

CARESOURCE ACTUARIAL MEMORANDUM

CareSource Indiana, Inc.

Part III Actuarial Memorandum

Individual Rate Filing Effective January 1, 2026

June 6, 2025

Tyler Hutchison, FSA, MAAA
Vice President, Actuarial Science

Table of Contents

The following table summarizes the sections included in this document. Some sections may span multiple pages.

SECTION #	SECTION TITLE
Section 1	General Information
Section 2	Proposed Rate Changes
Section 3	Experience and Current Period Premium, Claims, and Enrollment
Section 4	Benefit Categories
Section 5	Projection Factors
Section 6	Manual Rate Adjustments
Section 7	Credibility of Experience
Section 8	Establishing the Index Rate
Section 9	Development of the Market Adjusted Index Rate
Section 10	Plan Adjusted Index Rate
Section 11	Calibration
Section 12	Consumer Adjusted Premium Rate Development
Section 13	Projected Loss Ratio
Section 14	AV Metal Values
Section 15	Membership Projections
Section 16	Plan Type
Section 17	Terminated Plans and Products
Section 18	Premium Guarantee Provisions
Section 19	Company Financial Position
Section 20	Projected Experience
Section 21	Effective Rate Review Information
Section 22	Reliance
Section 23	Actuarial Certification

SECTION 1: GENERAL INFORMATION

DOCUMENT OVERVIEW

This document contains the Part III Actuarial Memorandum for CareSource Indiana, Inc.'s (CIN) individual comprehensive medical block of business, effective January 1, 2026. These individual rates are guaranteed through December 31, 2026. These products are offered both on and off the Individual Insurance Exchange. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the Actuarial Memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

The 2026 plan year premium rates provided in this Actuarial Memorandum were developed based upon the current Affordable Care Act (ACA) statutes and regulations, relevant CMS and HHS guidance, Executive Orders, relevant Indiana statutes and regulations, and court decisions in full force and effect as of the submission of this Actuarial Memorandum, including, but not limited to, the cost-sharing reduction (CSR) subsidies not being funded for the 2026 plan year. This filing assumes the enhanced premium tax credit subsidies from the American Rescue Plan (ARP) will not continue in 2026 as indicated in the Marketplace Integrity and Affordability (MIA) proposed rule. Accordingly, CIN retains and reserves the right to amend this Actuarial Memorandum and 2026 plan premium rates should there be any changes to the ACA statutes and regulations, relevant CMS and HHS guidance, Executive Orders, relevant Indiana statutes and regulations, and court decisions.

The Indiana DOI prescribes the impact of CSR subsidy non-payment should be made across all on-exchange plans equally in the single risk pool. Future modifications in legislation, regulation and / or court decisions regarding the funding of CSR subsidy payments may affect the extent to which the premium rates are neither excessive nor deficient.

COMPANY IDENTIFYING INFORMATION

SERFF Tracking Number:	CASO-134505629
Prior SERFF Tracking Number:	CASO-134067093
Company Legal Name:	CareSource Indiana, Inc.
Address:	P.O. Box 8738, Dayton, Ohio 45401-8740
Toll-Free Number:	+ 1 800 479 9502
Filer Email:	tyler.hutchison@caresource.com
State:	Indiana
HIOS Issuer ID:	54192
NAIC Company Code:	10142
Market:	Individual
Effective Date:	January 1, 2026

COMPANY CONTACT INFORMATION

Primary Contact Name:	Tyler Hutchison
Primary Contact Telephone Number:	+ 1 801 628 1049
Primary Contact Email Address:	tyler.hutchison@caresource.com

SECTION 2: PROPOSED RATE CHANGES

This filing includes an initial rate filing for 3 new plans and a requested rate change filing for 26 of CIN's individual Affordable Care Act (ACA) compliant non-group plan rates originally filed for effective dates January 1, 2025 through December 31, 2025. The experience basis, benefit plans, rating factors, and other projection assumptions are updated for this filing.

We develop premium rates for these individual plans using 2024 individual experience. We consider a number of items in developing the premium rates, including but not necessarily limited to the:

- Morbidity level of the projected population
- Benefit plan designs
- Anticipated medical and pharmacy trend, for utilization and unit cost
- Applicable taxes and fees
- Anticipated risk adjustment payments or receipts
- Cost and morbidity changes resulting from membership shifts in the metallic distribution and statewide market risk pool
- Anticipated savings from utilization management, care management, and other quality improvement initiatives
- Changes to prescription drug formularies and contracts
- Anticipated administrative costs and profit margin
- Expiration of expanded advanced premium tax credits through ARPA

The requested rate change weighted by current enrollment for CIN's products is an aggregate 18.6% increase, with a minimum rate change of -12.8% and a maximum rate change of 33.3%.

The key drivers of the 18.6% aggregate rate change are summarized in Table 1.

Table 1 CareSource Indiana, Inc. Indiana Individual ACA Plans Approximate 2025 to 2026 Rate Change Development	
Experience	2.7%
Trend	11.5%
Plan Benefit Relativity	-3.0%
Morbidity	5.3%
Risk Adjustment	-6.8%
Retention	1.7%
Other Factors	0.3%
ARPA Expiration	6.9%
2024 to 2025 Rate Change	18.6%

RATE CHANGE HISTORY

CIN's individual HMO product rate changes were 9.5%, 0.7% and 2.2% in aggregate, for 2023, 2024, and 2025, respectively, reflecting 2022, 2023, and 2024 enrollment by plan. These products were first introduced in Indiana in 2015.

These products were first introduced nationwide in 2014. They had a 10.8% rate increase nationwide effective January 1, 2023, a 4.3% rate increase nationwide effective January 1, 2024, and an 8.5% rate increase nationwide effective January 1, 2025.

SECTION 3: EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

CIN is a managed care organization, contracting with provider networks to provide medical and pharmacy care to its members. CIN contracts with carriers on a fee-for-service basis. CIN's contractual arrangements were incorporated in the development of the 2026 rates.

PAID THROUGH DATE

The experience claims incurred presented in Worksheet 1, Section I of the URRT for both non-capitated and capitated services reflect payments through March 31, 2025.

CURRENT DATE

The reported date for current enrollment and premium in URRT Worksheet 2, Section II is March 31, 2025.

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

CIN's incurred claims include fee-for-service claims and prescription drug claims. No specific adjustment is made for large claims, as CIN's claims volume is sufficiently credible such that large claims do not have a material impact on the average allowed claims PMPM.

All 2024 claims are on a completed basis, with a paid date through March 31, 2025.

NATIONWIDE DATA

CareSource's nationwide 2014 through 2024 earned premium can be found in Table 2 below. We make no adjustments for MLR rebates, since CareSource does not anticipate the payment of any MLR rebates in all states for calendar year 2024. CareSource's 2014 through 2024 nationwide premiums are net of actual 2014 through 2024 risk adjustment payments.

Table 2 displays a breakdown of the individual allowed claims, incurred benefits, and earned premium for experience nationwide since the inception of CareSource's products in Indiana, Kentucky, Ohio, West Virginia, Georgia, and North Carolina. Please note, the 2014 through 2016 claim runout period is through February 2018, the 2017 claim runout period is through March 2019, the 2018 claim runout period is through February 2020, the 2019 claim runout period is through February 2021, the 2020 claims runout period is through January 2022, the 2021 claims runout period is through February 2023, the 2022 claims runout period is through January 2024, and the 2023 and 2024 claims runout period is through March 2025.

Table 2 CareSource Indiana, Inc. Nationwide Individual ACA Plans 2014 to 2024 Experience			
2014	Allowed	Paid	Premium
Claims Paid through February 2018 (net of CSR)	\$80,187,915	\$57,736,534	
Incurred But Not Reported (IBNR)	\$0	\$0	
Earned Premium			\$52,857,305
Estimated Risk Adjustment			-\$2,165,056
Total	\$80,187,915	\$57,736,534	\$50,692,249
2015			
Claims Paid through February 2018 (net of CSR)	\$236,670,746	\$174,040,468	
Incurred But Not Reported (IBNR)	\$1,961	\$1,623	
Earned Premium			\$244,664,643
Estimated Risk Adjustment			-\$38,734,249
Total	\$236,672,707	\$174,042,091	\$205,930,394
2016			
Claims Paid through February 2018 (net of CSR)	\$395,569,384	\$294,868,989	
Incurred But Not Reported (IBNR)	\$868,473	\$719,363	
Earned Premium			\$374,005,004
Estimated Risk Adjustment			-\$57,804,238
Total	\$396,437,857	\$295,588,352	\$316,200,766
2017			
Claims Paid through March 2019 (net of CSR)	\$640,603,722	\$486,721,960	
Incurred But Not Reported (IBNR)	\$12,007,009	\$9,966,500	
Earned Premium			\$584,265,660
Estimated Risk Adjustment			-\$47,251,765
Total	\$652,610,731	\$496,688,460	\$537,013,895
2018			
Claims Paid through February 2020	\$1,153,429,887	\$946,730,936	
Incurred But Not Reported (IBNR)	\$3,212,060	\$2,637,114	
Earned Premium			\$1,201,601,505
Estimated Risk Adjustment			\$846,120
Total	\$1,156,641,947	\$949,368,050	\$1,202,447,625
2019			
Claims Paid through February 2021	\$914,107,640	\$753,094,104	
Incurred But Not Reported (IBNR)	\$9,214,667	\$7,512,763	
Earned Premium			\$880,674,348
Estimated Risk Adjustment			\$31,296,077
Total	\$923,322,307	\$760,606,867	\$911,970,425
2020			
Claims Paid through January 2022	\$943,575,640	\$780,084,833	
Incurred But Not Reported (IBNR)	\$15,534,294	\$12,737,449	
Earned Premium			\$1,076,617,122
Estimated Risk Adjustment			-\$75,969,292
Total	\$959,109,934	\$792,822,282	\$1,000,647,830
2021			
Claims Paid through February 2023	\$1,290,993,548	\$1,049,058,443	
Incurred But Not Reported (IBNR)	\$4,290,739	\$3,470,640	
Earned Premium			\$1,361,297,503
Estimated Risk Adjustment			-\$127,141,294
Total	\$1,295,284,287	\$1,052,529,083	\$1,234,156,209
2022			
Claims Paid through January 2024	\$1,344,968,934	\$1,076,287,910	
Incurred But Not Reported (IBNR)	\$11,914,891	\$10,097,981	
Earned Premium			\$1,417,721,359
Estimated Risk Adjustment			-\$124,419,905
Total	\$1,356,883,825	\$1,086,385,891	\$1,293,301,454
2023			
Claims Paid through January 2025	\$1,174,977,789	\$919,986,988	
Incurred But Not Reported (IBNR)	\$11,876,882	\$9,894,581	
Earned Premium			\$1,321,183,705
Estimated Risk Adjustment			-\$81,760,304
Total	\$1,186,854,670	\$929,881,570	\$1,239,423,401
2024			
Claims Paid through January 2025	\$1,525,367,271	\$1,219,957,203	
Incurred But Not Reported (IBNR)	\$50,774,297	\$39,014,432	
Earned Premium			\$1,738,551,950
Estimated Risk Adjustment			-\$153,352,807
Total	\$1,576,141,568	\$1,258,971,635	\$1,585,199,142

INDIANA DATA

Table 3 displays a breakdown of the individual allowed claims, incurred benefits, and earned premium for CIN's experience in Indiana since the inception of CareSource's products in Indiana. The 2024 figures can be found in the URRT Worksheet 1, Section I (premiums will be gross of 2024 risk adjustment payments in URRT Worksheet 1, Section I).

Consistent with Table 2, the 2014 through 2016 claim runout period is through February 2018, the 2017 claim runout period is through March 2019, the 2018 claim runout period is through February 2020, the 2019 claim runout period is through February 2021, the 2020 claims runout period is through January 2022, the 2021 claims runout period is through February 2023, the 2022 claims runout period is through January 2024, and the 2023 and 2024 claims runout period is through March 2025.

Table 3
CareSource Indiana, Inc.
Indiana Individual ACA Plans
2015 to 2024 Experience

2015	Allowed	Paid	Premium
Claims Paid through February 2018 (net of CSR)	\$67,288,840	\$49,319,499	
Incurred But Not Reported (IBNR)	\$1,473	\$1,221	
Earned Premium			\$76,339,276
Estimated Risk Adjustment			-\$18,119,293
Total	\$67,290,313	\$49,320,720	\$58,219,983
2016			
Claims Paid through February 2018 (net of CSR)	\$106,717,012	\$79,886,399	
Incurred But Not Reported (IBNR)	\$264,394	\$219,443	
Earned Premium			\$106,722,658
Estimated Risk Adjustment			-\$15,288,511
Total	\$106,981,406	\$80,105,842	\$91,434,147
2017			
Claims Paid through March 2019 (net of CSR)	\$164,706,802	\$122,776,026	
Incurred But Not Reported (IBNR)	\$3,548,964	\$2,904,472	
Earned Premium			\$167,395,898
Estimated Risk Adjustment			-\$15,998,467
Total	\$168,255,766	\$125,680,498	\$151,397,431
2018			
Claims Paid through February 2020	\$387,081,678	\$316,044,836	
Incurred But Not Reported (IBNR)	\$541,530	\$442,149	
Earned Premium			\$406,604,241
Estimated Risk Adjustment			-\$12,933,547
Total	\$387,623,208	\$316,486,985	\$393,670,694
2019			
Claims Paid through February 2021	\$293,928,505	\$239,943,724	
Incurred But Not Reported (IBNR)	\$3,455,918	\$2,799,487	
Earned Premium			\$282,535,333
Estimated Risk Adjustment			-\$5,557,170
Total	\$297,384,423	\$242,743,211	\$276,978,163
2020			
Claims Paid through January 2022	\$284,662,823	\$233,409,584	
Incurred But Not Reported (IBNR)	\$8,794,217	\$7,163,847	
Earned Premium			\$339,996,017
Estimated Risk Adjustment			-\$27,897,883
Total	\$293,457,040	\$240,573,431	\$312,098,134
2021			
Claims Paid through February 2023	\$416,758,070	\$335,677,034	
Incurred But Not Reported (IBNR)	\$1,616,273	\$1,300,155	
Earned Premium			\$476,547,028
Estimated Risk Adjustment			-\$58,035,048
Total	\$418,374,343	\$336,977,189	\$418,511,980
2022			
Claims Paid through January 2024	\$434,827,022	\$340,003,274	
Incurred But Not Reported (IBNR)	\$7,975,608	\$6,913,883	
Earned Premium			\$518,173,374
Estimated Risk Adjustment			-\$54,354,979
Total	\$442,802,630	\$346,917,157	\$463,818,395
2023			
Claims Paid through January 2025	\$398,609,026	\$312,584,075	
Incurred But Not Reported (IBNR)	\$8,427,358	\$7,137,105	
Earned Premium			\$478,449,912
Estimated Risk Adjustment			-\$14,459,277
Total	\$407,036,384	\$319,721,180	\$463,990,635
2024			
Claims Paid through January 2025	\$492,156,001	\$391,577,560	
Incurred But Not Reported (IBNR)	\$20,492,614	\$15,247,994	
Earned Premium			\$536,190,397
Estimated Risk Adjustment			-\$14,003,796
Total	\$512,648,615	\$406,825,554	\$522,186,601

RISK ADJUSTMENT AND TRANSITIONAL REINSURANCE RECOVERIES

The estimated 2024 risk adjustment transfer for Indiana individual ACA members for CIN is a \$14.33 PMPM payment.

The estimated 2024 risk adjustment transfer for CareSource's nationwide individual ACA members is a \$53.85 PMPM payment.

The federal transitional reinsurance program was a temporary program that ended in 2016. As such, there are no reinsurance recoveries in Indiana in 2024.

SECTION 4: BENEFIT CATEGORIES

The experience period claim information by benefit category represents CIN's ACA-compliant individual medical plans in Indiana in 2024.

We categorize utilization and cost information by benefit using 2026 projected Indiana claims distribution by major service category. Projected 2026 fee-for-service medical claims are included by service category:

- Inpatient Hospital: Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- Outpatient Hospital: Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.
- Professional: Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.
- Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

Prescription drug claims net of rebates are included in the "Prescription Drug" line in the URRT with a benefit category of "Prescriptions."

SECTION 5: PROJECTION FACTORS

Rates are based 100% on an experience rate. 2024 experience reflects 977,267 member months, which is deemed fully credible.

TREND FACTORS (COST / UTILIZATION)

2024 Indiana experience is trended forward to 2026 using an aggregate annual 8.8% trend (annual utilization and charge trends of approximately 5.3% and 3.3%, respectively), as shown in Table 4.

Table 4 CareSource Indiana, Inc. Indiana Individual Plans 2024 to 2026 Annual Trend			
Service Category	Utilization Trend	Cost Trend	Total Trend
Inpatient Hospital	4.0%	1.3%	5.4%
Outpatient Hospital	6.8%	1.7%	8.6%
Professional	4.6%	3.2%	8.0%
Other Medical	0.0%	0.0%	0.0%
Capitation	0.0%	0.0%	0.0%
Prescription Drug	5.0%	7.2%	12.5%
Total	5.3%	3.3%	8.8%

ADJUSTMENTS TO TRENDED EHB ALLOWED CLAIMS PMPM

No additional adjustments were applied to experience.

MORBIDITY ADJUSTMENT

A morbidity adjustment of 8.4% is applied to the 2024 experience to account for anticipated differences between the risk profile of the population in the experience and the projection period. This adjustment reflects both changes to the CIN population as well as overall market impacts based on the expiration of advanced premium tax credits. This impact is shown in URRT Worksheet 1, Section II.

DEMOGRAPHIC SHIFT

We assume 2026 individual enrollment will have the product type and metal level as shown in Table 9 in Section 15 Membership Projections. Within each product and metal, we assume 2026 individual enrollment distribution by age, gender, and tobacco status will mirror the demographics underlying emerging 2025 enrollment.

Our rate projection is based on 2024 experience including the average demographics and geographic mix of the 2024 enrollees. Our development of the 2026 Index Rate reflects the anticipated differences in the demographic, tobacco, and geographic mix of the population, as compared to the 2024 experience period.

PLAN DESIGN CHANGES

We adjust the 2026 Index Rate to reflect anticipated changes in the average utilization of services due to differences in average 2024 cost sharing requirements as compared to average 2026 cost sharing requirements.

The historical experience of the Individual market block of business is used to estimate the benefit changes for each of the items listed above. Plan design changes include any additional benefits mandated by the Indiana DOI or changes in state legislation.

EHBs are consistent between the 2024 experience period and the 2026 projection period.

OTHER ADJUSTMENTS

The change in provider discount levels from 2024 to 2026, as a percentage of Medicare, and the impact on 2026 Index Rate development is shown in Table 5. The 2026 Index Rate is adjusted to account for the difference between the 2024 and 2026 provider reimbursement levels, changes in county level enrollment mix, care management, changes to Pharmacy Benefit Manufacturer (PBM) contracts, and the addition of capitated vision and fitness benefits.

Table 5 CareSource Indiana, Inc. Indiana Individual Plans 2024 to 2026 Change in Provider Discount Levels		
Service Category	Change in Reimbursement (% MCR)	Index Rate Adjustment Factor
Inpatient Hospital	0.3%	1.002
Outpatient Hospital	0.5%	1.004

SECTION 6: MANUAL RATE ADJUSTMENTS

2024 individual experience contains 977,267 member months, which we consider fully credible. Therefore, we do not develop a manual rate.

SECTION 7: CREDIBILITY OF EXPERIENCE

2024 ACA-compliant experience includes claims for 977,267 member months, which we consider 100% credible.

SECTION 8: ESTABLISHING THE INDEX RATE

The projected Index Rate estimates the average allowed claims PMPM for EHBs. It reflects the projected 2026 membership mixture, including smoker / non-smoker population, area factor distribution, and the projected risk morbidity of CIN's Single Risk Pool. The projected Index Rate has not been adjusted for payments and charges projected under the risk adjustment program or for Marketplace user fees. Worksheet 1, Section II of the URRT demonstrates the build-up of the projected Index Rate.

PROJECTED INDEX RATE

Worksheet 1, Section II of the URRT demonstrates the build-up of the projected Index Rate. Section 5, Projection Factors, describes the development of the projected Index Rate. The projected Index Rate covers a 12-month period for individuals effective January 1, 2026 through December 31, 2026. As described in Section 5, the projected Index Rate reflects the anticipated claim level of the projection period after accounting for trend, benefit changes, and demographic changes.

SECTION 9: DEVELOPMENT OF THE MARKET ADJUSTED INDEX RATE

The Market Adjusted Index Rate was calculated as the Projected Index Rate adjusted for all allowable market wide modifiers as defined in the market rating rules, 45 CFR Part 156, §156.80(d)(1). The development of the Market Adjusted Index Rate is illustrated in Worksheet 1, Section II of the URRT and in Table 6 below.

Table 6 CareSource Indiana, Inc. Indiana Individual ACA Plans Market Adjusted Index Rate Development		
		<i>Annotation</i>
2026 Index Rate PMPM	\$676.28	(1)
Market Adjustments (paid basis)		
Gross Risk Adjustment	\$2.51	(2)
Net Federal Transitional Reinsurance	\$0.00	(3)
Exchange User Fees	\$17.58	(4)
Paid-to-Allowed Ratio	0.737	(5)
Market Adjustments (allowed basis)		
Gross Risk Adjustment	\$3.40	(6) = (2) / (5)
Net Federal Transitional Reinsurance	\$0.00	(7) = (3) / (5)
Exchange User Fees	\$23.86	(8) = (4) / (5)
Market Adjusted Index Rate PMPM	\$703.54	(9) = (1) + ((6) + (7) + (8))

RISK ADJUSTMENT PAYMENT / CHARGE

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM

We estimate a payment of \$14.33 PMPM in 2024 risk adjustment transfers for Indiana individual ACA members. This amount does not include the risk adjustment administrative fee.

Projected Risk Adjustments PMPM

Risk transfer payments are estimated at the metal level using the published transfer payment formula, considering CIN's expected differences from the state average. CIN estimates the 2026 risk adjustment transfers will be a payment of \$2.51 PMPM. We estimate the 2026 risk adjustment based on the CIN 2024 experience underlying our rate development, the estimated risk adjustment transfers by metal level, and the anticipated statewide premium.

The risk adjustment payable is \$2.71 PMPM when accounting for the \$0.20 PMPM risk adjustment administrative fee.

Based on current regulatory guidance, we assume that the high-cost enrollee risk pooling program will be cost neutral. Therefore, we do not make an explicit adjustment for this program in the 2026 risk adjustment transfer estimate.

REINSURANCE

There are no federal or state reinsurance programs expected to impact CIN expected costs in 2026.

EXCHANGE USER FEES

The \$17.58 PMPM Exchange User Fee is calculated as the composite fee weighted using the expected distribution of issuer enrollment sold on the Exchange using an anticipated exchange fee of 2.5% of premium.

PAID TO ALLOWED RATIOS

The average paid to allowed ratio was developed as the weighted average paid claim PMPM divided by the weighted average allowed claim PMPM.

The weighted average in both the numerator and denominator was developed based on projected member months by plan, as presented in Worksheet 2, Section IV of the URRT.

SECTION 10: PLAN ADJUSTED INDEX RATE

Plan Adjusted Index Rates reflect the Market Adjusted Index Rate adjusted for allowable plan level modifiers defined in the market rating rules, 45 CFR Part 156, §156.80(d)(2). This is summarized as follows:

Market Adjusted Index Rate

- x (1) Plan actuarial value and cost sharing value factor
- x (2) Plan provider network, delivery system characteristics, and utilization management practices factor
- x (3) Benefits provided by the plan that are in addition to EHB
- x (4) Distribution and administrative costs, excluding user exchange fees
- x (5) With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans. CIN is not offering a catastrophic plan in 2026

The applicable adjustment factors for each plan are illustrated in Worksheet 2, Section III of the URR.

ACTUARIAL VALUE AND COST SHARING DESIGN OF THE PLAN

The impact of each plan's actuarial value and cost sharing includes the expected impact of each plan's cost-sharing amounts on the member's utilization of services, excluding expected differences in the morbidity of the members assumed to select the plan. In other words, these adjustments are based only on utilization expectations related to the comparative richness of each benefit plan and not on the individuals selecting such a plan. The same demographic and risk characteristics are assumed for each plan, thereby excluding expected differences in the morbidity of members assumed to select the plan.

The AV pricing values reflect full plan liability for the CSR funding shortfall.

EXPERIENCE PERIOD COST SHARING REDUCTION AMOUNTS

CIN estimates our cost sharing reduction amount totaled \$30.6M in 2024 for Indiana CSR recipients. An analysis was done to estimate the impact of the CSR payments on 2024 claims. Due to the complexity of re-adjudicating claims and the impact of CSRs, this represents a best estimate of what the actual impact would have been under the standard plan design.

PROJECTED COST SHARING REDUCTION AMOUNTS

We apply a 1.074 CSR shortfall adjustment across all plans offered On-Exchange. As supported by Indiana DOI guidance, CIN is not applying a CSR shortfall adjustment to plans offered only Off-Exchange. We estimate the impact of defunded CSRs by calculating the weighted average AV of all cost share variants compared to the weighted average AV of the standard plan design, using projected On Exchange member months as the weight.

Based on our projected enrollment, we anticipate an additional \$17.1M in revenue in 2026 from this CSR shortfall load. We expect this amount will be materially consistent with the CSR amounts that will ultimately be paid in 2026.

Projected CSR amounts differ from CSR amounts paid during experience period due to a number of factors including medical cost trend, increased market morbidity without enhanced subsidies, changes in allowable plan design on standard and CSR variant plans, changes in assumed CSR mix, and differences between actual and expected cost.

PROVIDER NETWORK, DELIVERY SYSTEM CHARACTERISTICS AND UTILIZATION MANAGEMENT PRACTICES

The estimated provider network reimbursement rates are based on contractually negotiated reimbursement arrangements to date. Negotiations are ongoing, and contractual provider reimbursements may vary from the ones we assume in our pricing. Section 5 Projection Factors provides additional details.

BENEFITS IN ADDITION TO EHB

Product 54192IN001 does not include non-EHB benefits. Product 54192IN002 includes non-EHB benefits of adult eyewear, routine eye examinations, and fitness benefits, so an adjustment is made within this product.

ADMINISTRATIVE COSTS (EXCLUDING EXCHANGE USER FEES AND REINSURANCE FEES)

Administrative expenses are estimated to be \$113.06 PMPM, as shown in Table 7. This estimate is entered as a percent of premium, which varies by plan due to certain PMPM expenses that are level regardless of metal type (as shown in Worksheet 2, Section III of the URRT). These expenses are based on internal estimates of 2026 projected expenses. This amount does not include any profit, risk load, taxes, or assessments described below.

Table 7 CareSource Indiana, Inc. Indiana Individual ACA Plans Summary of Administrative Expenses		
	Administrative Expense	
	PMPM	% of Premium
General Admin	\$99.30	14.90%
Quality Improvement / Health IT	\$9.75	1.46%
Commercial Reinsurance Recoveries	-\$12.01	-1.80%
Commercial Reinsurance Premiums	\$16.02	2.40%
Subtotal: Administrative Expense Load	\$113.06	16.96%

PROFIT AND RISK LOAD

All plans include a target pre-tax contribution to surplus of 5.0% of premium except the Heart Healthy plans, which include a target pre-tax contribution to surplus of 5.25% of premium. We do not build in any additional loads for profit or risk. We consider the uncertainty of estimated claims in the 2026 market and federal MLR requirements in the target.

TAXES AND FEES

Table 8 provides a breakdown of projected taxes and fees.

Table 8 CareSource Indiana, Inc. Indiana Individual ACA Plans Summary of Taxes and Fees		
	Taxes and Fees	
	PMPM	% of Premium
State Premium Tax	\$0.00	0.00%
Risk Adjustment Admin Fee	\$0.20	0.03%
Comparative Effectiveness Research Fee	\$0.31	0.05%
Total	\$0.51	0.08%

CATASTROPHIC ADJUSTMENT

CIN will not offer any catastrophic plans in 2026, so there is no catastrophic adjustment.

SECTION 11: CALIBRATION

AGE CALIBRATION FACTOR

To develop the age calibration factor, we calculate the CMS federal age curve factors on a projected membership basis. The age curve calibration is applied to all plans. We use the underlying demographic mix assumptions as described in Section 5. The average age curve calibration factor is 0.5748, which includes an additional 0.2% load to account for the 3-child cap premium load. The calibration to the age curve complies with the rating rules specified in 45 CFR Part 147, §147.102.

Exhibit 2 provides an illustration for the development of the applicable calibration factor for age.

GEOGRAPHIC CALIBRATION FACTOR

The geographic rating area factor is applied to plans as shown in Worksheet 3 of the URR. The geographic rating factors were developed based on a combination of risk-adjusted experience, changes to area factors by rating area, provider reimbursement changes by rating area, the credibility of a rating area, and other considerations if applicable. The impact of these items is applied to 2025 area factors (normalized on projected 2026 enrollment to result in a geographic calibration factor of 1.000) to calculate 2026 area factors. Exhibit 3 provides an illustration for the development of the applicable calibration factor for geography.

TOBACCO USE RATING FACTOR CALIBRATION

CIN applies a tobacco premium load for users ages 21 and over that varies by age. We determine this rate is reasonable as it results in a nearly identical weighted average premium adjustment compared to the projected tobacco morbidity surcharge. The tobacco rating factors are 1.00 for children and between 1.10 and 1.18 for ages 21 and over. Exhibit 4 displays the development of the tobacco adjustment factor.

SECTION 12: CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan charged to an individual. The calculated rate includes the rating and premium adjustments, as articulated in the applicable market reform rating rules. It is the product of the Plan Adjusted Index Rate, the age calibration factor, the geographic calibration factor, and the tobacco calibration factor for that given individual.

The applicable adjustment factors for each plan are illustrated in Worksheet 2, Section III of the URRT.

SECTION 13: PROJECTED LOSS RATIO

The projected loss ratio based on federally prescribed MLR methodology is 80.2%, as shown in Exhibit 5. Section 13 values may not tie to URRT Worksheet 2, Section IV, since the calculations do not consider the same exclusions / adjustments.

The Exhibit 5 loss ratio is a single year value only. To the extent this amount, on a three-year rolling average basis, and after applying applicable credibility adjustments, falls below the federal 80% threshold, CareSource will comply with all federal rebate regulations found in Public Health Service Act (PHS Act) section 2718.

SECTION 14: AV METAL VALUES

The AV Metal Values included in Worksheet 2, Section I of the URRT were developed using the 2026 CMS Actuarial Value calculator and are shown in Attachment B.

SECTION 15: MEMBERSHIP PROJECTIONS

CareSource projected membership (as displayed in Worksheet 2, Section IV of the URRT) is detailed in Table 9 below. We base projected 2026 enrollment off past membership and marketing projections.

Table 9 CareSource Indiana, Inc. Indiana Individual ACA Plans Projected 2026 Member Months				
Product Type:	IN001	IN002	Total	% Distribution
Platinum	199	93	292	0.1%
Gold	2,577	1,603	4,180	0.9%
Silver	159,311	95,159	254,470	56.6%
Bronze	163,696	26,994	190,690	42.4%
Total	325,783	123,849	449,632	100.0%

Methodology to Project Cost Sharing Reduction (CSR) Eligibles

We estimate CSR eligibles based on projected 2026 membership.

Projected Cost Sharing Reduction (CSR) Eligibles

For the Silver level plans, we assume a member will generally select the richest benefit plan the member qualifies for in a given income level (we understand that some individuals will not select the richest subsidy for which they qualify based on personal preference, but do not expect this impact to be material). Table 10 shows the projected distribution across the Silver level plans.

Table 10 CareSource Indiana, Inc. Indiana Individual ACA Plans Assumed Member Distribution Across Silver Metal Tier	
Silver Plan	Assumed Member Distribution
Silver 94%	24.2%
Silver 87%	27.0%
Silver 73%	12.7%
Silver 70%	36.1%

SECTION 16: PLAN TYPE

The applicable plan type for each plan has been noted in Worksheet 2, Section I of the URRT. They are consistent with the available options in the drop-down box in Worksheet 2.

SECTION 17. TERMINATED PLANS AND PRODUCTS

CIN terminated the following plans with 2024 experience for the 2025 plan year:

- 54192IN0010021. CareSource will map members to 54192IN0010011.
- 54192IN0020021. CareSource will map members to 54192IN0020011.
- 54192IN0010024. CareSource will map members to 54192IN0010012.
- 54192IN0020024. CareSource will map members to 54192IN0020012.
- 54192IN0010027. CareSource will map members to 54192IN0010011.
- 54192IN0020027. CareSource will map members to 54192IN0020011.

CIN did not terminate any plans between 2025 and 2026 plan year.

SECTION 18. PREMIUM GUARANTEE PROVISIONS

These plans are guaranteed renewable. The average projected annual premium per policy is \$11,723 and the average current annual premium per policy is \$9,884.

SECTION 19: COMPANY FINANCIAL POSITION

CareSource Indiana, Inc.'s 2024 risk-based capital ratio is 370%. CareSource Indiana, Inc.'s last five years of surplus are: \$82 million in 2020, \$109 million in 2021, \$126 million in 2022, \$161 million in 2023, and \$154 million in 2024, while CareSource (the consolidated group of companies that includes CareSource Indiana, Inc.) had capital and surplus of \$3.5 billion in 2024.

SECTION 20: PROJECTED EXPERIENCE

Table 11 displays the projected experience, without estimated risk adjustment payment, but including the requested rate change.

Table 11 CareSource Indiana, Inc. Indiana Individual Plans Projected Experience with Requested Rate Change			
Period	Earned Premium	Incurred Claims	Loss Ratio
Next 12 Months from Paid to Date (Jan 2025 through Dec 2025)	\$396,238,170	\$402,644,413	101.6%
Next Calendar Year (Jan 2026 through Dec 2026)	\$299,741,559	\$222,113,967	74.1%
Anticipated Implementation Date (Jan 2026 through Dec 2026)	\$299,741,559		

Note: 2025 and 2026 incurred claims do not include impact of estimated risk adjustment. Assuming 2025 risk adjustment is the same percent of claims as the projected 2026 risk adjustment, then 2025 incurred claims are \$392 million, and the 2025 loss ratio is 98.9%. 2026 incurred claims including the impact of risk adjustment are an estimated \$223 million and the 2026 loss ratio is 74.5%.

Table 12 displays the projected experience, without estimated risk adjustment payment and without the requested rate change.

Table 12 CareSource Indiana, Inc. Indiana Individual Plans Projected Experience without Requested Rate Change			
Period	Earned Premium	Incurred Claims	Loss Ratio
Next 12 Months from Paid to Date (Jan 2025 through Dec 2025)	\$396,238,170	\$402,644,413	101.6%
Next Calendar Year (Jan 2026 through Dec 2026)	\$252,835,945	\$222,113,967	87.8%

Note: 2025 and 2026 incurred claims do not include impact of estimated risk adjustment. Assuming 2025 risk adjustment is the same percent of claims as the projected 2026 risk adjustment, then 2025 incurred claims are \$392 million, and the 2025 loss ratio is 98.9%. 2026 incurred claims including the impact of risk adjustment are an estimated \$223 million and the 2026 loss ratio is 88.3%.

SECTION 21: EFFECTIVE RATE REVIEW

Information is available upon request.

SECTION 22: RELIANCE

In preparing the Part I Unified Rate Review Template (URRT) and Part III Actuarial Memorandum, CIN internally compiled all data and other informational inputs. To the extent that it is incomplete or inaccurate, the contents of the URRT and Actuarial Memorandum, along with many of our conclusions, may be materially affected.

We perform review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent.

SECTION 23: ACTUARIAL CERTIFICATION

I, Tyler Hutchison, FSA, MAAA, am an employee of CareSource Management Services LLC, a CareSource Company, as is CareSource Indiana, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

1. The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
 - Developed in compliance with the applicable Actuarial Standards of Practice.
 - Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - Neither excessive nor deficient based on my best estimates of the 2026 individual market.
2. The Projected Index Rate and only allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
3. The geographic rating factors shown in Worksheet 3 of the Part I Unified Rate Review Template (URRT) reflect only differences in the costs of delivery (e.g., unit costs, provider practice pattern differences) and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.
5. The premium rates filed are prepared in conformity with the Actual Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board that are checked below. Please note, ASOP 26 does not apply since this certification is for individual health insurance only.

CHECK LIST OF ACTUARIAL STANDARDS OF PRACTICE (ASOPs) FOR STATEMENT 5 ABOVE

- X ASOP No. 5 – Incurred Health and Disability Claims
- X ASOP No. 8 – Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- X ASOP No. 12 – Risk Classification (for All Practice Areas)
- X ASOP No. 23 – Data Quality
- X ASOP No. 25 – Credibility Procedures
- X ASOP No. 41 – Actuarial Communications
- X ASOP No. 42 – Health and Disability Actuarial Assets and Liabilities other than Liabilities for Incurred Claims
- X ASOP No. 50 – Determining Minimum Value and Actuarial Value under the Affordable Care Act
- X ASOP No. 56 – Modeling

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation, used consistently, and only adjusted by the allowable modifiers.

CareSource has developed certain models to estimate the values included in this filing. The intent of the models was to estimate 2026 rates for individual policies offered in the ACA market. We ensured the models, including their inputs, calculations, and outputs, are consistent, reasonable, and appropriate to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The 2026 plan year premium rates provided in this Actuarial Memorandum were developed based upon the current Affordable Care Act (ACA) statutes and regulations, relevant CMS and HHS guidance, Executive Orders, relevant Indiana statutes and regulations, court decisions in full force and effect as of the submission date of this Actuarial Memorandum, including, but not limited to, the cost-sharing reduction subsidies not being funded for the 2026 plan year. Accordingly, CIN retains and reserves the right to amend this Actuarial Memorandum and 2026 plan premium rates, should there be any changes to the ACA statutes and regulations, relevant CMS and HHS guidance, Executive Orders, relevant Indiana statutes and regulations, and court decisions.

This filing assumes the enhanced premium tax credit subsidies from the American Rescue Plan (ARP) will not continue in 2026 as indicated in the Marketplace Integrity and Affordability (MIA).

The information provided in this Actuarial Memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted. The results are actuarial projections. Actual experience will differ for a number of reasons including, but not necessarily limited to, population changes, claims experience, and deviations from assumptions.

Respectfully submitted,

Signed: *Tyler Hutchison*
Name: Tyler Hutchison, FSA, MAAA
Title: Vice President, Actuary
Date: June 6, 2025

Exhibits 1-5

Exhibit 1
CareSource Indiana, Inc.
Indiana Individual Plans
2026 Age 21 Premium Rates by Plan and Geographic Rating Area

Geographic Rating Area	2025 HIOS ID	2026 HIOS ID	Product Type	Metal Level	EHB Level	2025 Actual Membership	2026 Projected Membership	2025 Premium Rates	2026 Premium Rates	2026 / 2025 Rate Increase
Rating Area 1	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.4%	0.2%	\$290.56	\$340.67	17.2%
Rating Area 1	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	2.2%	2.4%	\$300.10	\$369.90	23.3%
Rating Area 1	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.1%	0.0%	\$463.33	\$613.01	32.3%
Rating Area 1	54192IN0010014	54192IN0010014	Federal	Silver	Basic	1.2%	1.7%	\$306.56	\$397.69	29.7%
Rating Area 1	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	3.4%	2.0%	\$267.11	\$325.45	21.8%
Rating Area 1	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.6%	0.3%	\$265.48	\$316.34	19.2%
Rating Area 1	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.3%	0.3%	\$315.88	\$390.12	23.5%
Rating Area 1	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$474.74	\$565.78	19.2%
Rating Area 1	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$440.54	\$547.38	24.3%
Rating Area 1	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$782.47	\$748.54	-4.3%
Rating Area 1	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$464.29	\$562.93	21.2%
Rating Area 1	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$310.94	\$358.85	15.4%
Rating Area 1	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.2%	0.1%	\$311.35	\$388.57	24.8%
Rating Area 1	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.1%	0.1%	\$344.41	\$384.23	11.6%
Rating Area 1	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$342.56	\$369.76	7.9%
Rating Area 1	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$313.49	\$371.86	18.6%
Rating Area 1	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$547.23	N/A
Rating Area 1	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	2.1%	N/A	\$299.31	N/A
Rating Area 1	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.3%	N/A	\$291.05	N/A
Rating Area 1	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	1.9%	1.6%	\$302.34	\$372.82	23.3%
Rating Area 1	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$465.57	\$615.94	32.3%
Rating Area 1	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	1.1%	0.8%	\$308.80	\$400.54	29.7%
Rating Area 1	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	1.1%	0.7%	\$269.36	\$328.44	21.9%
Rating Area 1	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.2%	0.1%	\$267.72	\$319.25	19.2%
Rating Area 1	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.3%	0.3%	\$318.11	\$393.12	23.6%
Rating Area 1	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$476.97	\$568.70	19.2%
Rating Area 1	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$784.71	\$751.47	-4.2%
Rating Area 1	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$466.54	\$565.85	21.3%
Rating Area 1	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.2%	0.1%	\$313.60	\$391.49	24.8%
Rating Area 2	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.5%	0.1%	\$347.82	\$388.76	11.8%
Rating Area 2	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	1.2%	1.1%	\$359.25	\$422.13	17.5%
Rating Area 2	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$554.65	\$699.56	26.1%
Rating Area 2	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.8%	0.8%	\$366.98	\$453.84	23.7%
Rating Area 2	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	1.5%	0.9%	\$319.76	\$371.40	16.2%
Rating Area 2	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.2%	0.1%	\$317.80	\$361.00	13.6%
Rating Area 2	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.2%	0.1%	\$378.14	\$445.20	17.7%
Rating Area 2	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$568.30	\$645.65	13.6%
Rating Area 2	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$527.37	\$624.65	18.4%
Rating Area 2	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$936.69	\$854.22	-8.8%
Rating Area 2	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$555.79	\$642.40	15.6%
Rating Area 2	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$372.23	\$409.51	10.0%
Rating Area 2	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.1%	\$372.72	\$443.42	19.0%
Rating Area 2	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.1%	0.1%	\$412.29	\$438.47	6.4%
Rating Area 2	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$410.08	\$421.97	2.9%
Rating Area 2	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$375.27	\$424.36	13.1%
Rating Area 2	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$624.48	N/A
Rating Area 2	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.9%	N/A	\$341.57	N/A
Rating Area 2	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.1%	N/A	\$332.14	N/A
Rating Area 2	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.5%	0.7%	\$361.93	\$425.46	17.6%
Rating Area 2	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$557.32	\$702.90	26.1%
Rating Area 2	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.3%	0.4%	\$369.66	\$457.08	23.6%
Rating Area 2	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.4%	0.3%	\$322.44	\$374.81	16.2%
Rating Area 2	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.0%	\$320.49	\$364.32	13.7%
Rating Area 2	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$380.81	\$448.62	17.8%
Rating Area 2	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$570.97	\$648.99	13.7%
Rating Area 2	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$939.37	\$857.56	-8.7%
Rating Area 2	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$558.49	\$645.74	15.6%
Rating Area 2	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$375.41	\$446.76	19.0%
Rating Area 3	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.5%	0.1%	\$333.50	\$381.47	14.4%
Rating Area 3	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	1.6%	1.6%	\$344.46	\$414.21	20.2%
Rating Area 3	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$531.82	\$686.44	29.1%
Rating Area 3	54192IN0010014	54192IN0010014	Federal	Silver	Basic	1.2%	1.1%	\$351.87	\$445.33	26.6%
Rating Area 3	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	2.3%	1.3%	\$306.60	\$364.44	18.9%
Rating Area 3	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.3%	0.2%	\$304.72	\$354.23	16.2%
Rating Area 3	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.2%	0.2%	\$362.57	\$436.85	20.5%

Rating Area 3	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$544.91	\$633.55	16.3%
Rating Area 3	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$505.66	\$612.95	21.2%
Rating Area 3	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$898.14	\$838.21	-6.7%
Rating Area 3	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$532.92	\$630.36	18.3%
Rating Area 3	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$356.91	\$401.84	12.6%
Rating Area 3	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.1%	0.1%	\$357.38	\$435.11	21.8%
Rating Area 3	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.1%	\$395.32	\$430.25	8.8%
Rating Area 3	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$393.20	\$414.06	5.3%
Rating Area 3	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$359.83	\$416.40	15.7%
Rating Area 3	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$612.78	N/A
Rating Area 3	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	1.4%	N/A	\$335.17	N/A
Rating Area 3	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.2%	N/A	\$325.91	N/A
Rating Area 3	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.9%	1.1%	\$347.03	\$417.48	20.3%
Rating Area 3	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$534.38	\$689.72	29.1%
Rating Area 3	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.4%	0.5%	\$354.45	\$448.51	26.5%
Rating Area 3	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.7%	0.5%	\$309.17	\$367.78	19.0%
Rating Area 3	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.1%	\$307.30	\$357.49	16.3%
Rating Area 3	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.2%	0.2%	\$365.14	\$440.21	20.6%
Rating Area 3	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$547.47	\$636.83	16.3%
Rating Area 3	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$900.71	\$841.48	-6.6%
Rating Area 3	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$535.50	\$633.63	18.3%
Rating Area 3	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.1%	\$359.96	\$438.39	21.8%
Rating Area 4	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.4%	0.1%	\$364.09	\$405.89	11.5%
Rating Area 4	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	0.7%	0.8%	\$376.05	\$440.72	17.2%
Rating Area 4	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$580.59	\$730.37	25.8%
Rating Area 4	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.6%	0.6%	\$384.14	\$473.83	23.3%
Rating Area 4	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	1.0%	0.7%	\$334.72	\$387.76	15.8%
Rating Area 4	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.2%	0.1%	\$332.67	\$376.90	13.3%
Rating Area 4	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.1%	0.1%	\$395.82	\$464.81	17.4%
Rating Area 4	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$594.88	\$674.09	13.3%
Rating Area 4	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$552.04	\$652.17	18.1%
Rating Area 4	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$980.50	\$891.85	-9.0%
Rating Area 4	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$581.79	\$670.69	15.3%
Rating Area 4	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$389.64	\$427.55	9.7%
Rating Area 4	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.0%	\$390.15	\$462.96	18.7%
Rating Area 4	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.1%	0.0%	\$431.58	\$457.79	6.1%
Rating Area 4	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$429.26	\$440.55	2.6%
Rating Area 4	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$392.83	\$443.05	12.8%
Rating Area 4	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$651.99	N/A
Rating Area 4	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.7%	N/A	\$356.61	N/A
Rating Area 4	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.1%	N/A	\$346.77	N/A
Rating Area 4	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.5%	0.6%	\$378.86	\$444.20	17.2%
Rating Area 4	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$583.39	\$733.86	25.8%
Rating Area 4	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.2%	0.3%	\$386.95	\$477.22	23.3%
Rating Area 4	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.5%	0.2%	\$337.52	\$391.31	15.9%
Rating Area 4	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.0%	\$335.48	\$380.36	13.4%
Rating Area 4	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$398.62	\$468.38	17.5%
Rating Area 4	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$597.68	\$677.58	13.4%
Rating Area 4	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$983.31	\$895.33	-8.9%
Rating Area 4	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$584.61	\$674.18	15.3%
Rating Area 4	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$392.97	\$466.44	18.7%
Rating Area 5	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.0%	0.0%	\$341.64	\$384.75	12.6%
Rating Area 5	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	0.2%	0.2%	\$352.86	\$417.77	18.4%
Rating Area 5	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$544.79	\$692.35	27.1%
Rating Area 5	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.1%	0.1%	\$360.45	\$449.16	24.6%
Rating Area 5	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	0.3%	0.2%	\$314.08	\$367.57	17.0%
Rating Area 5	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.0%	0.0%	\$312.15	\$357.28	14.5%
Rating Area 5	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.0%	0.0%	\$371.42	\$440.61	18.6%
Rating Area 5	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$558.20	\$639.00	14.5%
Rating Area 5	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$518.00	\$618.21	19.3%
Rating Area 5	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$920.04	\$845.41	-8.1%
Rating Area 5	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$545.92	\$635.78	16.5%
Rating Area 5	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$365.61	\$405.29	10.9%
Rating Area 5	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.0%	\$366.09	\$438.85	19.9%
Rating Area 5	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$404.96	\$433.95	7.2%
Rating Area 5	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$402.79	\$417.62	3.7%
Rating Area 5	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$368.60	\$419.98	13.9%
Rating Area 5	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$618.05	N/A
Rating Area 5	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.2%	N/A	\$338.05	N/A
Rating Area 5	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.0%	N/A	\$328.71	N/A

Rating Area 5	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.1%	0.1%	\$355.50	\$421.07	18.4%
Rating Area 5	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$547.42	\$695.65	27.1%
Rating Area 5	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.1%	0.1%	\$363.09	\$452.37	24.6%
Rating Area 5	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.1%	0.1%	\$316.71	\$370.94	17.1%
Rating Area 5	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.0%	0.0%	\$314.79	\$360.56	14.5%
Rating Area 5	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$374.04	\$444.00	18.7%
Rating Area 5	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$560.83	\$642.30	14.5%
Rating Area 5	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$922.68	\$848.72	-8.0%
Rating Area 5	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$548.56	\$639.08	16.5%
Rating Area 5	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$368.74	\$442.16	19.9%
Rating Area 6	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.1%	0.0%	\$325.70	\$365.81	12.3%
Rating Area 6	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	0.5%	0.6%	\$336.40	\$397.20	18.1%
Rating Area 6	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$519.37	\$658.25	26.7%
Rating Area 6	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.4%	0.4%	\$343.63	\$427.04	24.3%
Rating Area 6	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	0.9%	0.5%	\$299.42	\$349.47	16.7%
Rating Area 6	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.1%	0.1%	\$297.59	\$339.68	14.1%
Rating Area 6	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.0%	0.1%	\$354.08	\$418.91	18.3%
Rating Area 6	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$532.15	\$607.53	14.2%
Rating Area 6	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$493.82	\$587.77	19.0%
Rating Area 6	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$877.11	\$803.78	-8.4%
Rating Area 6	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$520.44	\$604.47	16.1%
Rating Area 6	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$348.55	\$385.34	10.6%
Rating Area 6	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.0%	\$349.01	\$417.24	19.6%
Rating Area 6	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$386.07	\$412.58	6.9%
Rating Area 6	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$383.99	\$397.05	3.4%
Rating Area 6	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$351.40	\$399.30	13.6%
Rating Area 6	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$587.61	N/A
Rating Area 6	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.5%	N/A	\$321.40	N/A
Rating Area 6	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.1%	N/A	\$312.53	N/A
Rating Area 6	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.4%	0.4%	\$338.91	\$400.34	18.1%
Rating Area 6	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$521.87	\$661.40	26.7%
Rating Area 6	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.2%	0.2%	\$346.15	\$430.09	24.3%
Rating Area 6	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.3%	0.2%	\$301.93	\$352.68	16.8%
Rating Area 6	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.0%	0.0%	\$300.10	\$342.81	14.2%
Rating Area 6	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$356.59	\$422.13	18.4%
Rating Area 6	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$534.65	\$610.67	14.2%
Rating Area 6	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$879.62	\$806.92	-8.3%
Rating Area 6	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$522.96	\$607.61	16.2%
Rating Area 6	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$351.53	\$420.38	19.6%
Rating Area 7	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.3%	0.1%	\$336.43	\$359.61	6.9%
Rating Area 7	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	1.0%	0.9%	\$347.49	\$390.48	12.4%
Rating Area 7	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$536.49	\$647.11	20.6%
Rating Area 7	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.5%	0.6%	\$354.96	\$419.81	18.3%
Rating Area 7	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	1.1%	0.7%	\$309.29	\$343.56	11.1%
Rating Area 7	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.1%	0.1%	\$307.40	\$333.93	8.6%
Rating Area 7	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.1%	0.1%	\$365.76	\$411.82	12.6%
Rating Area 7	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$549.70	\$597.24	8.6%
Rating Area 7	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$510.10	\$577.82	13.3%
Rating Area 7	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$906.02	\$790.17	-12.8%
Rating Area 7	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$537.60	\$594.23	10.5%
Rating Area 7	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$360.04	\$378.81	5.2%
Rating Area 7	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.1%	\$360.51	\$410.18	13.8%
Rating Area 7	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$398.79	\$405.60	1.7%
Rating Area 7	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$396.65	\$390.33	-1.6%
Rating Area 7	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$362.99	\$392.54	8.1%
Rating Area 7	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$577.66	N/A
Rating Area 7	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.8%	N/A	\$315.96	N/A
Rating Area 7	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.1%	N/A	\$307.23	N/A
Rating Area 7	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.6%	0.6%	\$350.08	\$393.56	12.4%
Rating Area 7	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$539.08	\$650.20	20.6%
Rating Area 7	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.3%	0.3%	\$357.56	\$422.81	18.2%
Rating Area 7	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.6%	0.3%	\$311.89	\$346.70	11.2%
Rating Area 7	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.0%	\$309.99	\$337.00	8.7%
Rating Area 7	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$368.34	\$414.98	12.7%
Rating Area 7	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$552.28	\$600.33	8.7%
Rating Area 7	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$908.62	\$793.26	-12.7%
Rating Area 7	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$540.20	\$597.32	10.6%
Rating Area 7	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$363.12	\$413.27	13.8%
Rating Area 8	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.1%	0.0%	\$354.33	\$397.87	12.3%
Rating Area 8	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	0.4%	0.4%	\$365.97	\$432.02	18.0%

Rating Area 8	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$565.03	\$715.95	26.7%
Rating Area 8	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.2%	0.3%	\$373.84	\$464.47	24.2%
Rating Area 8	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	0.5%	0.3%	\$325.74	\$380.10	16.7%
Rating Area 8	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.1%	0.0%	\$323.75	\$369.46	14.1%
Rating Area 8	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.1%	0.1%	\$385.21	\$455.63	18.3%
Rating Area 8	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$578.93	\$660.78	14.1%
Rating Area 8	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$537.24	\$639.29	19.0%
Rating Area 8	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$954.21	\$874.23	-8.4%
Rating Area 8	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$566.19	\$657.45	16.1%
Rating Area 8	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$379.19	\$419.11	10.5%
Rating Area 8	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.0%	\$379.69	\$453.81	19.5%
Rating Area 8	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$420.01	\$448.75	6.8%
Rating Area 8	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$417.75	\$431.85	3.4%
Rating Area 8	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$382.29	\$434.30	13.6%
Rating Area 8	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$639.11	N/A
Rating Area 8	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.3%	N/A	\$349.57	N/A
Rating Area 8	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.0%	N/A	\$339.92	N/A
Rating Area 8	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.2%	0.3%	\$368.70	\$435.42	18.1%
Rating Area 8	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$567.75	\$719.37	26.7%
Rating Area 8	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.1%	0.1%	\$376.58	\$467.79	24.2%
Rating Area 8	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.2%	0.1%	\$328.48	\$383.59	16.8%
Rating Area 8	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.0%	\$326.48	\$372.85	14.2%
Rating Area 8	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$387.93	\$459.13	18.4%
Rating Area 8	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$581.66	\$664.20	14.2%
Rating Area 8	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$956.95	\$877.65	-8.3%
Rating Area 8	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$568.94	\$660.87	16.2%
Rating Area 8	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$382.44	\$457.23	19.6%
Rating Area 9	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.1%	0.0%	\$384.26	\$429.93	11.9%
Rating Area 9	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	0.2%	0.2%	\$396.89	\$466.83	17.6%
Rating Area 9	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$612.76	\$773.64	26.3%
Rating Area 9	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.1%	0.1%	\$405.43	\$501.90	23.8%
Rating Area 9	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	0.2%	0.1%	\$353.26	\$410.73	16.3%
Rating Area 9	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.0%	0.0%	\$351.10	\$399.23	13.7%
Rating Area 9	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.0%	0.0%	\$417.76	\$492.34	17.9%
Rating Area 9	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$627.84	\$714.03	13.7%
Rating Area 9	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$582.62	\$690.81	18.6%
Rating Area 9	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$1,034.83	\$944.68	-8.7%
Rating Area 9	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$614.03	\$710.43	15.7%
Rating Area 9	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$411.22	\$452.88	10.1%
Rating Area 9	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.0%	\$411.77	\$490.38	19.1%
Rating Area 9	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$455.49	\$484.91	6.5%
Rating Area 9	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$453.04	\$466.65	3.0%
Rating Area 9	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$414.59	\$469.30	13.2%
Rating Area 9	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$690.62	N/A
Rating Area 9	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.1%	N/A	\$377.74	N/A
Rating Area 9	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.0%	N/A	\$367.31	N/A
Rating Area 9	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.1%	0.1%	\$399.85	\$470.51	17.7%
Rating Area 9	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$615.71	\$777.34	26.2%
Rating Area 9	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.1%	0.1%	\$408.39	\$505.49	23.8%
Rating Area 9	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.1%	0.0%	\$356.23	\$414.50	16.4%
Rating Area 9	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.0%	0.0%	\$354.06	\$402.90	13.8%
Rating Area 9	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$420.71	\$496.13	17.9%
Rating Area 9	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$630.80	\$717.72	13.8%
Rating Area 9	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$1,037.79	\$948.38	-8.6%
Rating Area 9	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$617.00	\$714.12	15.7%
Rating Area 9	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$414.74	\$494.08	19.1%
Rating Area 10	54192IN0010010	54192IN0010010	Core	Bronze	Basic	1.2%	0.3%	\$322.12	\$356.33	10.6%
Rating Area 10	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	3.2%	4.6%	\$332.70	\$386.92	16.3%
Rating Area 10	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.1%	0.1%	\$513.66	\$641.21	24.8%
Rating Area 10	54192IN0010014	54192IN0010014	Federal	Silver	Basic	3.7%	3.2%	\$339.86	\$415.98	22.4%
Rating Area 10	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	6.5%	3.7%	\$296.13	\$340.42	15.0%
Rating Area 10	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	1.1%	0.6%	\$294.32	\$330.89	12.4%
Rating Area 10	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.5%	0.6%	\$350.19	\$408.06	16.5%
Rating Area 10	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$526.30	\$591.80	12.4%
Rating Area 10	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$488.40	\$572.55	17.2%
Rating Area 10	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$867.47	\$782.97	-9.7%
Rating Area 10	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.1%	0.0%	\$514.72	\$588.81	14.4%
Rating Area 10	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$344.72	\$375.36	8.9%
Rating Area 10	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.3%	0.3%	\$345.17	\$406.44	17.7%
Rating Area 10	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.2%	0.2%	\$381.82	\$401.90	5.3%

Rating Area 10	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$379.77	\$386.77	1.8%
Rating Area 10	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$347.54	\$388.96	11.9%
Rating Area 10	54192IN0010036	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$572.39	N/A
Rating Area 10	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	3.9%	N/A	\$313.08	N/A
Rating Area 10	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.6%	N/A	\$304.43	N/A
Rating Area 10	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	2.4%	3.0%	\$335.18	\$389.97	16.3%
Rating Area 10	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.1%	0.0%	\$516.14	\$644.27	24.8%
Rating Area 10	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	1.2%	1.6%	\$342.34	\$418.96	22.4%
Rating Area 10	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	3.1%	1.3%	\$298.61	\$343.54	15.0%
Rating Area 10	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.5%	0.2%	\$296.80	\$333.93	12.5%
Rating Area 10	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.4%	0.5%	\$352.67	\$411.20	16.6%
Rating Area 10	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$528.78	\$594.86	12.5%
Rating Area 10	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$869.95	\$786.03	-9.6%
Rating Area 10	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$517.22	\$591.88	14.4%
Rating Area 10	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.2%	0.2%	\$347.67	\$409.50	17.8%
Rating Area 11	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.2%	0.1%	\$349.12	\$387.30	10.9%
Rating Area 11	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	0.8%	0.7%	\$360.59	\$420.54	16.6%
Rating Area 11	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$556.73	\$696.93	25.2%
Rating Area 11	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.7%	0.5%	\$368.35	\$452.14	22.7%
Rating Area 11	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	0.6%	0.6%	\$320.96	\$370.01	15.3%
Rating Area 11	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.1%	0.1%	\$318.99	\$359.64	12.7%
Rating Area 11	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.1%	0.1%	\$379.55	\$443.53	16.9%
Rating Area 11	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$570.43	\$643.23	12.8%
Rating Area 11	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$529.34	\$622.31	17.6%
Rating Area 11	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$940.19	\$851.02	-9.5%
Rating Area 11	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$557.87	\$639.99	14.7%
Rating Area 11	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$373.62	\$407.98	9.2%
Rating Area 11	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.1%	0.0%	\$374.11	\$441.76	18.1%
Rating Area 11	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$413.83	\$436.83	5.6%
Rating Area 11	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$411.61	\$420.38	2.1%
Rating Area 11	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$376.68	\$422.77	12.2%
Rating Area 11	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$622.14	N/A
Rating Area 11	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.6%	N/A	\$340.29	N/A
Rating Area 11	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.1%	N/A	\$330.89	N/A
Rating Area 11	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.5%	0.5%	\$363.29	\$423.86	16.7%
Rating Area 11	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$559.41	\$700.26	25.2%
Rating Area 11	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.2%	0.2%	\$371.04	\$455.37	22.7%
Rating Area 11	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.4%	0.2%	\$323.65	\$373.40	15.4%
Rating Area 11	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.0%	\$321.69	\$362.95	12.8%
Rating Area 11	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$382.23	\$446.94	16.9%
Rating Area 11	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$573.11	\$646.56	12.8%
Rating Area 11	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$942.89	\$854.34	-9.4%
Rating Area 11	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$560.58	\$643.32	14.8%
Rating Area 11	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$376.82	\$445.09	18.1%
Rating Area 12	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.1%	0.0%	\$341.96	\$395.32	15.6%
Rating Area 12	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	0.6%	0.6%	\$353.20	\$429.25	21.5%
Rating Area 12	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$545.31	\$711.36	30.4%
Rating Area 12	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.4%	0.4%	\$360.80	\$461.49	27.9%
Rating Area 12	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	0.8%	0.5%	\$314.38	\$377.67	20.1%
Rating Area 12	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.1%	0.1%	\$312.45	\$367.09	17.5%
Rating Area 12	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.1%	0.1%	\$371.77	\$452.71	21.8%
Rating Area 12	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$558.73	\$656.54	17.5%
Rating Area 12	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$518.49	\$635.19	22.5%
Rating Area 12	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$920.92	\$868.63	-5.7%
Rating Area 12	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$546.44	\$653.24	19.5%
Rating Area 12	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$365.96	\$416.42	13.8%
Rating Area 12	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.0%	\$366.44	\$450.90	23.0%
Rating Area 12	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$405.35	\$445.87	10.0%
Rating Area 12	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$403.17	\$429.09	6.4%
Rating Area 12	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$368.95	\$431.52	17.0%
Rating Area 12	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$635.02	N/A
Rating Area 12	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.5%	N/A	\$347.33	N/A
Rating Area 12	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.1%	N/A	\$337.74	N/A
Rating Area 12	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.4%	0.4%	\$355.84	\$432.63	21.6%
Rating Area 12	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$547.94	\$714.75	30.4%
Rating Area 12	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.2%	0.2%	\$363.44	\$464.79	27.9%
Rating Area 12	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.3%	0.2%	\$317.01	\$381.13	20.2%
Rating Area 12	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.0%	\$315.09	\$370.46	17.6%
Rating Area 12	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$374.40	\$456.19	21.8%
Rating Area 12	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$561.36	\$659.94	17.6%

Rating Area 12	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$923.56	\$872.03	-5.6%
Rating Area 12	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$549.08	\$656.63	19.6%
Rating Area 12	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$369.09	\$454.30	23.1%
Rating Area 13	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.3%	0.1%	\$339.04	\$369.09	8.9%
Rating Area 13	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	1.3%	1.1%	\$350.17	\$400.76	14.4%
Rating Area 13	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$540.64	\$664.15	22.8%
Rating Area 13	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.7%	0.8%	\$357.71	\$430.87	20.5%
Rating Area 13	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	1.1%	0.9%	\$311.68	\$352.61	13.1%
Rating Area 13	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.2%	0.1%	\$309.78	\$342.73	10.6%
Rating Area 13	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.1%	0.2%	\$368.59	\$422.66	14.7%
Rating Area 13	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$553.95	\$612.98	10.7%
Rating Area 13	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$514.05	\$593.04	15.4%
Rating Area 13	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$913.03	\$810.99	-11.2%
Rating Area 13	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$541.76	\$609.89	12.6%
Rating Area 13	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$362.82	\$388.79	7.2%
Rating Area 13	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.1%	0.1%	\$363.30	\$420.98	15.9%
Rating Area 13	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.1%	0.1%	\$401.88	\$416.28	3.6%
Rating Area 13	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$399.72	\$400.61	0.2%
Rating Area 13	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$365.79	\$402.88	10.1%
Rating Area 13	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$592.88	N/A
Rating Area 13	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	1.0%	N/A	\$324.28	N/A
Rating Area 13	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.1%	N/A	\$315.33	N/A
Rating Area 13	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.9%	0.8%	\$352.79	\$403.92	14.5%
Rating Area 13	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$543.25	\$667.32	22.8%
Rating Area 13	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.4%	0.4%	\$360.32	\$433.95	20.4%
Rating Area 13	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.7%	0.3%	\$314.30	\$355.84	13.2%
Rating Area 13	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.0%	\$312.39	\$345.88	10.7%
Rating Area 13	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$371.19	\$425.92	14.7%
Rating Area 13	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$556.55	\$616.15	10.7%
Rating Area 13	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$915.65	\$814.16	-11.1%
Rating Area 13	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$544.38	\$613.06	12.6%
Rating Area 13	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.1%	\$365.93	\$424.15	15.9%
Rating Area 14	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.0%	0.0%	\$341.31	\$398.96	16.9%
Rating Area 14	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	0.2%	0.1%	\$352.53	\$433.20	22.9%
Rating Area 14	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$544.27	\$717.91	31.9%
Rating Area 14	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.1%	0.1%	\$360.11	\$465.75	29.3%
Rating Area 14	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	0.2%	0.1%	\$313.78	\$381.15	21.5%
Rating Area 14	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.0%	0.0%	\$311.86	\$370.47	18.8%
Rating Area 14	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.0%	0.0%	\$371.06	\$456.88	23.1%
Rating Area 14	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$557.67	\$662.60	18.8%
Rating Area 14	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$517.50	\$641.05	23.9%
Rating Area 14	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$919.17	\$876.64	-4.6%
Rating Area 14	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$545.40	\$659.26	20.9%
Rating Area 14	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$365.26	\$420.26	15.1%
Rating Area 14	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.0%	\$365.74	\$455.06	24.4%
Rating Area 14	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$404.58	\$449.98	11.2%
Rating Area 14	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$402.41	\$433.04	7.6%
Rating Area 14	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$368.25	\$435.49	18.3%
Rating Area 14	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$640.87	N/A
Rating Area 14	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.1%	N/A	\$350.53	N/A
Rating Area 14	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.0%	N/A	\$340.85	N/A
Rating Area 14	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.1%	0.1%	\$355.16	\$436.62	22.9%
Rating Area 14	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$546.90	\$721.34	31.9%
Rating Area 14	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.0%	0.0%	\$362.74	\$469.08	29.3%
Rating Area 14	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.1%	0.0%	\$316.41	\$384.64	21.6%
Rating Area 14	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.0%	0.0%	\$314.49	\$373.88	18.9%
Rating Area 14	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$373.69	\$460.39	23.2%
Rating Area 14	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$560.29	\$666.02	18.9%
Rating Area 14	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$921.80	\$880.06	-4.5%
Rating Area 14	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$548.04	\$662.68	20.9%
Rating Area 14	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$368.39	\$458.49	24.5%
Rating Area 15	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.2%	0.1%	\$290.88	\$343.58	18.1%
Rating Area 15	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	1.0%	0.9%	\$300.44	\$373.07	24.2%
Rating Area 15	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$463.85	\$618.26	33.3%
Rating Area 15	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.4%	0.6%	\$306.90	\$401.10	30.7%
Rating Area 15	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	1.5%	0.8%	\$267.41	\$328.24	22.7%
Rating Area 15	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.2%	0.1%	\$265.78	\$319.05	20.0%
Rating Area 15	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.1%	0.1%	\$316.23	\$393.46	24.4%
Rating Area 15	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$475.27	\$570.62	20.1%
Rating Area 15	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$441.04	\$552.06	25.2%

Rating Area 15	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$783.35	\$754.95	-3.6%
Rating Area 15	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$464.81	\$567.74	22.1%
Rating Area 15	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$311.29	\$361.92	16.3%
Rating Area 15	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.1%	\$311.70	\$391.89	25.7%
Rating Area 15	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$344.80	\$387.52	12.4%
Rating Area 15	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$342.95	\$372.93	8.7%
Rating Area 15	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$313.84	\$375.04	19.5%
Rating Area 15	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$551.91	N/A
Rating Area 15	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.8%	N/A	\$301.87	N/A
Rating Area 15	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.1%	N/A	\$293.54	N/A
Rating Area 15	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.5%	0.6%	\$302.68	\$376.01	24.2%
Rating Area 15	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$466.09	\$621.21	33.3%
Rating Area 15	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.3%	0.3%	\$309.15	\$403.96	30.7%
Rating Area 15	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.4%	0.3%	\$269.66	\$331.25	22.8%
Rating Area 15	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.0%	\$268.02	\$321.98	20.1%
Rating Area 15	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$318.47	\$396.48	24.5%
Rating Area 15	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$477.50	\$573.57	20.1%
Rating Area 15	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$785.59	\$757.90	-3.5%
Rating Area 15	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$467.06	\$570.69	22.2%
Rating Area 15	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$313.95	\$394.84	25.8%
Rating Area 16	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.1%	0.0%	\$304.55	\$348.32	14.4%
Rating Area 16	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	0.6%	0.5%	\$314.55	\$378.21	20.2%
Rating Area 16	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$485.64	\$626.78	29.1%
Rating Area 16	54192IN0010014	54192IN0010014	Federal	Silver	Basic	0.3%	0.4%	\$321.32	\$406.63	26.5%
Rating Area 16	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	0.6%	0.4%	\$279.98	\$332.76	18.9%
Rating Area 16	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.1%	0.1%	\$278.26	\$323.44	16.2%
Rating Area 16	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.1%	0.1%	\$331.09	\$398.88	20.5%
Rating Area 16	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$497.60	\$578.49	16.3%
Rating Area 16	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$461.76	\$559.67	21.2%
Rating Area 16	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$820.15	\$765.35	-6.7%
Rating Area 16	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$486.65	\$575.57	18.3%
Rating Area 16	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$325.92	\$366.91	12.6%
Rating Area 16	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.0%	0.0%	\$326.35	\$397.29	21.7%
Rating Area 16	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.0%	0.0%	\$361.00	\$392.86	8.8%
Rating Area 16	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$359.06	\$378.07	5.3%
Rating Area 16	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$328.58	\$380.21	15.7%
Rating Area 16	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$559.52	N/A
Rating Area 16	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	0.5%	N/A	\$306.03	N/A
Rating Area 16	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.1%	N/A	\$297.58	N/A
Rating Area 16	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	0.3%	0.3%	\$316.90	\$381.20	20.3%
Rating Area 16	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$487.98	\$629.77	29.1%
Rating Area 16	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.2%	0.2%	\$323.67	\$409.53	26.5%
Rating Area 16	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.3%	0.2%	\$282.33	\$335.81	18.9%
Rating Area 16	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.0%	0.0%	\$280.61	\$326.42	16.3%
Rating Area 16	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$333.43	\$401.95	20.5%
Rating Area 16	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$499.94	\$581.48	16.3%
Rating Area 16	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$822.50	\$768.35	-6.6%
Rating Area 16	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$489.00	\$578.56	18.3%
Rating Area 16	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.0%	0.0%	\$328.70	\$400.29	21.8%
Rating Area 17	54192IN0010010	54192IN0010010	Core	Bronze	Basic	0.3%	0.1%	\$299.34	\$339.21	13.3%
Rating Area 17	54192IN0010011	54192IN0010011	Low Premium	Silver	Basic	1.6%	1.5%	\$309.18	\$368.32	19.1%
Rating Area 17	54192IN0010012	54192IN0010012	Federal	Gold	Basic	0.0%	0.0%	\$477.34	\$610.39	27.9%
Rating Area 17	54192IN0010014	54192IN0010014	Federal	Silver	Basic	1.0%	1.0%	\$315.83	\$395.99	25.4%
Rating Area 17	54192IN0010015	54192IN0010015	Federal	Bronze	Basic	1.9%	1.2%	\$275.19	\$324.06	17.8%
Rating Area 17	54192IN0010020	54192IN0010020	Low Premium	Bronze	Basic	0.3%	0.2%	\$273.51	\$314.99	15.2%
Rating Area 17	54192IN0010025	54192IN0010025	Chronic Condition	Silver	Basic	0.2%	0.2%	\$325.43	\$388.45	19.4%
Rating Area 17	54192IN0010026	54192IN0010026	Chronic Condition	Gold	Basic	0.0%	0.0%	\$489.09	\$563.36	15.2%
Rating Area 17	54192IN0010028	54192IN0010028	Core	Gold	Basic	0.0%	0.0%	\$453.86	\$545.04	20.1%
Rating Area 17	54192IN0010029	54192IN0010029	Federal	Platinum	Basic	0.0%	0.0%	\$806.13	\$745.34	-7.5%
Rating Area 17	54192IN0010030	54192IN0010030	Chronic Condition	Gold	Basic	0.0%	0.0%	\$478.33	\$560.52	17.2%
Rating Area 17	54192IN0010031	54192IN0010031	Chronic Condition	Silver	Basic	0.0%	0.0%	\$320.34	\$357.32	11.5%
Rating Area 17	54192IN0010032	54192IN0010032	Chronic Condition	Silver	Basic	0.1%	0.1%	\$320.77	\$386.91	20.6%
Rating Area 17	54192IN0010033	54192IN0010033	HDHP	Silver	Basic	0.1%	0.1%	\$354.83	\$382.59	7.8%
Rating Area 17	54192IN0010034	54192IN0010034	HDHP	Silver	Basic	0.0%	0.0%	\$352.92	\$368.18	4.3%
Rating Area 17	54192IN0010035	54192IN0010035	Low Deductible	Silver	Basic	0.0%	0.0%	\$322.97	\$370.27	14.6%
Rating Area 17	New in 2026	54192IN0010036	HDHP	Gold	Basic	N/A	0.0%	N/A	\$544.89	N/A
Rating Area 17	New in 2026	54192IN0010038	Federal	Bronze	Basic	N/A	1.3%	N/A	\$298.03	N/A
Rating Area 17	New in 2026	54192IN0010037	Low Premium	Bronze	Basic	N/A	0.2%	N/A	\$289.80	N/A
Rating Area 17	54192IN0020011	54192IN0020011	Low Premium	Silver	Enhanced	1.0%	1.0%	\$311.48	\$371.23	19.2%
Rating Area 17	54192IN0020012	54192IN0020012	Federal	Gold	Enhanced	0.0%	0.0%	\$479.64	\$613.31	27.9%

Rating Area 17	54192IN0020014	54192IN0020014	Federal	Silver	Enhanced	0.5%	0.5%	\$318.14	\$398.82	25.4%
Rating Area 17	54192IN0020015	54192IN0020015	Federal	Bronze	Enhanced	0.6%	0.4%	\$277.50	\$327.03	17.8%
Rating Area 17	54192IN0020020	54192IN0020020	Low Premium	Bronze	Enhanced	0.1%	0.1%	\$275.82	\$317.88	15.3%
Rating Area 17	54192IN0020025	54192IN0020025	Chronic Condition	Silver	Enhanced	0.2%	0.2%	\$327.73	\$391.44	19.4%
Rating Area 17	54192IN0020026	54192IN0020026	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$491.39	\$566.27	15.2%
Rating Area 17	54192IN0020029	54192IN0020029	Federal	Platinum	Enhanced	0.0%	0.0%	\$808.44	\$748.25	-7.4%
Rating Area 17	54192IN0020030	54192IN0020030	Chronic Condition	Gold	Enhanced	0.0%	0.0%	\$480.64	\$563.43	17.2%
Rating Area 17	54192IN0020032	54192IN0020032	Chronic Condition	Silver	Enhanced	0.1%	0.1%	\$323.09	\$389.82	20.7%
Weighted Average Using 2025 Enrollment						100.0%	100.0%	\$325.71	\$386.14	18.6%

Exhibit 2 CareSource Indiana, Inc. Indiana Individual Plans Age Calibration Factor- Illustrative Example		
Age Band	2026 Member Distribution	2026 Premium Relativity
0-14	9.3%	0.765
15	0.8%	0.833
16	0.8%	0.859
17	0.8%	0.885
18	0.8%	0.913
19	1.0%	0.941
20	1.1%	0.970
21	1.2%	1.000
22	1.1%	1.000
23	1.0%	1.000
24	0.9%	1.000
25	0.9%	1.004
26	1.4%	1.024
27	1.4%	1.048
28	1.4%	1.087
29	1.4%	1.119
30	1.3%	1.135
31	1.4%	1.159
32	1.5%	1.183
33	1.4%	1.198
34	1.5%	1.214
35	1.5%	1.222
36	1.5%	1.230
37	1.5%	1.238
38	1.6%	1.246
39	1.6%	1.262
40	1.7%	1.278
41	1.7%	1.302
42	1.8%	1.325
43	1.8%	1.357
44	1.7%	1.397
45	1.8%	1.444
46	1.7%	1.500
47	1.8%	1.563
48	1.8%	1.635
49	1.7%	1.706
50	1.9%	1.786
51	1.9%	1.865
52	1.9%	1.952
53	2.0%	2.040
54	2.2%	2.135
55	2.0%	2.230
56	2.1%	2.333
57	2.2%	2.437
58	2.5%	2.548
59	2.7%	2.603
60	3.1%	2.714
61	3.6%	2.810
62	4.4%	2.873
63	5.1%	2.952
64+	4.7%	3.000
Age Premium Relativity		1.7436
3+ Child Load Factor		1.0023
Age Calibration Factor		0.5748

Exhibit 3
CareSource Indiana, Inc.
Indiana Individual Plans
Geographic Calibration Factor

Rating Area	2025 Filing		2026 Filing	
	Member Distribution	Premium Relativity	Member Distribution	Premium Relativity
Rating Area 1	10.4%	0.893	13.1%	0.935
Rating Area 2	7.9%	1.069	6.1%	1.067
Rating Area 3	7.7%	1.025	8.7%	1.047
Rating Area 4	5.7%	1.119	4.6%	1.114
Rating Area 5	0.9%	1.050	1.1%	1.056
Rating Area 6	2.3%	1.001	3.1%	1.004
Rating Area 7	4.6%	1.034	5.0%	0.987
Rating Area 8	2.3%	1.089	2.1%	1.092
Rating Area 9	1.0%	1.181	0.9%	1.180
Rating Area 10	25.9%	0.990	25.1%	0.978
Rating Area 11	3.4%	1.073	3.9%	1.063
Rating Area 12	3.5%	1.051	3.2%	1.085
Rating Area 13	6.7%	1.042	6.3%	1.013
Rating Area 14	1.3%	1.049	0.8%	1.095
Rating Area 15	5.4%	0.894	5.1%	0.943
Rating Area 16	3.7%	0.936	2.9%	0.956
Rating Area 17	7.3%	0.920	8.1%	0.931
Composite Premium Relativity		1.000	1.000	
Geographic Calibration Factor		1.000	1.000	

Exhibit 4
CareSource Indiana, Inc.
Indiana Individual Plans
Tobacco Calibration Factor

Age Band	Smoker Status	2026 Member Distribution for	2026 Premium Relativity
All	Non-Smoker	96.0%	1.000
0-20	Smoker	0.0%	1.000
21-29	Smoker	0.3%	1.100
30-44	Smoker	1.1%	1.160
45+	Smoker	2.7%	1.180

Tobacco Premium Relativity	1.0068
Smoker Calibration Factor	0.9932

Exhibit 5
CareSource Indiana, Inc.
Indiana Individual Plans
2026 Projected Medical Loss Ratio

	Amount		Annotation
	PMPM		
Claims	\$493.99	▼	(1)
Adjustments to Claims ¹	\$9.75	▼	(2)
Transitional Recoveries (Received)	\$0.00	▼	(3)
Risk Adjustment Paid (Received)	\$2.51	▼	(4)
MLR Numerator	\$506.25		(5) = (1) + (2) + (3) + (4)
Premiums	\$666.64	▼	(6)
Taxes & Fees ²	\$18.10	▼	(7)
Income Tax	\$0.00	▼	(8)
MLR denominator	\$648.54		(9) = (6) - (7) - (8)
Projected Indiana MLR³	74.5%		(10) = [(1) + (4)] / (6)
Projected Federal MLR³	78.1%		(11) = (5) / (9)
Credibility Adjustment	1.4%	▼	(12)
Cost Share Adjustment Factor	1.54	▼	(13)
Adjusted Federal MLR Ratio	80.2%		(14) = (11) + (12) * (13)

¹ Quality Improvement/Health IT.

² Taxes and fees include all ACA taxes and fees.

³ The projected MLR does not take the Credibility Adjustment nor the Cost Share Adjustment Factor into account.

Attachments

Attachment A
CareSource Indiana, Inc.
IN Individual Plans
2026 Base Rates and Multiplicative Factors

Plan Base Rates

Plan ID	Plan Name	Base Rate
54192IN0010010	HSA Eligible Bronze 6000	\$364.35
54192IN0010011	Low Premium Silver 7000 \$5 Generic Drugs	\$395.62
54192IN0010012	Gold 2000 \$15 Generic Drugs	\$655.63
54192IN0010014	Silver 6000 \$20 Generic Drugs	\$425.34
54192IN0010015	Bronze 7500 \$25 Generic Drugs	\$348.08
54192IN0010020	Low Premium Bronze 10600 \$25 Generic Drugs	\$338.33
54192IN0010025	Diabetes Silver 6000 \$0 Chronic Care Drugs & Services	\$417.24
54192IN0010026	Diabetes Gold 3000 \$0 Chronic Care Drugs & Services	\$605.11
54192IN0010028	Core Gold 1600 \$10 Generic Drugs	\$585.43
54192IN0010029	Platinum Zero \$5 Generic Drugs	\$800.58
54192IN0010030	Healthy Heart Gold 3000 \$0 Chronic Care Drugs & Services	\$602.06
54192IN0010031	Silver 5100 \$0 Chronic Care Drugs & Services	\$383.80
54192IN0010032	Healthy Heart Silver 6000 \$0 Chronic Care Drugs & Services	\$415.58
54192IN0010033	HDHP Preventive Silver 6500 \$0 Chronic Care Drugs	\$410.94
54192IN0010034	HDHP Preventive Silver 5600 \$0 Chronic Care Drugs	\$395.47
54192IN0010035	Low Deductible Silver 5100 \$3 Generic Drugs	\$397.71
54192IN0010036	HDHP Preventive Gold 3200 \$0 Chronic Care Drugs	\$585.27
54192IN0010037	Low Premium Bronze 10600 \$25 Generic Drugs	\$311.28
54192IN0010038	Bronze 7500 \$25 Generic Drugs	\$320.12
54192IN0020011	Low Premium Silver 7000 \$5 Generic Drugs + Adult Vision & Fitness	\$398.74
54192IN0020012	Gold 2000 \$15 Generic Drugs + Adult Vision & Fitness	\$658.76
54192IN0020014	Silver 6000 \$20 Generic Drugs + Adult Vision & Fitness	\$428.38
54192IN0020015	Bronze 7500 \$25 Generic Drugs + Adult Vision & Fitness	\$351.27
54192IN0020020	Low Premium Bronze 10600 \$25 Generic Drugs + Adult Vision & Fitness	\$341.44
54192IN0020025	Diabetes Silver 6000 \$0 Chronic Care Drugs & Services + Adult Vision & Fitness	\$420.45
54192IN0020026	Diabetes Gold 3000 \$0 Chronic Care Drugs & Services + Adult Vision & Fitness	\$608.24
54192IN0020029	Platinum Zero \$5 Generic Drugs + Adult Vision & Fitness	\$803.71
54192IN0020030	Healthy Heart Gold 3000 \$0 Chronic Care Drugs & Services + Adult Vision & Fitness	\$605.19
54192IN0020032	Healthy Heart Silver 6000 \$0 Chronic Care Drugs & Services + Adult Vision & Fitness	\$418.71

Age Rating Factors

Age Band	Rate Factor	Tobacco Factor
0-14	0.765	1.000
15	0.833	1.000
16	0.859	1.000
17	0.885	1.000
18	0.913	1.000
19	0.941	1.000
20	0.970	1.000
21	1.000	1.100
22	1.000	1.100
23	1.000	1.100
24	1.000	1.100
25	1.004	1.100
26	1.024	1.100
27	1.048	1.100
28	1.087	1.100
29	1.119	1.100
30	1.135	1.160
31	1.159	1.160
32	1.183	1.160
33	1.198	1.160
34	1.214	1.160
35	1.222	1.160
36	1.230	1.160
37	1.238	1.160
38	1.246	1.160
39	1.262	1.160
40	1.278	1.160
41	1.302	1.160
42	1.325	1.160
43	1.357	1.160
44	1.397	1.160
45	1.444	1.180
46	1.500	1.180
47	1.563	1.180
48	1.635	1.180
49	1.706	1.180
50	1.786	1.180
51	1.865	1.180
52	1.952	1.180
53	2.040	1.180
54	2.135	1.180
55	2.230	1.180
56	2.333	1.180
57	2.437	1.180
58	2.548	1.180
59	2.603	1.180
60	2.714	1.180
61	2.810	1.180
62	2.873	1.180
63	2.952	1.180
64+	3.000	1.180

Geographic Area Factors

Rating Area	Factor
Rating Area 1	0.935
Rating Area 2	1.067
Rating Area 3	1.047
Rating Area 4	1.114
Rating Area 5	1.056
Rating Area 6	1.004
Rating Area 7	0.987
Rating Area 8	1.092
Rating Area 9	1.180
Rating Area 10	0.978
Rating Area 11	1.063
Rating Area 12	1.085
Rating Area 13	1.013
Rating Area 14	1.095
Rating Area 15	0.943
Rating Area 16	0.956
Rating Area 17	0.931

Sample Rate Calculation

Rate Formula Rate = Plan Base Rate x Age Factor x Tobacco Surcharge x Area Factor

Rate Sample

Plan Base Rate	54192IN0010010	\$364.35
* Age Factor	28	1.087
* Tobacco Surcharge	Yes	1.100
* Area Factor	Rating Area 4	1.114
= Member Premium Rate		\$485.32

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010010
HSA Eligible Bronze 6000

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier **Bronze**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,000.00			
Coinurance (%; Insurer's Cost Share)			40.00%			
MOOP (\$)			\$7,250.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Bronze HSA Eligible
Bronze HSA Eligible

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.91%

Bronze

Additional Notes:

Calculation Time:

0.1094 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010015, 54192IN0020015
Bronze 7500 \$25 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier **Bronze**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$7,500.00			
		50.00%			
		\$10,000.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1dBronze
Bronze

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.12%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time:

0.2344 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010020, 54192IN0020020
Low Premium Bronze 10600 \$25 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$10,600.00			
Coinurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$10,600.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Low Premium Bronze
Low Premium Bronze

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

58.68%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.25 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010038
Bronze 7500 \$25 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier **Bronze**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$7,500.00			
Coinurance (%; Insurer's Cost Share)			50.00%			
MOOP (\$)			\$10,000.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1dBronze
Bronze

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.12%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time:

0.2344 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010037
Low Premium Bronze 10600 \$25 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier **Bronze**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$10,600.00
		100.00%
		\$10,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Low Premium Bronze
Low Premium Bronze

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

58.68%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.25 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010011, 54192IN0020011
Low Premium Silver 7000 \$5 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$7,000.00			
		50.00%			
		\$10,600.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Low Premium Silver (70)

Low Premium Silver

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

67.68%

Silver

Additional Notes:

Calculation Time:

0.2344 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010011, 54192IN0020011
Low Premium Silver 6000 \$3 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,000.00			
Coinsurance (%; Insurer's Cost Share)			70.00%			
MOOP (\$)			\$8,400.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Low Premium Silver 1 (73)
Low Premium Silver 1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

72.04%

Silver

Additional Notes:

Calculation Time:

0.3438 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010011, 54192IN0020011
Low Premium Silver 1500 \$2 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,500.00			
Coinsurance (%; Insurer's Cost Share)			80.00%			
MOOP (\$)			\$3,500.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$2.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Low Premium Silver 2 (87)

Low Premium Silver 2

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.00%

Gold

Additional Notes:

Calculation Time:

0.1562 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010011, 54192IN0020011
Low Premium Silver 600 \$0 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$600.00			
		85.00%			
		\$1,500.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Low Premium Silver 3 (94)
Low Premium Silver 3

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.04%

Platinum

Additional Notes:

Calculation Time:

0.0625 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010014, 54192IN0020014
Silver 6000 \$20 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$6,000.00			
		60.00%			
		\$8,900.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Silver (70)

Silver

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.2344 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010014, 54192IN0020014
Silver 3000 \$20 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$3,000.00			
		60.00%			
		\$7,400.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Silver 1 (73)

Silver 1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.07%

Silver

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.0625 seconds

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010014, 54192IN0020014
Silver 700 \$10 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$700.00			
		70.00%			
		\$3,300.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Silver 2 (87)

Silver 2

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.04%

Metal Tier:

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.1445 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010014, 54192IN0020014
Silver Zero \$0 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier **Platinum**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			
		75.00%			
		\$2,200.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Silver 3 (94)

Silver 3

Output

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

94.11%

Metal Tier:

Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1133 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010025, 54192IN0020025
Diabetes Silver 6000 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,000.00			
Coinurance (%; Insurer's Cost Share)			50.00%			
MOOP (\$)			\$9,800.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Diabetes Silver (70)
Diabetes Silver

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.90%

Silver

Additional Notes:

Calculation Time:

0.0781 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010025, 54192IN0020025
Diabetes Silver 4600 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,600.00
		50.00%
		\$8,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Diabetes Silver 1 (73)
Diabetes Silver 1

Output

Calculate

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

73.05%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.0625 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010025, 54192IN0020025
Diabetes Silver 1000 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,000.00			
		80.00%			
		\$3,350.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Diabetes Silver 2 (87)
Diabetes Silver 2

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.01%

Metal Tier:

Gold

Additional Notes:

Calculation Time:

0.1445 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010025, 54192IN0020025
Diabetes Silver 250 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier

Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$250.00
		85.00%
		\$1,100.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$175.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Diabetes Silver 3 (94)
Diabetes Silver 3

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

94.04%

Metal Tier:

Platinum

Additional Notes:

Calculation Time:

0.0938 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010031
Silver 5100 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		Coinurance (%; Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Diabetes Silver (71)

Diabetes Silver

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.35%

Silver

Additional Notes:

Calculation Time:

0.1562 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010032, 54192IN0020032
Healthy Heart Silver 6000 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$6,000.00			
		50.00%			
		\$9,800.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Healthy Heart Silver (70)

Healthy Heart Silver

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.90%

Silver

Additional Notes:

Calculation Time:

0.1406 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010032, 54192IN0020032
Healthy Heart Silver 4600 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$4,600.00			
		50.00%			
		\$8,000.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Healthy Heart Silver 1 (73)
Healthy Heart Silver 1

Output

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

73.05%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.0625 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010032, 54192IN0020032
Healthy Heart Silver 1000 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,000.00			
		80.00%			
		\$3,350.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Healthy Heart Silver 2 (87)
Healthy Heart Silver 2

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.01%

Metal Tier:

Gold

Additional Notes:

Calculation Time:

0.0781 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010032, 54192IN0020032
Healthy Heart Silver 250 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier **Platinum**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$250.00			
		85.00%			
		\$1,100.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$175.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Healthy Heart Silver 3 (94)
Healthy Heart Silver 3

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

94.04%

Metal Tier:

Platinum

Additional Notes:

Calculation Time:

0.1406 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010033
HDHP Preventive Silver 6500 \$0 Chronic Care Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$6,500.00			
		100.00%			
		\$6,500.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

HDHP Preventive Silver (70)

HDHP Preventive Silver

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.71%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1875 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010033
HDHP Preventive Silver 5250 \$0 Chronic Care Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,250.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$5,250.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: HDHP Preventive Silver 1 (73)
Plan HIOS ID: HDHP Preventive Silver 1
Issuer HIOS ID:
AVC Version: 2026_1d

Output

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

72.06%

Metal Tier:

Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1875 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010033
HDHP Preventive Silver 2100 \$0 Chronic Care Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,100.00			
		100.00%			
		\$2,100.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Preventive Silver 2 (87)
Plan HIOS ID: Preventive Silver 2
Issuer HIOS ID:
AVC Version: 2026_1d

Preventive Silver 2 (87)

Preventive Silver 2

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.10%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.125 seconds

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator Output

Plan ID 54192IN0010033

Preventive Silver 900 \$0 Chronic Care Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: **Platinum**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$900.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$900.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Preventive Silver 3 (94)
Plan HIOS ID: Preventive Silver 3
Issuer HIOS ID:
AVC Version: 2026_1d

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.02%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0938 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010034
HDHP Preventive Silver 5600 \$0 Chronic Care Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,600.00
		100.00%
		\$5,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

HDHP Preventive Silver (69)

HDHP Preventive Silver

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.07%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.2344 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010035
Low Deductible Silver 5100 \$3 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,100.00			
Coinsurance (%; Insurer's Cost Share)			60.00%			
MOOP (\$)			\$9,100.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Low Deductible Silver (72)

Low Deductible Silver

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.89%

Silver

Additional Notes:

Calculation Time:

0.0625 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010012, 54192IN0020012
Gold 2000 \$15 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,000.00			
Coinsurance (%; Insurer's Cost Share)			75.00%			
MOOP (\$)			\$8,200.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold
Plan HIOS ID: Gold
Issuer HIOS ID:
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.04%

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.0938 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010026, 54192IN0020026
Diabetes Gold 3000 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$3,000.00			
		70.00%			
		\$8,500.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Diabetes Gold
Diabetes Gold

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.00%

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.1406 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010028
Core Gold 1600 \$10 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,600.00			
		75.00%			
		\$7,000.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Core Gold (78)
Core Gold

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.66%

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.0742 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010030, 54192IN0020030
Healthy Heart Gold 3000 \$0 Chronic Care Drugs & Services

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,000.00			
Coinsurance (%; Insurer's Cost Share)			70.00%			
MOOP (\$)			\$8,500.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Healthy Heart Gold
Healthy Heart Gold

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.00%

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.0938 seconds

Revised Final 2026 AV Calculator

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010036
HDHP Preventive Gold 3200 \$0 Chronic Care Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier **Gold**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$3,200.00			
		100.00%			
		\$3,200.00			

[Click Here for important instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

HDHP Preventive Gold
HDHP Preventive Gold

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

81.43%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1289 seconds

Attachment B

CareSource Indiana, Inc.
Actuarial Value Calculator OutputPlan ID 54192IN0010029, 54192IN0020029
Platinum Zero \$5 Generic Drugs

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate MOOP for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$0.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$5,200.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2026_1d

Platinum
Platinum

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.03%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1094 seconds

Revised Final 2026 AV Calculator