CMS Center for Consumer Information & Insurance Oversight (CCIIO), Health Insurance Exchange Public Use Files (Exchange PUFs) Data Dictionary for Plan Attributes PUF

1. Overview of the Plan Attributes PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) publishes the Exchange PUFs to improve transparency and increase access to data on Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) offered through the Exchanges in the individual market and Small Business Health Options Program (SHOP). The PUFs include data from states with Federally-facilitated Exchanges (FFEs) including states performing plan management functions, and State-based Exchanges that rely on the federal information technology platform for QHP eligibility and enrollment (SBE-FPs). The Exchange PUFs also include data on Multi-State Plans (MSPs) and certified off-exchange SADPs. The PUFs do not include data from SBEs that do not rely on the federal platform for QHP eligibility and enrollment.

The Plan Attributes PUF (Plan-PUF) is one of the files that comprise the Exchange PUFs. The Plan-PUF contains plan variant-level data on maximum out of pocket payments, deductibles, health savings account (HSA) eligibility, and other plan attributes. These data originate from an issuer's Plans & Benefits template of the QHP Application (i.e., template field), or were generated by CCIIO for use in data processing (i.e., system-generated). The issuer can also import data created in other templates (e.g., Network IDs from the Network ID template, Service Area IDs from the Service Area template, and Formulary IDs from the Prescription Drug template) to use as allowable values for the applicable fields in the Plans & Benefits template, or enter these values manually.

This data dictionary describes the variables contained in the Plan-PUF. Each record reports plan characteristics at the plan-variant level. The Plan-PUF is available for plan years 2014 through 2027.

2. Variable Attributes

Variable Name:	BusinessYear
Variable Definition:	Year for which plan provides coverage to enrollees
Data Type:	Text
Variable Label:	Business Year
Allowable Values	2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027
Data Source:	System-generated field
Field Name from Data Source:	Business Year
Comments:	N/A

Variable Name:	StateCode
Variable Definition:	Two-character state abbreviation indicating the state where the plan is offered

Data Type:	Text
Variable Label:	State Code
Allowable Values:	All 50 state abbreviations + 9 territory abbreviations
Data Source:	System-generated field
Field Name from Data Source:	State Code
Comments:	N/A

Variable Name:	IssuerId
Variable Definition:	Five-digit numeric code that identifies the issuer organization in the Health Insurance Oversight System (HIOS)
Data Type:	Text
Variable Label:	Issuer ID
Allowable Values:	Free text
Data Source:	System-generated field
Field Name from Data Source:	Issuer ID
Comments:	N/A

Variable Name:	IssuerMarketplaceMarketingName
Variable Definition:	Marketplace Marketing name of insurance company
Data Type:	Text
Variable Label:	Issuer Marketplace Marketing Name
Allowable Values:	Free text
Data Source:	System-generated field
Field Name from Data Source:	Issuer Marketplace Marketing Name from issuer's HIOS administrative data. If this value is blank, reports Issuer Marketing Name from HIOS administrative data. If both values are blank, reports Issuer Legal Name from HIOS administrative data.
Comments:	This field is only available for the 2021 through 2027 datasets.

Variable Name:	SourceName
Variable Definition:	Categorical identifier of source of data import
Data Type:	Text
Variable Label:	Source Name
Allowable Values:	HIOS SERFF OPM
Data Source:	System-generated field
Field Name from Data Source:	Source Name
Comments:	N/A

Variable Name:	VersionNum
Variable Definition:	Integer value for version of data import
Data Type:	Text
Variable Label:	Version Number

Allowable Values:	Free text
Data Source:	System-generated field
Field Name from Data Source:	Version Number
Comments:	This field is only available for the 2014 through 2016 datasets.

Variable Name:	ImportDate
Variable Definition:	Date of data import
Data Type:	Date/Time
Variable Label:	Import Date
Allowable Values:	Free text
Data Source:	System-generated field
Field Name from Data Source:	Import Date
Comments:	N/A

Variable Name:	BenefitPackageId
Variable Definition:	Numeric identifier of benefit package
Data Type:	Text
Variable Label:	
Allowable Values:	Free text
Data Source:	System-generated field
Field Name from Data Source:	Benefit Package ID
Comments:	This field is only available for the 2014 through 2016 datasets.

Variable Name:	IssuerId2
Variable Definition:	Five-digit numeric code that identifies the issuer organization in HIOS
Data Type:	Text
Variable Label:	Issuer ID
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	HIOS Issuer ID
Comments:	This field is only available for the 2014 through 2016 datasets.

Variable Name:	StateCode2
Variable Definition:	Two-character state abbreviation indicating the state where the plan is offered
Data Type:	Text
Variable Label:	State Code
Allowable Values:	All 50 state abbreviations + 9 territory abbreviations
Data Source:	Template field
Field Name from Data Source:	Issuer State
Comments:	This field is only available for the 2014 through 2016 datasets.

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

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

Variable Name:	TIN
Variable Definition:	Tax ID Number of issuer
Data Type:	Text
Variable Label:	Tax Identification Number
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	TIN
Comments:	This field is only available for the 2014 through 2020 datasets.

Variable Name:	StandardComponentId
Variable Definition:	Fourteen-character alpha-numeric code that identifies an insurance plan within HIOS
Data Type:	Text
Variable Label:	Plan ID
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	HIOS Plan ID (Standard Component)
Comments:	N/A

Variable Name:	PlanMarketingName
Variable Definition:	Marketing name of insurance plan
Data Type:	Text
Variable Label:	Plan Marketing Name

Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Plan Marketing Name
Comments:	N/A

Variable Name:	HIOSProductId
Variable Definition:	Seven-character alpha-numeric code that identifies an insurance product within HIOS
Data Type:	Text
Variable Label:	HIOS Product ID
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	HIOS Product ID
Comments:	N/A

Variable Name:	HPID
Variable Definition:	Identifies the insurance product using a National Health Plan Identifier
Data Type:	Text
Variable Label:	HPID (National Health Plan Identifier)
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	HPID
Comments:	This field is only available for the 2014 through 2020 datasets.

Variable Name:	NetworkId
Variable Definition:	Identifier for a health care provider network
Data Type:	Text
Variable Label:	Network ID
Allowable Values:	List of Network IDs valid for the issuer
Data Source:	Template field
Field Name from Data Source:	Network ID
Comments:	Network IDs can be imported from the issuer's Network ID template, or entered manually by issuer.

Variable Name:	ServiceAreaId
Variable Definition:	Identifier for a service area
Data Type:	Text
Variable Label:	Service Area ID
Allowable Values:	List of Service Area IDs valid for the issuer
Data Source:	Template field
Field Name from Data Source:	Service Area ID

Comments:	Service Area IDs can be imported from the issuer's Service Area template, or entered manually by issuer.

Variable Name:	FormularyId
Variable Definition:	Identifier for a drug formulary
Data Type:	Text
Variable Label:	Formulary ID
Allowable Values:	List of Formulary IDs valid for the issuer
Data Source:	Template field
Field Name from Data Source:	Formulary ID
Comments:	Formulary IDs can be imported from the issuer's Prescription Drug template, or entered manually by issuer; this field is not applicable to dental plans.

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

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

Variable Name:	MetalLevel
Variable Definition:	Metal level, or coverage category, of insurance plan based on its actuarial value
Data Type:	Text
Variable Label:	Metal Level

Allowable Values:	Platinum Gold Silver Bronze Catastrophic High Low
Data Source:	Template field
Field Name from Data Source:	Level of Coverage
Comments:	Values of High and Low are only applicable to dental plans; values other than High and Low are only applicable only to medical plans.

Variable Name:	DesignType
Variable Definition:	An indication of whether a plan is a Standardized Plan Option for its metal level, plan type and service area
Data Type:	Text
Variable Label:	Design Type
Allowable Values:	Not Applicable – plan is not a Standardized Plan Option Design Type 1 – plan is a Standardized Plan Option in FFE states excluding Delaware, Louisiana, and Oregon Design Type 2 – plan is a Standardized Plan Option in Delaware or Louisiana Design Type 3 – unused value for Standardized Plan Option for Plan Year 2027; plan is a Standardized Plan Option in Oregon for Plan Years 2023 through 2026 Design Type 4 – unused value for Standardized Plan Option Design Type 5 – unused value for Standardized Plan Option
Data Source:	Template field
Field Name from Data Source:	Design Type
Comments:	This field is available for the 2017 through 2020 datasets as an indicator of whether a plan has a Standardized Plan Design, as indicated by Design Types 1 through 5; there are no further definitions of these Design Type values. This field is also available for the 2023 through 2027 datasets as an indicator of whether a plan is a Standardized Plan Option. The Allowable Values defined above are applicable to Plan Years 2023 through 2027. This field is not applicable to dental plans.

Variable Name:	UniquePlanDesign
Variable Definition:	An indication that the health insurance plan has a unique design, for purposes of the Actuarial Value calculator
Data Type:	Text
Variable Label:	Unique Plan Design
Allowable Values:	Yes No

Data Source:	Template field
Field Name from Data Source:	Unique Plan Design
Comments:	This field is not applicable to dental plans.

Variable Name:	QHPNonQHPTypeId
Variable Definition:	Categorical indicator of a plan's Exchange status (On the Exchange, Off the Exchange)
Data Type:	Text
Variable Label:	QHP/Non QHP
Allowable Values:	On Exchange Off Exchange Both
Data Source:	Template field
Field Name from Data Source:	QHP/Non QHP
Comments:	N/A

Variable Name:	IsNoticeRequiredForPregnancy
Variable Definition:	An indication of whether notice to the issuer is required before pregnancy-related benefits will be covered
Data Type:	Text
Variable Label:	Notice Required for Pregnancy
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Notice Required for Pregnancy
Comments:	This field is not applicable to dental plans.

Variable Name:	IsReferralRequiredForSpecialist
Variable Definition:	An indication of whether pre-authorization is required before a specialist visit
Data Type:	Text
Variable Label:	Is a Referral Required for Specialist?
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Is a Referral Required for Specialist?
Comments:	This field is not applicable to dental plans.

Variable Name:	SpecialistRequiringReferral
Variable Definition:	The types of specialists that require pre-authorization
Data Type:	Text
Variable Label:	Specialist Requiring a Referral
Allowable Values:	Free text

Data Source:	Template field
Field Name from Data Source:	Specialist Requiring a Referral
Comments:	This field is not applicable to dental plans; this field is only required if IsReferralRequiredForSpecialist field equals Yes.

Variable Name:	PlanLevelExclusions
Variable Definition:	Description of plan-level benefit exclusions
Data Type:	Text
Variable Label:	Plan Level Exclusions
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Plan Level Exclusions
Comments:	This field is optional; blanks indicate a value was not provided.

Variable Name:	IndianPlanVariationEstimatedAdvancedPaymentAmountPerEnrollee
Variable Definition:	Estimated dollar amount of cost–sharing reductions for eligible enrollees to be provided in the form of an advance payment to the issuer
Data Type:	Text
Variable Label:	Limited Cost Sharing Plan Variation - Estimated Advanced Payment
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Limited Cost Sharing Plan Variation - Est Advanced Payment
Comments:	This field is not applicable to dental plans; this field should be blank for medical plans.

Variable Name:	CompositeRatingOffered
Variable Definition:	An indication of whether the plan uses composite premiums.
Data Type:	Text
Variable Label:	Composite Rating Offered
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Does this plan offer Composite Rating?
Comments:	This field is only available for the 2016 through 2027 datasets. This field equals “No” for individual market plans.

Variable Name:	ChildOnlyOffering
Variable Definition:	The types of adult and child enrollment options (Allows Adult and Child-only, Allows Adult-only, Allows Child-only) of an insurance plan
Data Type:	Text
Variable Label:	Child-Only Offering

Allowable Values:	Allows Adult and Child-Only Allows Adult-Only Allows Child-Only
Data Source:	Template field
Field Name from Data Source:	Child-Only Offering
Comments:	This field is not applicable to catastrophic plans.

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

Variable Name:	WellnessProgramOffered
Variable Definition:	An indication of whether an insurance plan offers wellness programs according to Section 2705 of the Public Health Service Act
Data Type:	Text
Variable Label:	Wellness Program Offered
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Tobacco Wellness Program Offered
Comments:	This field is not applicable to dental plans.

Variable Name:	DiseaseManagementProgramsOffered
Variable Definition:	Categorical indicator of whether the plan offers disease management programs for specific conditions
Data Type:	Text
Variable Label:	Disease Management Programs Offered
Allowable Values:	Asthma Heart disease Depression Diabetes High blood pressure & high cholesterol Low back pain Pain management Pregnancy Weight loss programs (This value is only available in the 2016 through 2027 datasets.)

Data Source:	Template field
Field Name from Data Source:	Disease Management Programs Offered
Comments:	This field is not applicable to dental plans.

Variable Name:	EHBPercentTotalPremium
Variable Definition:	The percent of the plan's total premium associated with coverage of Essential Health Benefit (EHB) services
Data Type:	Text
Variable Label:	EHB Percent of Total Premium
Allowable Values:	0 -1, blank
Data Source:	Template field
Field Name from Data Source:	EHB Percent of Total Premium
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only valid for medical plans and is not required for catastrophic plans.

Variable Name:	EHBPercentPremiumS4
Variable Definition:	The projected percent of the plan's total premium relative to the EHB benchmark plan for the state.
Data Type:	Text
Variable Label:	EHB Percent of Total Premium, Section 4
Allowable Values:	0 -1, blank
Data Source:	Template field
Field Name from Data Source:	EHB Percent of TP, Section IV
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only valid for medical plans.

Variable Name:	EHBPediatricDentalApportionmentQuantity
Variable Definition:	The dollar amount or percentage of the EHB Apportionment for Pediatric Dental
Data Type:	Text
Variable Label:	EHB Apportionment for Pediatric Dental
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	EHB Apportionment for Pediatric Dental
Comments:	This field is not applicable to medical plans. This field is a dollar amount for the 2014 through 2016 datasets, and is a percentage for the 2017 through 2027 datasets.

Variable Name:	IsGuaranteedRate
Variable Definition:	An indication of whether the rates for the insurance plan are guaranteed or estimated
Data Type:	Text

Variable Label:	Guaranteed Rate
Allowable Values:	Guaranteed Rate Estimated Rate
Data Source:	Template field
Field Name from Data Source:	Guaranteed Rate
Comments:	This field is not applicable to medical plans.

Variable Name:	AdultDentalServicesWaitingPeriod
Variable Definition:	An indication of whether an insurance plan has an Adult Dental Services Waiting Period before a service offered under the plan is covered.
Data Type:	Text
Variable Label:	Adult Dental Services Waiting Period
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Adult Dental Services Waiting Period
Comments:	This field is not applicable to medical plans.

Variable Name:	WaitingPeriodDuration
Variable Definition:	The Waiting Period duration date of on an insurance plan.
Data Type:	Text
Variable Label:	Waiting Period Duration
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Waiting Period Duration
Comments:	This field is not applicable to medical plans.

Variable Name:	PlanEffectiveDate
Variable Definition:	Beginning date of enrollment coverage on an insurance plan
Data Type:	Date
Variable Label:	Plan Effective Date
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Plan Effective Date
Comments:	N/A

Variable Name:	PlanExpirationDate
Variable Definition:	Closing date of enrollment coverage on an insurance plan
Data Type:	Date
Variable Label:	Plan Expiration Date
Allowable Values:	Free text
Data Source:	Template field

Field Name from Data Source:	Plan Expiration Date
Comments:	This field is optional; blank or zero values indicate a value was not provided.

Variable Name:	OutOfCountryCoverage
Variable Definition:	Indicates whether out of country coverage is provided for health services
Data Type:	Text
Variable Label:	Out of Country Coverage
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Out of Country Coverage
Comments:	N/A

Variable Name:	OutOfCountryCoverageDescription
Variable Definition:	The conditions under which out of country health services are covered
Data Type:	Text
Variable Label:	Out of Country Coverage Description
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Out of Country Coverage Description
Comments:	This field is only applicable to plans that offer out of country coverage.

Variable Name:	OutOfServiceAreaCoverage
Variable Definition:	Indicates whether out of service area coverage is provided
Data Type:	Text
Variable Label:	Out of Service Area Coverage
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Out of Service Area Coverage
Comments:	N/A

Variable Name:	OutOfServiceAreaCoverageDescription
Variable Definition:	The conditions under which out of service area health services are covered
Data Type:	Text
Variable Label:	Out of Service Area Coverage Description
Allowable Values:	Free text
Data Source:	Template field

Field Name from Data Source:	Out of Service Area Coverage Description
Comments:	This field is only applicable to plans that offer out of service area coverage.

Variable Name:	NationalNetwork
Variable Definition:	Indicates whether the insurance plan is supported by a national network of health service provider companies
Data Type:	Text
Variable Label:	National Network
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	National Network
Comments:	N/A

Variable Name:	URLForEnrollmentPayment
Variable Definition:	The URL for Enrollment Payment
Data Type:	Text
Variable Label:	URL for Enrollment Payment
Allowable Values:	Free text
Data Source:	Template field for the 2014 through 2020 datasets; HIOS Supplemental Submission Module (SSM) for the 2020 through 2023 datasets; Marketplace Plan Management System (MPMS) for the 2024 through 2027 datasets.
Field Name from Data Source:	URL for Enrollment Payment
Comments:	This field is optional; blank or zero values indicate a value was not provided.

Variable Name:	FormularyURL
Variable Definition:	The URL for the prescription drug formulary associated with the plan
Data Type:	Text
Variable Label:	Formulary URL
Allowable Values:	Free text
Data Source:	Template field for the 2014 through 2020 datasets; HIOS Supplemental Submission Module (SSM) for the 2020 through 2023 datasets; Marketplace Plan Management System (MPMS) for the 2024 through 2027 datasets.
Field Name from Data Source:	Formulary URL
Comments:	This field is only available for the 2015 through 2027 datasets. This field is only valid for medical plans.

Variable Name:	PlanId

Variable Definition:	Seventeen-character alpha-numeric code that identifies an insurance plan's cost sharing reduction (CSR) variant within HIOS
Data Type:	Text
Variable Label:	Plan ID (Standard Component ID with Variant)
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	HIOS Plan ID (Standard Component + Variant)
Comments:	Prepopulated in template; character count includes '-'

Variable Name:	PlanVariantMarketingName
Variable Definition:	Marketing name of the plan variation of the insurance plan
Data Type:	Text
Variable Label:	Plan Variant Marketing Name
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Plan Variant Marketing Name
Comments:	This field is only available for the 2017 through 2027 datasets.

Variable Name:	CSRVariationType
Variable Definition:	Name of the cost sharing reduction options offered for a health insurance plan
Data Type:	Text
Variable Label:	CSR Variation Type
Allowable Values:	Standard Off Exchange Plan Standard On Exchange Plan Zero Cost Sharing Plan Variation Limited Cost Sharing Plan Variation 73% AV Level Silver Plan 87% AV Level Silver Plan 94% AV Level Silver Plan Standard High Off Exchange Plan Standard High On Exchange Plan Standard Low Off Exchange Plan Standard Low On Exchange Plan Standard Silver Off Exchange Plan Standard Silver On Exchange Plan Standard Gold Off Exchange Plan Standard Gold On Exchange Plan Standard Bronze Off Exchange Plan Standard Bronze On Exchange Plan Standard Expanded Bronze Off Exchange Plan Standard Expanded Bronze On Exchange Plan Standard Platinum Off Exchange Plan Standard Platinum On Exchange Plan Standard Catastrophic On Exchange Plan

	Standard Catastrophic Off Exchange Plan
Data Source:	Template field
Field Name from Data Source:	CSR Variation Type
Comments:	Prepopulated in template.

Variable Name:	IssuerActuarialValue
Variable Definition:	The numeric Actuarial Value (AV) generated manually for an insurance plan by the issuer
Data Type:	Percentage
Variable Label:	Issuer Actuarial Value
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Issuer Actuarial Value
Comments:	This field is only applicable to plans with a unique plan design.

Variable Name:	AVCalculatorOutputNumber
Variable Definition:	The numeric AV generated by the template's AV Calculator for an insurance plan
Data Type:	Text
Variable Label:	AV Calculator Output Number
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	AV Calculator Output Number
Comments:	This field is only applicable to medical plans and plans that do not have a unique plan design.

Variable Name:	MedicalDrugDeductiblesIntegrated
Variable Definition:	An indication of whether the insurance plan specifies that the medical and drug deductibles are combined into one deductible
Data Type:	Text
Variable Label:	Medical Drug Deductibles Integrated
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Medical & Drug Deductibles Integrated?
Comments:	This field is not applicable to dental plans.

Variable Name:	MedicalDrugMaximumOutofPocketIntegrated
Variable Definition:	An indication of whether the insurance plan specifies that the medical and drug maximum out of pocket (MOOP) limits are combined into one limit
Data Type:	Text
Variable Label:	Medical Drug Maximum Out of Pocket Integrated

Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Medical & Drug Maximum Out of Pocket Integrated?
Comments:	This field is not applicable to dental plans.

Variable Name:	MultipleInNetworkTiers
Variable Definition:	An indication of whether there are two in network tiers
Data Type:	Text
Variable Label:	Multiple In Network Tiers
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	Multiple In Network Tiers?
Comments:	N/A

Variable Name:	FirstTierUtilization
Variable Definition:	The expected percentage of utilization for the first in network tier
Data Type:	Text
Variable Label:	First Tier Utilization
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	1st Tier Utilization
Comments:	N/A

Variable Name:	SecondTierUtilization
Variable Definition:	The expected percentage of utilization for the second in network tier, based on the value entered for the first tier
Data Type:	Text
Variable Label:	Second Tier Utilization
Allowable Values:	100% minus First Tier Utilization
Data Source:	Template field
Field Name from Data Source:	2nd Tier Utilization
Comments:	Calculated by template.

Variable Name:	SBCHavingaBabyDeductible
Variable Definition:	The dollar amount of the deductible for the sample Summary of Benefits & Coverage (SBC) scenario of having a baby
Data Type:	Text
Variable Label:	SBC Scenario, Having a Baby, Deductible
Allowable Values:	Free text
Data Source:	Template field

Field Name from Data Source:	SBC Scenario, Having a Baby, Deductible
Comments:	This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingaBabyCopayment
Variable Definition:	The dollar amount of the copayment for the sample SBC scenario of having a baby
Data Type:	Text
Variable Label:	SBC Scenario, Having a Baby, Copayment
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Having a Baby, Copayment
Comments:	This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingaBabyCoinsurance
Variable Definition:	The dollar amount of the coinsurance for the sample SBC scenario of having a baby
Data Type:	Text
Variable Label:	SBC Scenario, Having a Baby, Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Having a Baby, Coinsurance
Comments:	This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingaBabyLimit
Variable Definition:	The dollar amount of the benefit limits or exclusions for the sample SBC scenario of having a baby
Data Type:	Text
Variable Label:	SBC Scenario, Having a Baby, Limit
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Having a Baby, Limit
Comments:	This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingDiabetesDeductible
Variable Definition:	The dollar amount of the deductible for the sample SBC scenario of having diabetes
Data Type:	Text
Variable Label:	SBC Scenario, Having Diabetes, Deductible
Allowable Values:	Free text

Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Having Diabetes, Deductible
Comments:	This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingDiabetesCopayment
Variable Definition:	The dollar amount of the copayment for the sample SBC scenario of having diabetes
Data Type:	Text
Variable Label:	SBC Scenario, Having Diabetes, Copayment
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Having Diabetes, Copayment
Comments:	This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingDiabetesCoinsurance
Variable Definition:	The dollar amount of the coinsurance for the sample SBC scenario of having diabetes
Data Type:	Text
Variable Label:	SBC Scenario, Having Diabetes, Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Having Diabetes, Coinsurance
Comments:	This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingDiabetesLimit
Variable Definition:	The dollar amount of the benefit limits or exclusions for the sample SBC scenario of having diabetes
Data Type:	Text
Variable Label:	SBC Scenario, Having Diabetes, Limit
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Having Diabetes, Limit
Comments:	This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingSimplefractureDeductible
Variable Definition:	The dollar amount of the deductible for the sample SBC scenario of treatment of a simple fracture
Data Type:	Text
Variable Label:	SBC Scenario, Treatment of a Simple Fracture, Deductible

Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Treatment of a Simple Fracture, Deductible
Comments:	This field is only available for the 2017 through 2027 datasets. This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingSimplefractureCopayment
Variable Definition:	The dollar amount of the copayment for the sample SBC scenario of treatment of a simple fracture
Data Type:	Text
Variable Label:	SBC Scenario, Treatment of a Simple Fracture, Copayment
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Treatment of a Simple Fracture, Copayment
Comments:	This field is only available for the 2017 through 2027 datasets. This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingSimplefractureCoinsurance
Variable Definition:	The dollar amount of the coinsurance for the sample SBC scenario of treatment of a simple fracture
Data Type:	Text
Variable Label:	SBC Scenario, Treatment of a Simple Fracture, Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Treatment of a Simple Fracture, Coinsurance
Comments:	This field is only available for the 2017 through 2027 datasets. This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SBCHavingSimplefractureLimit
Variable Definition:	The dollar amount of the benefit limits or exclusions for the sample SBC scenario of treatment of a simple fracture
Data Type:	Text
Variable Label:	SBC Scenario, Treatment of a Simple Fracture, Limit
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	SBC Scenario, Treatment of a Simple Fracture, Limit
Comments:	This field is only available for the 2017 through 2027 datasets. This field is optional; blanks indicate a value was not provided; this field is not applicable to dental plans.

Variable Name:	SpecialtyDrugMaximumCoinsurance
Variable Definition:	The maximum dollar value of coinsurance for specialty high-cost drugs
Data Type:	Text
Variable Label:	Specialty Drug Maximum Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Maximum Coinsurance for Specialty Drugs
Comments:	This field is optional; blanks indicate a value was not provided.

Variable Name:	InpatientCopaymentMaximumDays
Variable Definition:	The maximum number of days for which a patient can be charged a copayment for an inpatient stay, if the insurance plan design charges inpatient stays by day
Data Type:	Text
Variable Label:	Inpatient Copayment Maximum Days
Allowable Values:	0 (equivalent to no maximum) 1 2 3 4 5 6 7 8 9 10
Data Source:	Template field
Field Name from Data Source:	Maximum Number of Days for Charging an Inpatient Copay?
Comments:	This field is optional; blank or zero values indicate a value was not provided.

Variable Name:	BeginPrimaryCareCostSharingAfterNumberOfVisits
Variable Definition:	The maximum number of fully covered visits allowed, after which primary care cost sharing will begin
Data Type:	Text
Variable Label:	Begin Primary Care Cost-Sharing After Number Of Visits
Allowable Values:	0 (equivalent to no maximum) 1 2 3 4 5 6 7

	8 9 10
Data Source:	Template field
Field Name from Data Source:	Begin Primary Care Cost-Sharing After a Set Number of Visits?
Comments:	This field is optional; blank or zero values indicate a value was not provided.

Variable Name:	BeginPrimaryCareDeductibleCoinsuranceAfterNumberOfCopays
Variable Definition:	The maximum number of primary care visits with co-payment allowed, after which all primary care visits will be subject to the deductible or maximum out of pocket limits
Data Type:	Text
Variable Label:	Begin Primary Care Deductible Coinsurance After Number Of Copays
Allowable Values:	0 (equivalent to no maximum) 1 2 3 4 5 6 7 8 9 10
Data Source:	Template field
Field Name from Data Source:	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?
Comments:	This field is optional; blank or zero values indicate a value was not provided.

Variable Name:	MEHBInnTier1IndividualMOOP
Variable Definition:	The dollar amount of the tier 1 in network, individual out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Individual
Comments:	This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBInnTier1FamilyMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family
Comments:	This field only applies to the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBInnTier1FamilyPerPersonMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family per person out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBInnTier1FamilyPerGroupMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family per group out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 1), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug

	MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBInnTier2IndividualMOOP
Variable Definition:	The dollar amount of the tier 2 in network, individual out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Individual
Comments:	This field is only applicable to plans with multiple in network tiers and separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBInnTier2FamilyMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug MOOP limits; this field contains the MOOP value for dental benefits.

Variable Name:	MEHBInnTier2FamilyPerPersonMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family per person out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and

	separate medical and drug MOOP limits; this field contains the MOOP value for dental benefits.

Variable Name:	MEHBInnTier2FamilyPerGroupMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family per group out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, In Network (Tier 2), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug MOOP limits; this field contains the MOOP value for dental benefits.

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

Variable Name:	MEHBOutOfNetFamilyMOOP
Variable Definition:	The dollar amount of the out of network, family out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, Out of Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, Out of Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug MOOP

	limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBOutOfNetFamilyPerPersonMOOP
Variable Definition:	The dollar amount of the out of network, family per person out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, Out of Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, Out of Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBOutOfNetFamilyPerGroupMOOP
Variable Definition:	The dollar amount of the out of network, family per group out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, Out of Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, Out of Network, Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBCombInnOonIndividualMOOP
Variable Definition:	The dollar amount of the combined in/out of network, individual out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Individual

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

Variable Name:	MEHBCombInnOonFamilyMOOP
Variable Definition:	The dollar amount of the combined in/out of network, family out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBCombInnOonFamilyPerPersonMOOP
Variable Definition:	The dollar amount of the combined in/out of network, family per person out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

Variable Name:	MEHBCombInnOonFamilyPerGroupMOOP
Variable Definition:	The dollar amount of the combined in/out of network, family per group out-of-pocket cost limit for medical EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical EHB Benefits, Combined In/Out Network, Family Per Group

Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; for dental plans, this field contains the MOOP value for dental benefits.

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

Variable Name:	DEHBInnTier1FamilyMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBInnTier1FamilyPerPersonMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family per person out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family Per Person

Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBInnTier1FamilyPerGroupMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family per group out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 1), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBInnTier2IndividualMOOP
Variable Definition:	The dollar amount of the tier 2 in network, individual out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Individual
Comments:	This field is only applicable to plans with multiple in network tiers and separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBInnTier2FamilyMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Family

Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBInnTier2FamilyPerPersonMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family per person out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBInnTier2FamilyPerGroupMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family per group out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, In Network (Tier 2), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBOutOfNetIndividualMOOP
Variable Definition:	The dollar amount of the out of network, individual out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Individual

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

Variable Name:	DEHBOutOfNetFamilyMOOP
Variable Definition:	The dollar amount of the out of network, family out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBOutOfNetFamilyPerPersonMOOP
Variable Definition:	The dollar amount of the out of network, family per person out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBOutOfNetFamilyPerGroupMOOP
Variable Definition:	The dollar amount of the out of network, family per group out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, Out of Network, Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; this field is blank for dental plans.

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

Variable Name:	DEHBCombInnOonFamilyMOOP
Variable Definition:	The dollar amount of the combined in/out of network, family out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBCombInnOonFamilyPerPersonMOOP
Variable Definition:	The dollar amount of the combined in/out of network, family per person out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	DEHBCombInnOonFamilyPerGroupMOOP

Variable Definition:	The dollar amount of the combined in/out of network, family per group out-of-pocket cost limit for drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Drug EHB Benefits, Combined In/Out Network, Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBInnTier1IndividualMOOP
Variable Definition:	The dollar amount of the tier 1 in network, individual out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 1), Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 1), Individual
Comments:	This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBInnTier1FamilyMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 1), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 1), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBInnTier1FamilyPerPersonMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family per person out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text

Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 1), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 1), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBInnTier1FamilyPerGroupMOOP
Variable Definition:	The dollar amount of the tier 1 in network, family per group out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 1), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 1), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

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

Variable Name:	TEHBInnTier2FamilyMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 2), Family

Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 2), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with multiple in network tiers and combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBInnTier2FamilyPerPersonMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family per person out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 2), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 2), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBInnTier2FamilyPerGroupMOOP
Variable Definition:	The dollar amount of the tier 2 in network, family per group out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 2), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), In Network (Tier 2), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and combined medical and drug MOOP limits; this field is blank for dental plans.

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

Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Out of Network, Individual
Comments:	This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBOutOfNetFamilyMOOP
Variable Definition:	The dollar amount of the out of network, family out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Out of Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Out of Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBOutOfNetFamilyPerPersonMOOP
Variable Definition:	The dollar amount of the out of network, family per person out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Out of Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Out of Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBOutOfNetFamilyPerGroupMOOP
Variable Definition:	The dollar amount of the out of network, family per group out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Out of Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field

Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Out of Network, Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

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

Variable Name:	TEHBCombInnOonFamilyMOOP
Variable Definition:	The dollar amount of the combined in/out of network, family out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Combined In/Out Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Combined In/Out Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBCombInnOonFamilyPerPersonMOOP
Variable Definition:	The dollar amount of the combined in/out of network, family per person out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Combined In/Out Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Combined In/Out Network, Family Per Person

Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

Variable Name:	TEHBCombInnOonFamilyPerGroupMOOP
Variable Definition:	The dollar amount of the combined in/out of network, family per group out-of-pocket cost limit for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Combined In/Out Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total), Combined In/Out Network, Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug MOOP limits; this field is blank for dental plans.

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

Variable Name:	MEHBDedInnTier1Family
Variable Definition:	The dollar amount of the tier 1 in network, family deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, In Network (Tier 1), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, In Network (Tier 1), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedInnTier1FamilyPerPerson
Variable Definition:	The dollar amount of the tier 1 in network, family per person deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, In Network (Tier 1), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, In Network (Tier 1), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedInnTier1FamilyPerGroup
Variable Definition:	The dollar amount of the tier 1 in network, family per group deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, In Network (Tier 1), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, In Network (Tier 1), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

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

Variable Name:	MEHBDedInnTier2Individual
Variable Definition:	The dollar amount of the tier 2 in network, individual deductible for medical EHB benefits

Data Type:	Text
Variable Label:	Medical EHB Deductible, In Network (Tier 2), Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, In Network (Tier 2), Individual
Comments:	This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedInnTier2Family
Variable Definition:	The dollar amount of the tier 2 in network, family deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, In Network (Tier 2), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, In Network (Tier 2), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedInnTier2FamilyPerPerson
Variable Definition:	The dollar amount of the tier 2 in network, family per person deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, In Network (Tier 2), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, In Network (Tier 2), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedInnTier2FamilyPerGroup
Variable Definition:	The dollar amount of the tier 2 in network, family per group deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, In Network (Tier 2), Family Per Group

Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, In Network (Tier 2), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

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

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

Variable Name:	MEHBDedOutOfNetFamily
Variable Definition:	The dollar amount of the out of network, family deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, Out of Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field

Field Name from Data Source:	Medical EHB Deductible, Out of Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedOutOfNetFamilyPerPerson
Variable Definition:	The dollar amount of the out of network, family per person deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, Out of Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, Out of Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedOutOfNetFamilyPerGroup
Variable Definition:	The dollar amount of the out of network, family per group deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, Out of Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, Out of Network, Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedCombInnOonIndividual
Variable Definition:	The dollar amount of the combined in/out of network, individual deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, Combined In/Out of Network, Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, Combined In/Out of Network, Individual

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

Variable Name:	MEHBDedCombInnOonFamily
Variable Definition:	The dollar amount of the combined in/out of network, family deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, Combined In/Out of Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, Combined In/Out of Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedCombInnOonFamilyPerPerson
Variable Definition:	The dollar amount of the combined in/out of network, family per person deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, Combined In/Out of Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, Combined In/Out of Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	MEHBDedCombInnOonFamilyPerGroup
Variable Definition:	The dollar amount of the combined in/out of network, family per group deductible for medical EHB benefits
Data Type:	Text
Variable Label:	Medical EHB Deductible, Combined In/Out of Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Medical EHB Deductible, Combined In/Out of Network, Family Per Group

Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	DEHBDedInnTier1Individual
Variable Definition:	The dollar amount of the tier 1 in network, individual deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 1), Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 1), Individual
Comments:	This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	DEHBDedInnTier1Family
Variable Definition:	The dollar amount of the tier 1 in network, family deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 1), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 1), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.

Variable Name:	DEHBDedInnTier1FamilyPerPerson
Variable Definition:	The dollar amount of the tier 1 in network, family per person deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 1), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 1), Family Per Person
	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug

	deductibles; for dental plans, this field contains the deductible for dental benefits.
Variable Name:	DEHBDedInnTier1FamilyPerGroup
Variable Definition:	The dollar amount of the tier 1 in network, family per group deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 1), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 1), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; for dental plans, this field contains the deductible for dental benefits.
Variable Name:	DEHBDedInnTier1Coinsurance
Variable Definition:	The percentage used for the tier 1 in network coinsurance for drug EHB benefits, unless a different coinsurance is listed for a specific benefit
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Comments:	This field is only applicable to plans with separate medical and drug deductibles; this field is blank for dental plans.
Variable Name:	DEHBDedInnTier2Individual
Variable Definition:	The dollar amount of the tier 2 in network, individual deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 2), Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 2), Individual
Comments:	This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; this field is blank for dental plans.
Variable Name:	DEHBDedInnTier2Family

Variable Definition:	The dollar amount of the tier 2 in network, family deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 2), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 2), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; this field is blank for dental plans.

Variable Name:	DEHBDedInnTier2FamilyPerPerson
Variable Definition:	The dollar amount of the tier 2 in network, family per person deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 2), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 2), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; this field is blank for dental plans.

Variable Name:	DEHBDedInnTier2FamilyPerGroup
Variable Definition:	The dollar amount of the tier 2 in network, family per group deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 2), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 2), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; this field is blank for dental plans.

Variable Name:	DEHBDedInnTier2Coinsurance
Variable Definition:	The percentage used for the tier 2 in network coinsurance for drug EHB benefits, unless a different coinsurance is listed for a specific benefit

Data Type:	Text
Variable Label:	Drug EHB Deductible, In Network (Tier 2), Default Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, In Network (Tier 2), Default Coinsurance
Comments:	This field is only applicable to plans with multiple in network tiers and separate medical and drug deductibles; this field is blank for dental plans.

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

Variable Name:	DEHBDedOutofNetFamily
Variable Definition:	The dollar amount of the out of network, family deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, Out of Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, Out of Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug deductibles; this field is blank for dental plans.

Variable Name:	DEHBDedOutofNetFamilyPerPerson
Variable Definition:	The dollar amount of the out of network, family per person deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, Out of Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, Out of Network, Family Per Person

Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; this field is blank for dental plans.

Variable Name:	DEHBDedOutofNetFamilyPerGroup
Variable Definition:	The dollar amount of the out of network, family per group deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, Out of Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, Out of Network, Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; this field is blank for dental plans.

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

Variable Name:	DEHBDedCombInnOonFamily
Variable Definition:	The dollar amount of the combined in/out of network, family deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, Combined In/Out of Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, Combined In/Out of Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with separate medical and drug deductibles; this field is blank for dental plans.

Variable Name:	DEHBDedCombInnOonFamilyPerPerson

Variable Definition:	The dollar amount of the combined in/out of network, family per person deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, Combined In/Out of Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, Combined In/Out of Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; this field is blank for dental plans.

Variable Name:	DEHBDedCombInnOonFamilyPerGroup
Variable Definition:	The dollar amount of the combined in/out of network, family per group deductible for drug EHB benefits
Data Type:	Text
Variable Label:	Drug EHB Deductible, Combined In/Out of Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Drug EHB Deductible, Combined In/Out of Network, Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with separate medical and drug deductibles; this field is blank for dental plans.

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

Variable Name:	TEHBDedInnTier1Family
Variable Definition:	The dollar amount of the tier 1 in network, family deductible for medical and drug EHB benefits
Data Type:	Text

Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedInnTier1FamilyPerPerson
Variable Definition:	The dollar amount of the tier 1 in network, family per person deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedInnTier1FamilyPerGroup
Variable Definition:	The dollar amount of the tier 1 in network, family per group deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

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

Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 1), Default Coinsurance
Comments:	This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedInnTier2Individual
Variable Definition:	The dollar amount of the tier 2 in network, individual deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Individual
Comments:	This field is only applicable to plans with multiple in network tiers and combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedInnTier2Family
Variable Definition:	The dollar amount of the tier 2 in network, family deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with multiple in network tiers and combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedInnTier2FamilyPerPerson
Variable Definition:	The dollar amount of the tier 2 in network, family per person deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family Per Person
Allowable Values:	$X Not Applicable

Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedInnTier2FamilyPerGroup
Variable Definition:	The dollar amount of the tier 2 in network, family per group deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with multiple in network tiers and combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedInnTier2Coinsurance
Variable Definition:	The percentage used for the tier 2 in network coinsurance for medical and drug EHB benefits, unless a different coinsurance is listed for a specific benefit
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Default Coinsurance
Allowable Values:	Free text
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, In Network (Tier 2), Default Coinsurance
Comments:	This field is only applicable to plans with multiple in network tiers and combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedOutOfNetIndividual
Variable Definition:	The dollar amount of the out of network, individual deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, Out of Network, Individual
Allowable Values:	$X Not Applicable

Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, Out of Network, Individual
Comments:	This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedOutofNetFamily
Variable Definition:	The dollar amount of the out of network, family deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, Out of Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, Out of Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedOutofNetFamilyPerPerson
Variable Definition:	The dollar amount of the out of network, family per person deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, Out of Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, Out of Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedOutofNetFamilyPerGroup
Variable Definition:	The dollar amount of the out of network, family per group deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, Out of Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, Out of Network, Family Per Group

Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedCombInnOonIndividual
Variable Definition:	The dollar amount of the combined in/out of network, individual deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Individual
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Individual
Comments:	This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedCombInnOonFamily
Variable Definition:	The dollar amount of the combined in/out of network, family deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family
Comments:	This field is only available for the 2014 and 2015 datasets. This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedCombInnOonFamilyPerPerson
Variable Definition:	The dollar amount of the combined in/out of network, family per person deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family Per Person
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family Per Person
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	TEHBDedCombInnOonFamilyPerGroup
Variable Definition:	The dollar amount of the combined in/out of network, family per group deductible for medical and drug EHB benefits
Data Type:	Text
Variable Label:	Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family Per Group
Allowable Values:	$X Not Applicable
Data Source:	Template field
Field Name from Data Source:	Combined Medical and Drug EHB Deductible, Combined In/Out of Network, Family Per Group
Comments:	This field is only available for the 2016 through 2027 datasets. This field is only applicable to plans with combined medical and drug deductibles; this field is blank for dental plans.

Variable Name:	IsHSAEligible
Variable Definition:	An indication that the insurance plan qualifies as a Health Savings Account (HSA) eligible plan
Data Type:	Text
Variable Label:	HSA Eligible
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	HSA Eligible
Comments:	This field is not applicable to dental plans.

Variable Name:	HSAOrHRAEmployerContribution
Variable Definition:	An indication that the employer makes an HSA or health reimbursement arrangement (HRA) contribution
Data Type:	Text
Variable Label:	HSA/HRA Employer Contribution
Allowable Values:	Yes No
Data Source:	Template field
Field Name from Data Source:	HSA/HRA Employer Contribution
Comments:	This field is only applicable to medical plans in the SHOP market.

Variable Name:	HSAOrHRAEmployerContributionAmount
Variable Definition:	The dollar amount per employee that the employer contributes to the HSA or HRA
Data Type:	Text
Variable Label:	HSA/HRA Employer Contribution Amount
Allowable Values:	Free text
Data Source:	Template field

Field Name from Data Source:	HSA/HRA Employer Contribution Amount
Comments:	This field is only applicable to medical plans in the SHOP market and only required if HSAOrHRAEmployerContribution field equals Yes.

Variable Name:	URLForSummaryofBenefitsCoverage
Variable Definition:	The URL for the Summary of Benefits & Coverage
Data Type:	Text
Variable Label:	URL for Summary of Benefits & Coverage
Allowable Values:	Free text
Data Source:	Template field for the 2014 through 2020 datasets; HIOS Supplemental Submission Module (SSM) for the 2020 through 2023 datasets; Marketplace Plan Management System (MPMS) for the 2024 through 2027 datasets.
Field Name from Data Source:	URL for Summary of Benefits & Coverage
Comments:	This field is optional; blank or zero values indicate a value was not provided.

Variable Name:	PlanBrochure
Variable Definition:	The URL for the Plan Brochure
Data Type:	Text
Variable Label:	Plan Brochure
Allowable Values:	Free text
Data Source:	Template field for the 2014 through 2020 datasets; HIOS Supplemental Submission Module (SSM) for the 2020 through 2023 datasets; Marketplace Plan Management System (MPMS) for the 2024 through 2027 datasets.
Field Name from Data Source:	Plan Brochure
Comments:	This field is optional; blank or zero values indicate a value was not provided.

Variable Name:	RowNumber
Variable Definition:	Template row number associated with this data record
Data Type:	Text
Variable Label:	Row Number
Allowable Values:	Free text
Data Source:	System-generated field
Field Name from Data Source:	RowNumber
Comments:	This field is only available for the 2014 through 2016 datasets.