Deductible (OON)	\$_[] Individual / \$_[] Family	XX YY (XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
No Deductible	List of Values: <ul style="list-style-type: none"> • None • Enter services that do not count towards the deductible 	1,None 2,XX Note: Where 'XX' is the text
Deductible Exceptions	List of Values: <ul style="list-style-type: none"> • None • Enter services that do not count towards the deductible 	1,None 2,XX Note: Where 'XX' is the text
Other Deductible 1	List of Values: <ul style="list-style-type: none"> • None • Enter the service that has a separate deductible 	1,None 2,XX Note: Where 'XX' is the text
Other Deductible 1 (IN)	\$_[] Individual / \$_[] Family	XX YY (XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family

Template Field Name	List of Values	Value Displayed in .csv File
Other Deductible 1 (OON)	\$_ Individual / \$_ Family	XX YY (XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
Other Deductible 2	<ul style="list-style-type: none"> • None • Enter the service that has a separate deductible 	1,None 2,XX Note: Where 'XX' is the text
Other Deductible 2 (IN)	\$_ Individual / \$_ Family	XX YY (XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
Other Deductible 2 (OON)	\$_ Individual / \$_ Family	XX YY (XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
Other Deductible 3	<ul style="list-style-type: none"> • None • Enter the service that has a separate deductible 	1,None 2,XX Note: Where 'XX' is the text
Other Deductible 3 (IN)	\$_ Individual / \$_ Family	XX YY (XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
Other Deductible 3 (OON)	\$_ Individual / \$_ Family	XX YY (XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
More Deductibles	<ul style="list-style-type: none"> • Yes • No 	Yes No

Template Field Name	List of Values	Value Displayed in .csv File
PCP Copay (IN)	<ul style="list-style-type: none"> • Not Covered • \$X 	XX (XX is the number) Not Covered
PCP Copay (OON)	<ul style="list-style-type: none"> • Not Covered • \$X 	XX (XX is the number) Not Covered
Coinsurance (IN)	<ul style="list-style-type: none"> • Not Covered • \$X 	XX (XX is the number) Not Covered
Coinsurance (OON)	<ul style="list-style-type: none"> • Not Covered • \$X 	XX (XX is the number) Not Covered
Annual Out-of-Pocket Limit (IN)	\$_[] Individual / \$_[] Family	XX YY (XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
Annual Out-of-Pocket Limit (OON)	\$_[] Individual / \$_[] Family	\$XXXX Individual / \$YYYY Family Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
Annual Out-of-Pocket Limit Elements (IN)	<ul style="list-style-type: none"> • None • Deductible • Copay • Coinsurance • Coinsurance + Copay • Deductible + Copay • Deductible + Coinsurance • Deductible + Coinsurance + Copay 	None Deductible Copay Coinsurance Copay + Coinsurance Deductible + Copay Deductible + Coinsurance Deductible + Coinsurance + Copay
Excluded Annual Out-of-Pocket Limit (IN)	<ul style="list-style-type: none"> • None • Enter any Out-of-Pocket exclusions 	1,None 2,XX Note: Where 'XX' is the text
Excluded Annual Out-of-Pocket Limit (OON)	<ul style="list-style-type: none"> • None • Enter any Out-of-Pocket exclusions 	1,None 2,XX Note: Where 'XX' is the text

Template Field Name	List of Values	Value Displayed in .csv File
Annual Max Benefit (IN)	\$[] Individual / \$[] Family	XX YY(XX for Individual and YY for Family) Note: 'No Maximum' or 'Not Applicable' are valid values for Individual and/or Family
Is a Referral Required to see a Specialist?	<ul style="list-style-type: none"> • Yes • No 	Yes No
Type of Specialists Requiring a Referral	<ul style="list-style-type: none"> • None • Enter specialists requiring a referral 	1,None 2,XX Note: Where 'XX' is the text for "Enter specialists requiring a referral."
Primary Care Visit to Treat Injury or Illness (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value). 1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible

Template Field Name	List of Values	Value Displayed in .csv File
Primary Care Visit to Treat Injury or Illness (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Primary Care Visit to Treat Injury or Illness Exceptions	<ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>
Specialist Visit (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Specialist Visit (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Specialist Visit Exceptions	<ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>
Other Practitioner Office Visit (Nurse, Physician Assistant) (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Other Practitioner Office Visit (Nurse, Physician Assistant) (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Other Practitioner Office Visit (Nurse, Physician Assistant) Exceptions	<p>List of Values:</p> <ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>
Preventive Care/Screening/Immunization (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Preventive Care/Screening/Immunization (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Preventive Care/Screening/Immunization Exceptions	<ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>
Diagnostic Test (X-Ray and Lab Work) (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Diagnostic Test (X-Ray and Lab Work) (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Diagnostic Test (X-Ray and Lab Work) Exceptions	<ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>
Imaging (CT/PET Scans, MRIs) (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Imaging (CT/PET Scans, MRIs) (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Imaging (CT/PET Scans, MRIs) Exceptions	<ul style="list-style-type: none"> • None • Describe any Limitations or Exceptions that may apply 	<p>1 -> None 2,XXX -> Describe any Limitations or Exceptions that may apply</p> <p>Note: XXX is the text for exceptions</p>
Generic Drugs - Retail (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Generic Drugs - Retail (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Generic Drugs - Mail Order (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Generic Drugs - Mail Order (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Generic Drugs Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Preferred Brand Drugs - Retail (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Preferred Brand Drugs - Retail (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Preferred Brand Drugs - Mail Order (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Preferred Brand Drugs - Mail Order (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Preferred Brand Drugs Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Non-Preferred Brand Drugs - Retail (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Non-Preferred Brand Drugs - Retail (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Non-Preferred Brand Drugs - Mail Order (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Non-Preferred Brand Drugs - Mail Order (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Non-Preferred Brand Drugs Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>

Template Field Name	List of Values	Value Displayed in .csv File
Specialty Drugs - Retail (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Specialty Drugs - Retail (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Specialty Drugs - Mail Order (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Specialty Drugs - Mail Order (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Specialty Drugs Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Outpatient Surgery Physician/Surgical Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Outpatient Surgery Physician/Surgical Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Outpatient Surgery Physician/Surgical Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Emergency Room Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Emergency Room Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Emergency Room Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Emergency Transportation/Ambulance (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Emergency Transportation/Ambulance (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Emergency Transportation/Ambulance Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Urgent Care (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Urgent Care (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Urgent Care Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Inpatient Hospital Services (e.g., Hospital Stay) (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Inpatient Hospital Services (e.g., Hospital Stay) (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Inpatient Hospital Services (e.g., Hospital Stay) Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Inpatient Physician and Surgical Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Inpatient Physician and Surgical Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Inpatient Physician and Surgical Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Mental/Behavioral Health Outpatient Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Mental/Behavioral Health Outpatient Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Mental/Behavioral Health Outpatient Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Mental/Behavioral Health Inpatient Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Mental/Behavioral Health Inpatient Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Mental/Behavioral Health Inpatient Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Substance Abuse Disorder Outpatient Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Substance Abuse Disorder Outpatient Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Substance Abuse Disorder Outpatient Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Substance Abuse Disorder Inpatient Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Substance Abuse Disorder Inpatient Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Substance Abuse Disorder Inpatient Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Prenatal and Postnatal Care (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Prenatal and Postnatal Care (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Prenatal and Postnatal Care Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Delivery and All Inpatient Services for Maternity Care (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Delivery and All Inpatient Services for Maternity Care (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Delivery and All Inpatient Services for Maternity Care Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Home Health Care Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Home Health Care Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Home Health Care Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Inpatient Rehabilitation Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Inpatient Rehabilitation Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Inpatient Rehabilitation Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Outpatient Rehabilitation Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Outpatient Rehabilitation Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible.</p>
Outpatient Rehabilitation Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Habilitation Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Habilitation Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Habilitation Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Skilled Nursing Facility (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Skilled Nursing Facility (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Skilled Nursing Facility Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Durable Medical Equipment (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Durable Medical Equipment (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Durable Medical Equipment Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Hospice Services (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Hospice Services (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Hospice Services Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Routine Eye Exam for Children (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Routine Eye Exam for Children (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Routine Eye Exam for Children Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Eye Glasses for Children (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Eye Glasses for Children (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Eye Glasses for Children Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Dental Check-Up for Children (IN)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>

Template Field Name	List of Values	Value Displayed in .csv File
Dental Check-Up for Children (OON)	<ul style="list-style-type: none"> • Not Covered • No Charge • No Charge after deductible • \$X Copay • X% Coinsurance after deductible • X% Coinsurance before deductible • X% Coinsurance • \$X Copay after deductible • \$X Copay before deductible 	<p>N, XX, \$XX AAAA (Where N - List of value, XX - amount and \$XX AAAA is the Text with the amount for the list of value).</p> <p>1 -> Not Covered 2 -> No Charge 3 -> No Charge after deductible 4 -> \$X Copay 5 -> X% Coinsurance after deductible 6 -> X% Coinsurance before deductible 7 -> X% Coinsurance 8 -> \$X Copay after deductible 9 -> \$X Copay before deductible</p>
Dental Check-Up for Children Exceptions	<ul style="list-style-type: none"> • None • Describe the most significant Limitation and Exception including dollar or service Limitations 	<p>1 -> None 2,XXX -> Describe the most significant Limitation and Exception including dollar or service Limitations</p> <p>Note: XXX is the text for exceptions</p>
Acupuncture	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	<p>1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations</p>
Bariatric Surgery	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	<p>1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations</p>
Non-Emergency Care when Travelling Outside the U.S.	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	<p>1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations</p>
Chiropractic Care	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	<p>1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations</p>

Template Field Name	List of Values	Value Displayed in .csv File
Cosmetic Surgery	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations
Routine Dental Services (Adult)	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations
Hearing Aids	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations
Infertility Treatment	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Covered Limitations 4 -> Available for Additional Premium
Long-Term/Custodial Nursing Home Care	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations
Private-Duty Nursing	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations
Routine Eye Exam (Adult)	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations
Routine Foot Care	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations
Weight Loss Programs	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations

Template Field Name	List of Values	Value Displayed in .csv File
Routine Hearing Tests	<ul style="list-style-type: none"> • Covered • Not Covered • Covered Limitations • Available for Additional Premium 	1 -> Covered 2 -> Not Covered 3 -> Available for Additional Premium 4 -> Covered Limitations
Plan Brochure	N/A	Same value input by user on Template
Is notice required for Pregnancy?	<ul style="list-style-type: none"> • Yes • No 	Yes No
Maternity Deductibles	\$X	Same value input by user on Template
Maternity Co-pays	\$X	Same value input by user on Template
Maternity Co-insurance	\$X	Same value input by user on Template
Maternity Limits or Exclusions	\$X	Same value input by user on Template
Is Diabetes wellness program offered?	<ul style="list-style-type: none"> • Yes • No 	Yes No
Diabetes Deductibles	\$X	Same value input by user on Template
Diabetes Co-pays	\$X	Same value input by user on Template
Diabetes Co-insurance	\$X	Same value input by user on Template
Diabetes Limits or Exclusions	\$X	Same value input by user on Template

16.6.2 Business Rules Codes

For the Business Rules Template, the .csv file will not display text for some fields and will only display corresponding codes. For example, in field 1 if the user selects '1 – There are rates specifically for couples and for families (not just addition of individual rates)' as an input for field 1, the value displayed in the .csv file will be '1.'

Exhibit 16-36: Business Rules Template Codes

Template Field Name	List of Values	Value Displayed in .csv File
Delete?	<ul style="list-style-type: none"> • Yes • No 	Y N
Issuer ID	Exists in Issuer Organization and Issuer Request tables.	Same value input by user on Template

Template Field Name	List of Values	Value Displayed in .csv File
Product Smart ID	Exists in Insurance Product table.	Same value input by user on Template
How are rates for contracts covering two or more enrollees calculated?	<p>1 - There are rates specifically for couples and for families (not just addition of individual rates)</p> <p>2 - The standard individual rate for each member is added together; there are no family size rate factors</p> <p>3 - The standard individual rate for each member is added together and family size rate factors are applied (e.g., -18% child)</p> <p>4 - A different rate (specifically for parties of two or more) for each member is added together</p>	<p>1 -> There are rates specifically for couples and for families (not just addition of individual rates)</p> <p>2 -> A different rate (specifically for parties of two or more) for each member is added together</p> <p>3 -> The standard individual rate for each member is added together and family size rate factors are applied</p> <p>4 -> A different rate (specifically for parties of two or more) for each member is added together</p>
What is the maximum number of dependents used to quote a two parent family?	<p>1</p> <p>2</p> <p>3</p> <p>4 or more</p> <p>Not Applicable</p>	<p>1 -> 1</p> <p>2 -> 2</p> <p>3 -> 3</p> <p>4 -> 4 or more</p> <p>5 -> Not Applicable</p>
What is the maximum number of dependents used to quote a single parent family?	<p>1</p> <p>2</p> <p>3</p> <p>4 or more</p> <p>Not Applicable</p>	<p>1 -> 1</p> <p>2 -> 2</p> <p>3 -> 3</p> <p>4 -> 4 or more</p> <p>5 -> Not Applicable</p>
Is there a minimum and maximum age for a dependent?	<p>At least [__] months up to excluding [__]years</p> <p>Not Applicable</p>	<p>XX AAAA (Where YY - years, XX - months and AAAA - text from list of values with YY for years and XX for months)</p> <p>or</p> <p>Not Applicable</p>

Template Field Name	List of Values	Value Displayed in .csv File
If there are rates for dependents, which age is used?	1 - Age of the youngest dependent 2 - Age of the oldest dependent 3 - Age of the dependent that gives the higher rate 4 - Age of the dependent that gives the lower rate 5 - Order that the dependents are submitted on Healthcare.gov 6 - Not applicable	1 -> Rate is based on the age of the youngest dependent 2 -> Rate is based on the age of the oldest dependent 3 -> Rate is based on the age of the dependent that gives the higher rate 4 -> Rate is based on the age of the dependent that gives the lower rate 5 -> Rate is based on order in which the dependents are submitted on Healthcare.gov 6 -> Not applicable
Are child-only policies issued?	1 - Yes 2 - No, child-only policies are not issued	1 -> Yes 2 -> No
How are rates for two or more children on a child-only policy calculated?	1 - Add up the individuals rates of each child 2 - There are group rates for 2 or more children 3 - Not Applicable	1 -> Add up the individuals rates of each child 2 -> There are group rates for two or more children 3 -> Not Applicable
If there are child-only policies, what are the minimum and maximum ages, if any?	At least [__] months up to excluding [__]years Not Applicable	XX AAAA (Where YY - years, XX - months and AAAA - text from list of values with YY for years and XX for months) or Not Applicable
What is the maximum number of children used to quote a children-only contract?	1 2 3 4 or more Not Applicable	1 -> 1 2 -> 2 3 -> 3 4 -> 4 or more 5 -> Not Applicable

Template Field Name	List of Values	Value Displayed in .csv File
If there are rates for child only policies, which age is used?	1 - Rate is based on the age of the younger subscriber 2 - Rate is based on the age of the older subscriber 3 - Rate is based on the age of the subscriber that gives the higher rate 4 - Rate is based on the age of the subscriber that gives the lower rate 5 - Rate is based on the age the user specifies as primary subscriber 6 - Not Applicable	1 -> Rate is based on the age of the younger child 2 -> Rate is based on the age of the older child 3 -> Rate is based on the age of the child that gives the higher rate 4 -> Rate is based on the age of the child that gives the lower rate 5 -> Rate is based on order in which the children are submitted on Healthcare.gov 6 -> Not Applicable
If there are rates for couples and for families, which age is used?	1 - Rate is based on the age of the younger subscriber 2 - Rate is based on the age of the older subscriber 3 - Rate is based on the age of the subscriber that gives the higher rate 4 - Rate is based on the age of the subscriber that gives the lower rate 5 - Rate is based on the age the user specifies as primary subscriber 6 - Not Applicable	1 -> Rate is based on the age of the younger subscriber 2 -> Rate is based on the age of the older subscriber 3 -> Rate is based on the age of the subscriber that gives the higher rate 4 -> Rate is based on the age of the subscriber that gives the lower rate 5 -> Rate is based on the age the user specifies as primary subscriber 6 -> Not Applicable
Are domestic partners treated the same as secondary subscribers?	1 - Yes 2 - No	1 -> Yes 2 -> No
Are same-sex partners treated the same as secondary subscribers?	1 - Yes 2 - No	1 -> Yes 2 -> No
What is the minimum age for a secondary subscriber?	[] years Not Applicable	YY (Where YY - years) Not Applicable

Template Field Name	List of Values	Value Displayed in .csv File
What is the maximum age for a new primary or secondary subscriber?	[__] years [__] months Not Applicable	YY AAAA (Where YY - years, XX - months and AAAA - text from list of values with YY for years and XX for months) or Not Applicable
When a family size rate factor is applied to contracts with two+ enrollees who is eligible for the family size rate factor?	1 - All applicants 2 - All applicants except for the primary subscriber 3 - The enrollees after the first [__] enrollees get a family size rate factor 4 - Not Applicable	1 -> All applicants 2 -> All applicants except for the primary subscriber 3 -> XX AAAA (Where XX - number of enrollees and AAAA - text with XX for number of enrollees) (Where XX - number of enrollees) 4 -> Not Applicable
If a family size rate factor is applied to a contract, what is the family size rate?	N/A	XX -> for the percentage value (Where XX - number)
How is age determined for rating and eligibility purposes?	1 - Age on effective date 2 - Age on January 1st of the effective date year 3 - Age on insurance date (age on birthday nearest the effective date)	1 -> Age on effective date 2 -> Age on January 1st of the effective date year 3 -> Age on insurance date (age on birthday nearest the effective date)