

Part III: Actuarial Memorandum

Celtic Insurance Company
Annual Individual Health Rate Filing
Indiana

Assuming Enhanced Advance Premium Tax Credits (eAPTCs) Have Expired
And CSR Subsidies Are Unfunded
Effective January 1, 2026

Forms: 76179IN014, 76179IN018, 76179IN019, 76179IN021

Contents

1. General Information	3
2. Proposed Rate Changes	6
3. Single Risk Pool	8
4. Experience and Current Period Premium, Claims and Enrollment	9
5. Benefit Categories	10
6. Trend Factors	11
7. Adjustments to Trended EHB Allowed Claims PMPM	12
8. Manual Rate Adjustments	13
9. Credibility of Experience	15
10. Establishing the Index Rate	16
11. Development of the Market-Wide Adjusted Index Rate	17
12. Plan Adjusted Index Rate	20
13. Calibration	22
14. Consumer Adjusted Premium Rate Development	24
15. Projected Loss Ratio	25
16. AV Metal Values	26
17. Membership Projections	27
18. Terminated Plans and Products	28
19. Plan Type	29
20. Effective Rate Review Information	30
21. Reliance	36
22. Actuarial Certification	37

1. General Information

Scope and Purpose

This document contains the Part III Actuarial Memorandum for Celtic Insurance Company's individual health block of business annual rate filing, effective January 1, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). This is a renewal rate filing.

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

Consistent with the October 12, 2017 payment memo from the U.S. Department of Health and Human Services (HHS)¹, the premium rates developed and supported by this Actuarial Memorandum assume that cost-sharing reduction (CSR) subsidies will not be funded and enhanced Advanced Premium Tax Credits (eAPTCs), as provisioned under the Inflation Reduction Act, expire on December 31, 2025 consistent with current law and regulations in effect or otherwise scheduled to take effect in plan year 2026.

Additionally, these rates assume that CMS' Marketplace Integrity and Affordability rule, published in the Federal Register on March 19, 2025, is finalized as proposed - including key rule changes regarding open enrollment, special enrollment periods, and annual eligibility redeterminations. Rates also reflect benefit designs and cost-sharing structures aligned with the revised de minimis actuarial value (AV) ranges specified in the proposed rule for the 2026 plan year.

Future modifications in legislation, regulation and/or court decisions regarding the funding of CSR payments and eAPTCs, including partial funding relative to current levels, and CMS' Marketplace Integrity and Affordability Rule, may affect the extent to which these premium rates are sufficient and neither excessive nor deficient.

Celtic Insurance Company asserts that the premium rates developed and supported by this Actuarial Memorandum are based on legislative and regulatory provisions in effect at the time of submission. This includes the impact of Indiana Senate Bill 8: Prescription Drug Rebates and Pricing (signed into law on May 4, 2023; Effective January 1, 2025) and Indiana House Bill 1385: Emergency Medical Services (signed into law on March 13, 2024; Effective January 1, 2025). Each of these laws have an estimated impact of 0.34% of premium, the combined impact on 2025 rates of these two bills is 0.69% of premium.

Celtic Insurance Company reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed to ensure rates are appropriate. In addition to CSR payments and risk adjustment program payments and disruption, material rating impacts could arise from changes to various factors, including but not limited to:

- Advance Premium Tax Credits, including extension of Advanced Premium Tax Credits as provisioned in the Inflation Reduction Act

¹<https://www.hhs.gov/sites/default/files/csr-payment-memo.pdf>

- The resumption of Medicaid redeterminations due to the end of the continuous enrollment condition under the Consolidated Appropriations Act, 2023
- Constraints on age rating factors
- Open enrollment and grace periods
- Enrollment of other populations, such as Medicare, Medicaid, and high risk pools
- Taxes and fees, notably the suspension of the ACA Insurer Fee
- Emerging experience as it relates to both claims and risk adjustment, notably the updated HCC coefficients in the 2026 model as laid out in the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters
- Enrollment and emerging experience of members with an FPL under 150% as it relates to the special enrollment period granting year-round enrollment.

If there are material deviations in market level premiums from our projected statewide average premium (SWAP) assumption for 2026 - for example, based on changes in the number of carriers in the market or carriers' pricing assumptions for 2026 - we would like to work with the Indiana Department of Insurance after initial submissions to revise our filing to update our estimated risk adjustment transfer. Market disruption, resulting from changes or carriers' perceived changes in the risk adjustment program, could also necessitate working with the Department to update other critical pricing assumptions such as market morbidity and relative risk.

This information is intended for the sole use by the Indiana Department of Insurance, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of the Celtic Insurance Company individual rate filing. However, we recognize that this certification may become a public document.

These results are actuarial projections. Actual results will vary from those projected in the filing for a number of reasons, including but not limited to changes in membership, claims experience, and random variation from selected assumptions.

Company Identifying Information

- Company Legal Name: Celtic Insurance Company
- State: The State of Indiana has regulatory authority over these policies
- HIOS Issuer ID: 76179
- Market: Individual
- Effective Date: January 1, 2026

Company Contact Information

- Primary Contact Name: Andrew Atkinson
- Primary Contact Telephone Number: 954-612-3633
- Primary Contact Email Address: Andrew.P.Atkinson@Centene.com

Description of Benefits

These products are issued by Celtic Insurance Company as EPO & PPO health policies. The major provisions of this form for each plan design and product can be found in Appendix 1.1.

Rate Guarantees

Rates are guaranteed not to change through December 31, 2026.

Renewability

Each policy is renewable by paying the applicable renewal premiums, unless the policyholder no longer meets the eligibility requirements of the policy or Celtic Insurance Company decides to discontinue that specific policy.

Applicability

These rates will apply to both new and renewing business.

General Marketing Method

This product will be sold through agents, direct mailings, the internet, and the Federally Facilitated Marketplace (FFM).

Estimated Average Annual Premium

The estimated average annual premium per policy in calendar year 2026 is \$7,448.

Distribution of Business

See Appendix 1.2 for the expected age and geographic distributions for these products.

Rate Tables

See Appendix 1.3 for allowable rating factors and Appendices 1.3b and 1.3c for clarification on service area definitions. Appendix 1.4 also includes an example of how rating factors will be applied. Note that for family coverage, rates for children are charged to no more than the three oldest covered children under age 21 consistent with the Family Structure rules of the Patient Protection and Affordable Care Act (ACA).

Impact of eAPTC Expiration

To account for eAPTC expiration prior to the 2026 benefit year, we have assumed rates will increase due to anticipated reductions in enrollment, both at the issuer and single risk pool level. As eAPTCs expire and enrollees subsequently face increased out-of-pocket premiums, we assume healthier individuals who tend to be more price sensitive will leave the market, worsening the average morbidity of the individual risk pool.

2. Proposed Rate Changes

The rate increases for each product offered in the single risk pool by Celtic Insurance Company in the state of Indiana are reflected in Worksheet 2, Section I of the Part I URRT.

Reasons for Rate Increase(s):

The rate projections for 2026 have been updated from the previous year's projections to reflect the most recent assumptions and information available.

The following provides a narrative description of the significant factors driving the proposed rate increase for 2026.

- **Single Risk Pool Experience and Morbidity (5.3% of premium impact versus 2025 filed rates)**
The individual single risk pool experience underlying the rate projections has been updated. The current model reflects the projected utilization trend applied to adjusted experience (from 2024 to 2026), including anticipated changes in the average morbidity of the single risk pool. There is a full description of utilization trend and other projection factors applied to experience in Section 6, 'Trend Factors'.
Risk adjustment transfer experience for 2026 includes consideration of changes to the statewide average premium, the Risk Adjustment program, and Celtic Insurance Company enrollee population morbidity relative to the Indiana single risk pool.
- **Unit Cost trend (5.7% of premium impact versus 2025 filed rates)**
Unit costs and provider reimbursement agreements have been updated to reflect changes in the rating year.
- **Utilization trend (1.9% of premium impact versus 2025 filed rates)**
The projected utilization trends are consistent with observed historical trends based on internal analysis of our marketplace experience, supplemented by the Milliman Health Cost Guidelines. There is a description of the Health Cost Guidelines in Section 8, "Manual Rate Adjustments".
- **Changes in Administrative Expenses and Profit (-1.9% of premium impact versus 2025 filed rates)**
Changes in general administrative expenses incorporated into 2026 rates are resulting in a rate change due to differences from prior year expense assumptions. See Section 12, "Plan Adjusted Index Rate", for details on projected non-benefit expenses.

Federal Policy Assumptions:

The proposed rate increase of 11.2% reflected in this memorandum assumes that:

1. eAPTCs expire at the end of 2025, and
2. CMS' Marketplace Integrity and Affordability rule, as published in the Federal Register on March 19, 2025, is finalized as proposed.

Both policy changes are expected to materially affect projected enrollment and morbidity for plan year 2026 at the issuer and single risk pool level. Most notably, as eAPTCs expire and enrollees face increased out-of-pocket premiums, we assume healthier individuals who tend to be more price sensitive will exit the market, worsening the average morbidity of the individual risk pool. Shifts in statewide average morbidity, including both above policy changes, are expected to increase the Index Rate by 5.5% between the base and projection period.

Under an alternate scenario where eAPTCs are funded for plan year 2026 and CMS' proposed rule is implemented without modifications, shifts in statewide average morbidity is expected to increase the Index Rate by 3.4% between the base and projection period. Key provisions included in the proposed rule related to open enrollment, special enrollment periods and annual eligibility redeterminations (e.g. requiring \$5 premium obligation for auto re-enrollees) are still expected to drive a meaningful decline in enrollment, particularly among healthier enrollees and adversely affect the average morbidity of the single risk pool.

The overall average rate change under this alternate scenario is 7.7%, compared to 11.2% in the baseline scenario reflected in this memorandum. The difference in average rate changes also reflects other varying assumptions between scenarios, such as administrative expenses and other demographic factors.

Note that the requested rate change may not be the same across all plans within a product due to changes to the member cost sharing amounts by plan. Funding of CSR subsidies would not have an impact on the rate level in this rate filing as all plans included are only available off-exchange and they do not include CSR cost sharing.

3. Single Risk Pool

The 2026 rate development is based on the single risk pool set by the State of Indiana, which was established according to the requirements in 45 CFR Part 156.80. The single risk pool is defined as the non-grandfathered individual business in Indiana.

The single risk pool for the projection period does not include members who are eligible to remain enrolled in transitional plans.

4. Experience and Current Period Premium, Claims and Enrollment

The following information supports the best estimate of premium and claims for the single risk pool during the experience period, as reported in Worksheet 1, Section I of the URRT. The experience period for this rate filing is incurrual year 2024, and includes claims paid through 3/31/2025.

Allowed and Incurred Claims incurred During the Experience Period:

A breakout of the claims shown in Worksheet 1, Section I is provided in Appendix 4.1.

Allowed and incurred claims, as defined by the URR instructions, were determined from Celtic Insurance Company's claim record system. Incurred but not paid amounts were estimated using a combination, as appropriate, of the loss development and Bornhuetter-Ferguson completion methodologies. There are no material differences in the methodology for estimating completed allowed versus completed incurred claims. The estimation for incurred but not paid amounts is based on the experience period claims reported. Actual claims run-out may reflect some variability from future expectations. There are no unusually high or low completion factors being applied to allowed or incurred claims resulting from internal shifts in administration practices.

Cost Sharing Reduction (CSR) Subsidies:

Cost-sharing reduction (CSR) subsidies were unfunded for the entirety of the base period. For rating purposes, we assumed that CSR subsidies will continue to be unfunded throughout the projection period. Within Appendix 4.1 we have included estimates for our 2024 experience CSR subsidy payments had they been funded. While these reflect internal estimates for the subsidies for the experience period, we would expect substantial differences between these estimates and projected CSR subsidies in the 2026 plan year, as trend adjustments, portfolio updates, and changes in demographics would meaningfully change projected subsidies. As a result, the prospective rating impact of CSR subsidies becoming funded in plan year 2024 would also change materially from what is suggested by historical experience.

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:

The risk adjustment transfer and reinsurance receivables for the experience period are shown on Worksheet 1, Section I of the URRT. The final amounts for risk adjustment and any applicable reinsurance receivables were not known at the time of rate development. These amounts were estimated using data available through 3/31/2025. There were no state or federal reinsurance recoveries in 2024.

Current Enrollment and Premium:

The current enrollment and premium values on Worksheet 2, Section II are reported as of 3/31/2025.

Earned premium in the experience period is not adjusted for taxes, assessments, risk adjustment receivables or payables or MLR rebates.

5. Benefit Categories

The benefit categories in Worksheet 1, Section II of the Part I URRT were populated using the Milliman Health Cost Guidelines (HCG) methodology. Due to the high detail of the HCG's benefit categories, the HCG categories were consolidated via a mapping to the URRT's benefit categories. See Appendix 5.1 for a description of this mapping.

The algorithm used to assign utilization data and cost information is summarized as follows.

Inpatient Hospital

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

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

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

Other medical includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

Capitation

Capitation includes all services provided under one or more capitated arrangements.

Prescription Drug

Prescription drug includes drugs dispensed by a pharmacy and is net of rebates.

6. Trend Factors

Not applicable. This is a filing based on manual rate projections, as we did not have credible experience on which to rely. Please see Section 8, “Manual Rate Adjustments”, for details regarding the development of the Manual EHB Allowed Claims PMPM, which is on a 2026 calendar year basis.

7. Adjustments to Trended EHB Allowed Claims PMPM

Not applicable. This is a filing based on manual rate projections, as we did not have credible experience on which to rely. Please see Section 8, “Manual Rate Adjustments”, for details regarding the development of the Manual EHB Allowed Claims PMPM, which is on a 2026 calendar year basis.

8. Manual Rate Adjustments

Celtic Insurance Company's manual rate development is based on all available experience data from qualified health plans offered both on and off-exchange-only by Celtic Insurance Company during the 2024 experience period. We relied on the complete data set, as we would with an experience-based development, as the starting point of projected claims and premium to ensure the results would be consistent with the rates developed for the Coordinated Care Corporation HMO license, while also meeting relevant regulations.

Similar to our experience-based development, trend adjustments were applied to claims to calibrate to a 2026 basis. Applicable trends and adjustments incorporated calibrations commensurate with the expected enrolled population. The following adjustments were made when calibrating to the expected population:

- Cost trend and provider reimbursement
- Rating region
- Expected demographics
- Utilization trend
- Expected morbidity
- Expected utilization management savings
- Benefit plan designs
- Grace Period

See Appendix 8.1 for a demonstration of these adjustments. The adjustments, which are discussed above, are appropriate and necessary to reflect the anticipated population, region, provider network, and benefits anticipated for the 2026 single risk pool.

Inclusion of Capitation Payments

Capitated payments for services are accounted for through a PMPM allocation to claims, where the average capitation amount replaces the projected claims amount.

Additional Manual Considerations

Where additional manual adjustments to claims are required to model changes in Coordinated Care Corporation's population and coverage over time, most notably utilization trend, these adjustments are based on internal analysis of relevant QHP data in other states with supplemental support from Milliman Health Cost Guidelines (HCGs).

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverage levels.

The Milliman HCGs are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These

guidelines are continually monitored as they use them in measuring the experience or evaluating the rates of their clients and as they compare them to other data sources.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. An extensive amount of data is used in developing these guidelines including published and unpublished data. In most instances, cost assumptions are based on their evaluation of several data sources and, therefore, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

9. Credibility of Experience

Celtic Insurance Company has on and off-exchange-only plan experience from calendar year 2024 on which it based manual rate development. 0% credibility was assigned to experience directly.

10. Establishing the Index Rate

The Index Rate for the Experience Period (calendar year 2024) is a measurement of the average allowed claims PMPM for EHB benefits. This value is located on Worksheet 1, Section I of the URRT. The Index Rate for the Experience Period reflects the actual mixture of smoker/non-smoker population, area factors, plan enrollment, and the actual mixture of risk morbidity in the single risk pool during the experience period. The Index Rate for the experience period has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Exchange user fees. We have adjusted the Index Rate for the Experience Period to remove any non-EHBs. The claim system does not currently distinguish between EHB and non-EHB claims, so this adjustment was made based on the expected percentage of non-EHB claims for the experience period. The experience period did not contain non-single risk pool claims, so no adjustment was made for this.

The Index Rate for the Projection Period (calendar year 2026) is reflected in Worksheet 1, Section II of the URRT. It was developed following the specifications of 45 CFR part 156.80(d) (1). The Index Rate for the Projection Period represents the estimated total combined projected allowed claims PMPM for Essential Health Benefits (EHB) for calendar year 2026 only and has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees. The index rate differs from the total allowed claims in that the total allowed claims include benefits in excess of EHBs (adult vision and adult dental). The Index Rate for the Projection Period was calculated based on the methodology discussed in Section 6, 'Trend Factors' and Section 7, 'Adjustments to Trended EHB Allowed Claims PMPM' above and does not include benefits in excess of the EHBs. The Index Rate for the Projection Period will remain unchanged until a renewal filing effective January 1, 2027.

The development of the Index Rate for the Projection Period is shown in Worksheet 1, Section II. This reflects:

- The 12-month projection period shown in Worksheet 1, Section II
- The anticipated claim level of the projection period with respect to trend, benefits, and demographics
- The experience of all policies expected to be in the single risk pool (with necessary adjustments)

Appendix 10.1 demonstrates the calculation of the Projected Index Rate by blending the Experience Period Index Rate with the Credibility Manual Index Rate, as applicable. The next two sections further describe the steps taken to develop the Market Adjusted Index Rate and Plan Adjusted Index Rate.

11. Development of the Market-Wide Adjusted Index Rate

The Index Rate for the projection period is adjusted to arrive at the Market Adjusted Index Rate (MAIR) based on the following, as outlined in 45 CFR 156.80(d):

- Adjustment for the Risk Adjustment Program
- Exchange user fee adjustment

The risk adjustment payment/charge is described below. Since the Index Rate is on an allowed claims basis, the market-level adjustments are also performed on an allowed basis.

The net Exchange user fee adjustment applied to premium rates is 0.00% of premium. Per the 2026 final benefit and payment parameters, the Exchange user fee is 0.00% of premium for members purchasing coverage via the Exchange. Similar to the Index Rate, the MAIR reflects the average demographics of the single risk pool. In other words, the MAIR is not calibrated. In Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor of 1.000. For further detail on the development of the MAIR, please refer to Appendix 11.1.

Reinsurance:

Commercial reinsurance arrangements do not exist and are not included in this adjustment.

Risk Adjustment Payment/Charge:

The Projected Risk Adjustment PMPM is shown on Worksheet I, Section II. The amount excludes the 2026 Risk Adjustment User Fee of \$0.20 PMPM (0.03% of premium). The amount includes the projected reinsurance impact from the high risk pool assessment under the risk adjustment program. The gross impact in 2026 was estimated by trending experience and applying the provisions of the reinsurance contract to known high risk exposures. This amount was subtracted from a 0.28% of premium charge to fund the pool. This net impact was combined with the projected risk adjustment transfer amount to calculate a final risk adjustment liability for 2026. Appendix 11.1 shows how the anticipated risk adjustment transfer is applied to the Index Rate in the development of the Market Adjusted Index Rate.

The Risk Transfer calculations are based on the risk adjustment transfer formula, as provided in the Federal Register Volume 78 Number 47, and displayed below:

$$T_i = \left[\frac{(PLRS_i \times IDF_i \times GCF_i)}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{(AV_i \times ARF_i \times IDF_i \times GCF_i)}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \times \bar{P}_s$$

Where:

\bar{P}_s = statewide average premium \times 0.86 (to reflect the admin reduction adjustment);

$PLRS_i$ = plan i 's plan liability risk score;

AV_i = plan i 's metal level AV;

ARF_i = plan i 's allowable rating factor;

IDF_i = plan i 's induced demand factor;

GCF_i = plan i 's geographic cost factor;

S_i = plan i 's share of state enrollment as measured in member months

The denominator is summed across all plans in the risk pool in the market in the state.

We project the portfolio average for each factor in the risk adjustment transfer formula using a combination of (i) actual historical risk adjustment factors adjusted to the projected population and (ii) adjustments for market and risk adjustment program changes. The resulting aggregate payment or receivable is then proportionally allocated to all plans in the portfolio.

For the purposes of stable modeling, each factor was approximated as follows:

\overline{P}_s : The state average premium was assumed to be approximately \$482.17 PMPM (net of the 14% administrative cost carve out)

PLRS: The statewide average risk score is projected based on the average PLRS of the single risk pool in 2024. For historical risk transfer data, we rely on a combination of the latest available HHS Summary Report on Permanent Risk Adjustment Transfers and when available, Wakely's National Risk Adjustment Reporting Project (WNRAR) for the state of Indiana.

Celtic Insurance Company's projected average risk score differs from the projected single risk pool average risk score due to differences in demographics, plan mix, and morbidity between the two populations.

Based on the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters, HHS's proposed 2024 and 2026 HCC model and coefficient changes for 2026 (including partial year adjustment factors, prescription drug condition categories, and model recalibration) were considered in the development of the projected risk adjustment transfer. The demographic, plan mix, and morbidity assumptions were used to project claims costs.

IDF: The statewide average IDF is projected based on the average IDF of the single risk pool in 2026. For historical risk transfer data, we rely on a combination of the latest available HHS Summary Report on Permanent Risk Adjustment Transfers and when available, Wakely's National Risk Adjustment Reporting Project (WNRAR) for the state of Indiana.

The average IDF for Celtic Insurance Company is projected by applying the induced demand factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 11 to Celtic Insurance Company's projected population. The formula recognizes the following IDF factors by metallic tier: Bronze 1.00, Silver, 1.03, Gold 1.08, and Platinum 1.15.

AV: The statewide average actuarial value (AV) is projected based on the average metal level AV of the single risk pool in 2024. For historical risk transfer data, we rely on a combination of the latest available HHS Summary Report on Permanent Risk Adjustment Transfers and when available, Wakely's National Risk Adjustment Reporting Project (WNRAR) for the state of Indiana. The average AV for Celtic Insurance Company is calculated by applying the metal level AV factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 9 to Celtic Insurance Company's projected population. The formula recognizes the following AV values by metallic tier: Bronze 0.60, Silver 0.70, Gold 0.80, and Platinum 0.90.

ARF: As stated in the March 11, 2013 Federal Register, page 15433, the allowable rating factor (ARF) adjustment accounts only for age rating.

The statewide average ARF was set equal to the average ARF of the single risk pool in 2024. For

historical risk transfer data, we rely on a combination of the latest available HHS Summary Report on Permanent Risk Adjustment Transfers and when available, Wakely's National Risk Adjustment Reporting Project (WNRAR) for the state of Indiana.

The average ARF for Celtic Insurance Company is projected by applying the proposed 2026 HHS age rating factors to Celtic Insurance Company's projected population. An equal distribution across ages within each age band was assumed.

GCF: The average Geographic Cost Factors for Celtic Insurance Company's membership is projected based on the 2023 GCFs, as reported by HHS, adjusted for projected changes caused by carrier rate actions from 2023 to 2026.

Outliers were reflected in our calculations to the extent that outliers are reflected in historical risk scores used as the starting point of the 2026 risk transfer projection and via the calculation of the net High Risk Pool receivable or payment. Otherwise, there were no "potential outlier assumptions" that would have an impact on transfers.

The projected transfer amount assumes no impact under the Risk Adjustment Data Validation (RADV) process.

The risk adjustment transfer amounts shown on Worksheet 1 of the URRT are the actual PMPM amounts expected in the projection period. The risk adjustment transfer amount applied to the Index Rate in the development of the Market Adjusted Index Rate is on an allowed claims basis, as the Index Rate is on an allowed claims basis.

The demographic, plan mix, and morbidity assumptions supporting the risk transfer projection are consistent with the demographic, plan mix, and the morbidity assumptions used to project claims costs.

Exchange User Fees:

Exchange user fees have been applied as an adjustment to the Index Rate at the market level. In Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor. Note, we assumed 0.00% of members would enroll through the Exchange and 100.00% would enroll outside of the Exchange.

12. Plan Adjusted Index Rate

The Plan Adjusted Index Rate (PAIR) is included in Worksheet 2, Section III of the URRT. The PAIR is the MAIR adjusted for only the following allowable adjustments, where applicable, as outlined in 45 CFR 156.80(d):

- Actuarial value and cost-sharing design of the plan.
 - The CMS Actuarial Value Calculator was used to determine the AV metal value for plan provisions that fit within the calculator parameters. The AVs for all plans were developed using appropriate adjustments as described in section 16 of this actuarial memorandum.
 - The actuarial value and cost-sharing pricing adjustment was developed using a claims simulation methodology with a large dataset of individual exchange data, calibrated to the expected population.
 - * Under a claims simulation approach to modeling plan relativities, member-level claims are re-adjudicated using the cost sharing parameters of each plan design, thereby calculating plan versus patient liability.
 - * Using the same dataset for plan rating factors ensures that a static demographic and risk profile informs the rating factor of each plan so that allowed relativities by plan solely reflect benefit design differences.
 - * Rate increases can vary by plan under this methodology without reflecting morbidity differences. For example, rate increases naturally vary by plan over time as the relationship changes between cost sharing levels and the allowed costs to which they are applied (i.e., leveraging).
- The plan's provider network, delivery system characteristics, and utilization management adjustment practices
 - Not applicable. All plans have the same provider network.
- Benefits provided under the plan that are in addition to the EHBs.
 - These benefits include adult vision and adult dental.
- Administrative costs, excluding the Exchange user fees (which are already accounted for in the Market Adjusted Index Rate).
 - The administrative costs are discussed further in the subsequent paragraphs of this section

There are no catastrophic plans being offered, so there is no eligibility adjustment made for catastrophic plan enrollment.

Administrative costs and non-EHB benefits common to all plans are added to the Market Adjusted Index Rate. Then, factors for actuarial value and cost-sharing and non-EHBs by plan are applied to reach the Plan Adjusted Index Rate for each plan.

The development and values of the Plan Adjusted Index Rates are shown in Appendix 12.1 and are not calibrated.

On Worksheet 2, Section II, the Plan Adjusted Index Rate of the Experience Period is reported.

Administrative Expense Load:

The administrative expense allowance is based on the projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales, and marketing expenses.

There is an additional amount to cover approved quality improvement expenses and provider incentive payments. This amount is still included in the numerator (and excluded from the denominator) of the federal MLR calculation, but is described in Appendix 12.2 due to sharing similar attributes with other administrative expenses.

The administrative expenses are allocated proportionally by plan on a constant percentage of premium basis.

Profit (or Contribution to Surplus) & Risk Margin:

This load was applied proportionally to all products and plans and can be found in Appendix 12.2.

Taxes and Fees:

The taxes and fees which may be subtracted from premiums for purposes of calculating the MLR are listed in Appendix 12.2. The Risk Adjustment User Fee has been included as part of this adjustment. See Section 11, "Development of the Market-Wide Adjusted Index Rate", for a discussion on how the Exchange user fee was calculated and applied to the Market Adjusted Index Rate.

13. Calibration

The Plan Adjusted Index Rate is calibrated for plans within the single risk pool to correspond to an age rating factor of 1.0, a geographic rating factor of 1.0, and a tobacco use rating factor of 1.0. The intent of the calibration factors is to reset the Plan Adjusted Index Rate so that applying the age factor, geographic rating area factor, and tobacco use factor will result in the appropriate consumer adjusted premium rate. The calibration factors for each of the age, geographic, and tobacco use factors are shown in Appendix 13.1. Note that each of the calibration factors has one value that is applied uniformly and does not vary by plan.

Age Curve Calibration:

The age curve calibration factor is applied in Appendix 13.1. The age curve calibration factor is calculated by weighting the prescribed age rating factors with the single risk pool membership distribution. This age curve calibration calculation is based on page 9 of the 2026 Unified Rate Review Instructions. Appendix 13.2 demonstrates the factors and member months used in the calculation of the average age rating factor. The age factor for each age band is the simple average of the factors in that band. The rounded weighted average age corresponding to this age calibration factor is 47 years.

Appendix 13.1 of the Actuarial Memorandum demonstrates the calibration of the Plan Adjusted Index Rate for age. The distribution of members by age is in Appendix 1.2 and the corresponding age factors are included in Appendix 1.3.

Geographic Factor Calibration:

The geographic rating factors are displayed in Appendix 1.3. Appendix 13.3 demonstrates the factors and member months used in the calculation of the average geographic rating factor. In order to determine the calibration factor for geography, the projected distribution of members by area was determined. Next, the weighted average of the area factors was calculated utilizing this distribution.

The 2026 geographic factors were developed to reflect provider reimbursement and practice pattern differences by area. The reimbursement reflected in the geographic factors is based on provider contracts by rating area. The practice patterns reflected in the geographic factors are consistent with our experience where applicable and supplemented by Health Cost Guidelines research. Projected risk pool morbidity and age/gender factors were set at statewide levels during 2026 geographic factor development. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only and do not reflect differences in population morbidity.

Tobacco Use Rating Factor Calibration:

The tobacco use calibration factor is applied in Appendix 13.1. The tobacco use calibration factor removes the portion of the cost expected to be recouped through the tobacco surcharge. This factor is calculated by weighting the tobacco factors with the single risk pool membership distribution of tobacco and non-tobacco users. The tobacco factors are included in Appendix 1.3. Appendix 13.4 demonstrates the factors and member months used in the calculation of the average tobacco rating factor.

Calibration adjustments are applied uniformly to all plans:

The calibration adjustment does not vary by plan and this is demonstrated in Appendix 13.1.

Member-level adjustments as described in 45 CFR 147.102 are applied uniformly to all plans in the single risk pool, and these adjustments do not vary by plan.

In Appendix 13.1, the Plan Adjusted Index Rate is calibrated for age, tobacco, and geography to determine the Calibrated Plan Adjusted Index Rate. The Calibrated Plan Adjusted Index Rate can then be converted to the Base Rate by dividing by the average plan factor. Multiplying the Base Rate by the plan, age, tobacco, and area factors produces the Consumer Adjusted Premium Rate. The distribution of members by rating area is included in Appendix 1.2. Furthermore, Appendix 1.4 provides a sample calculation of premium rates.

14. Consumer Adjusted Premium Rate Development

Each Plan Adjusted Index Rate is divided by the overall calibration factor to determine the Calibrated Plan Adjusted Index Rate.

The following allowable rating factors, as specified by 45 CFR Part 147.102, are applied to the Calibrated Plan Adjusted Index Rate to determine the rate that is charged to the health insurance subscriber:

- Rating Area
 - The area factors are listed in Appendix 1.3. The methodology for developing geographic factors is included in Section 13, "Calibration".
- Age
 - The prescribed standard age factors were used.
- Tobacco Status
 - The tobacco factor for 2026 is set to 1.150 for all ages 21+. In lieu of credible data, the factor was selected from a reasonable range of cost impacts based on tobacco cost literature. Specifically, the report "The Business Case for Coverage of Tobacco Cessation, 2012 Update" by Leif Associates, Inc. was considered which suggests that healthcare costs for smokers are greater than those of nonsmokers and may be as much as 34% higher than costs for non-smokers.
- For family coverage, rates for children are charged to no more than the three oldest covered children under age 21.

Appendix 1.3 lists the allowable rating factors and Appendix 1.4 contains an example walking through the calculation of a theoretical family's rates.

15. Projected Loss Ratio

The projected medical loss ratio (MLR) for Celtic Insurance Company in 2026 in Indiana is 84.7%, which satisfies the state of Indiana's minimum MLR requirement of 80%. This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2026 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated. See Appendix 15.1 for the detail underlying the calculation.

16. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I URRT were calculated using the Final 2026 Federal AV Calculator for the plan provisions that fit within the calculator parameters and making appropriate adjustments to the AV identified by the calculator for plan design features that are not compatible with the parameters of the AV Calculator. Consistent with CMS' Marketplace Integrity and Affordability rule, the plan designs in this filing have been developed in compliance with these proposed expanded AV parameters.

This filing includes plans with two generic drug tiers (preferred generic and non-preferred generic), but the AV Calculator only has one input for generic drug cost sharing. For plans where the cost sharing differs between the two generic drug tiers, we have entered a blended generic drug cost share as the generic drug input into the AV Calculator, consistent with accepted actuarial practices and pursuant to 45 CFR 156.135(b)(2).

17. Membership Projections

Celtic Insurance Company developed its membership projections based on 2025 QHP open enrollment data, adjusting for expected enrollment changes through 2026.

Silver plan membership projections are broken out separately for each cost-sharing reduction subsidy variant. This was performed in a similar manner to the aggregate membership projections.

The details of the projected membership by subsidy level are shown in Appendix 17.1.

18. Terminated Plans and Products

A list of the plans being terminated and the plans to which these are being mapped is included in the appendices as Appendix 18.1.

19. Plan Type

The plan types listed in Worksheet 2, Section I of the Part I URRT describe Celtic Insurance Company's plans exactly.

20. Effective Rate Review Information

See Appendix 20.1 for documents summarizing the capital and surplus position of Celtic.

The following section is provided to facilitate rate review by the Indiana Department of Insurance. The major content provided follows the filing instructions named “IDOI Actuarial Memorandum Outlines - Major Medical.”

1. General Information

- (a) SERFF Tracking Number of this 2026 Rate Filing: CECO- 134513626
- (b) Company Legal Name: Celtic Insurance Company
- (c) State of Domicile: Illinois
- (d) HIOS Issuer ID: 76179
- (e) NAIC Company Code: 80799
- (f) Market: Individual
- (g) Effective Date: 1/1/2026
- (h) Company Contact Information
 - i. Primary Contact Name: Andrew Atkinson
 - ii. Primary Contact Telephone Number: 954-612-3633
 - iii. Primary Contact Email Address: Andrew.P.Atkinson@Centene.com

2. Scope and Purpose of the Filing

- (a) 2026 policies offered under this Celtic Insurance Company filing will be available off-exchange only. 2025 on-exchange members will transition to policies offered by Coordinate Care. Current off-exchange-only plans will be discontinued and replaced by a new off-exchange-only portfolio rendering rate change unavailable in the URRT. The terminated plans are discussed in Worksheet II, Section 1, of the URRT.
There are no proposed changes in benefits (covered services).

3. Benefit Structure

- (a) The scope and purpose of the filing is in Section 1, "General Information", of the Actuarial Memorandum
 - i. Market impacted: Individual
 - ii. 2026 Policy Form SERFF Tracking Number: CECO- 134503589,
CECO - 134503588
 - iii. Changes from the most recent filing: Section 2, "Proposed Rate Increases", of the Actuarial Memorandum discusses the proposed rate increase.
 - iv. 2025 Rate Filing SERFF Tracking Number: CELT-134041850

- v. The benefits fall into four categories
 - A. Essential Health Benefits: All plans provide coverage for the essential health benefits as prescribed through ACA guidance and as covered by the benchmark plan for Indiana.
 - B. State Mandated Benefits which are not Essential Health Benefits: There are no state mandated benefits which are not essential health benefits.
 - C. Additional Mandatory Supplemental Benefits: The plans offered under this filing do not include any additional mandatory supplemental benefits.
 - D. Additional Optional Supplemental Benefits: Benefit coverage for both adult vision and adult dental is available for some plans. Please see Appendix 1.3 for a list of which plans offer these benefits. Additionally, our off-exchange plans include benefit coverage for acupuncture.
- vi. The major provisions for this form for each plan design and product can be found in Appendix 1.1.

4. Current Rates (For Rate Revisions)

- (a) The complete set of current rates can be found in the 2025 Rate Filing, which has the SERFF tracking number of CELT-134041850

5. Proposed Rates

- (a) The complete set of proposed rates is provided in the federal Rates Table Template file. Appendix 1.3 shows the factors for 2026, which are used to determine the entire set of rates

- (b) The same rating variables will be used for 2026 as were used for 2025 rating.

(c) Rating Factors

- i. Modal factors - Not used for rating. Premiums will be collected only on a monthly basis.
- ii. Geographic factors - These are listed in Appendix 1.3. They are discussed in Section 13, "Calibration", of the Actuarial Memorandum.
- iii. Family size - The proposed rates are charged on an individual basis. For family coverage, rates for children are charged to no more than the three oldest covered children under age 21, consistent with the Affordable Care Act.
- iv. Tobacco Use factors - These are listed in Appendix 1.3.
- v. Changes in Morbidity or Trend factors - Rates do not vary by morbidity. The rates are the same throughout the 2026 plan year, as there is no trend factor for rating.
- vi. Additional Mandates - There are no additional mandated rating parameters.
- vii. Other factors - Rates vary by plan design.

6. Assumptions

(a) Assumptions affecting the premium proposed, in accordance with ASOP No. 8, Section 3.4 (formerly ASOP No. 8, Section 3.2.2) are discussed in the following sections of the Actuarial Memorandum:

- i. Premium levels and rate changes are discussed in Sections 2, "Proposed Rate Changes" and 4, "Experience and Current Period Premium, Claims, and Enrollment".
- ii. Levels and trends in morbidity, mortality, and lapsation are discussed in Section 7, "Adjustments to Trended EHB Allowed Claims PMPM".
- iii. Health cost trends are discussed in Section 6, "Trend Factors".
- iv. Projections of covered lives are discussed in Section 17, "Membership Projections".
- v. The expected impact of known contractual arrangements with health care providers and administrators is discussed in Sections 6, "Trend Factors," and "Adjustments to Trended EHB Allowed Claims PMPM".
- vi. The expected impact of reinsurance and other financial rearrangements is discussed in Section 11, "Development of the Market-wide Adjusted Index Rate".
- vii. Non-benefit expenses, including but not limited to administrative expenses, commissions, broker fees, and taxes are discussed in Section 12, "Plan Adjusted Index Rate".
- viii. The expected financial results, such as profit margin/surplus contribution, loss ratio, or surplus level are discussed in Section 12, "Plan Adjusted Index Rate".
- ix. Investment earnings and time value of money do not have material impact to the rate development due to the short-term nature of the products.
- x. Any adverse claims development relative to the projections will impact the ultimate profit margin.

(b) Annual Overall Trend Rate

- i. See Appendix 8.1 for a decomposition of factors affecting premium change.
- ii. Annual per individual rate of medical cost increase: Please refer to Section 6, "Trend Factors", for annualized medical claims trends.
- iii. Annual per individual rate of premium increase: 11.2%

(c) General Marketing Method

- i. Individual on/off exchange: This product will be sold through agents, direct mailings, and the internet.
- ii. Group: This filing does not pertain to Small Group, Large Group, or Student health plans.

7. Premium Guarantee Provision

- (a) This form is guaranteed renewable. The proposed rates are guaranteed to not change through December 31, 2026.
- (b) The estimated average annual premium per policy Calendar Year 2026 is \$7,448.
- (c) The current average annual premium per policy in Calendar Year 2025 is \$6,340.

8. Rating Factors

- (a) **Rating Structure:** In accordance with the Affordable Care Act, rates may vary by age, geographic area, tobacco use, and benefit plan. Rates are charged on an individual basis. For family coverage, rates for children are charged for no more than the three oldest covered children under age 21. Appendix 1.3 includes the base rate and allowable rating factors.
- (b) **Non-benefit Expenses:** This allowance is based on the projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales, distribution, and marketing expenses. A table displaying all non-benefit expenses can be found in Appendix 12.2. Note that the general administrative expense includes \$23.72 PMPM for sales commissions.
- (c) The impact of contractual agreements with health care providers and administrators is factored into the geographic area factors. See Section 6, "Trend Factors" of the Actuarial Memorandum for further discussion of contractual agreements' effect on trends.

9. Historical Experience (For Rate Revisions)

- (a) The experience period used to set rates was Calendar Year 2024, paid through 3/31/2025. The Major Medical Experience Workbook shows Indiana and Nationwide data. These plans are only sold in Indiana, so the Indiana dataset is the same as the nationwide data.
 - i. **Earned Premium Net of Rebates:** See the Major Medical Experience Workbook for historical earned premiums and claims for each calendar year from inception.
 - ii. **Incurred Losses:** See the Major Medical Experience Workbook for historical incurred losses. See Section 4, "Experience and Current Period Premium, Claims, and Enrollment" of the Actuarial Memorandum for detail on the IBNR. The claims are paid through 3/31/2025. These plans are only sold in Indiana, so the Indiana dataset is the same as the nationwide data.
 - iii. **Risk Adjustment, Reinsurance and Risk Corridor for ACA Products:** Assumptions for Celtic's Individual Indiana 2024 experience were considered in the development of projected risk transfer payments. See Section 11, "Establishing the Index Rate" of the Actuarial Memorandum for further information.

10. Rate Change (For Rate Revisions) These Plans are only sold in Indiana, so the Indiana dataset is the same as the nationwide data

- (a) **Rate Change Indicated:** The target loss ratio for this block of business is 84.7%, as shown in Section 15, "Projected Loss Ratio" of the Actuarial Memorandum. The rate change indicated to achieve this loss ratio is 11.2%

- (b) Rate Change Requested: The requested rate change and indicated rate change are the same which is 11.2%. For plan level rate increase see the URRT wksh 2.
- (c) Desired Implementation Date: The proposed effective date is 1/1/2026.
- (d) Three Year Rate Change History: Please see "IN Rate Filing History" exhibit in the Major Medical Experience Workbook for historical rate increases for each plan over the previous three calendar years. Each rate increase was intended to achieve the target loss ratio for that filing period, as discussed in that year's rate filing. All rate increases are effective January 1st of the respective year.

11. Projected Experience with Requested Rate Change (For Rate Revisions)

- (a) Earned Premium with Enrollment Projections: The exhibit Major Medical Experience demonstrates the projected 2026 and 2027, based on current 2025 enrollment and projected 2026 enrollment. The rate change implementation date is 1/1/2026. Policyholder and Covered Lives counts are membership totals as of 2025. For 2027, no formal pricing study was done to set 2027 rates. A 7.00% premium trend was applied, with the same Medical Loss Ratio as used in 2026.
- (b) Incurred Claims: The exhibit Major Medical Experience demonstrates the projected 2026 incurred claims and shows the 2027 claims based on a trended premium and using the same loss ratio as used in 2026.
- (c) Anticipated Loss Ratios: The exhibit Major Medical Experience demonstrates the projected loss ratio for 2026 and 2027.

12. Projected Experience without Requested Rate Change

- (a) Earned Premium with Enrollment Projections: The exhibit Major Medical Experience demonstrates the projected 2026 and 2027 premiums, without the requested rate change, based on current 2025 enrollment and projected 2026 enrollment. The rate change implementation date is 1/1/2026. Policy Holder and Covered Lives counts are membership totals as of 2025. For 2027, no formal pricing study was done to set 2027 rates. A 7.00% premium trend was applied, with the same medical loss ratio as used in 2026.
- (b) Incurred Claims: The exhibit Major Medical Experience demonstrates the projected 2026 incurred claims and shows the 2027 claims based on a trended premium and using the same loss ratio as used in 2026. The projected incurred claims are the same, with and without the rate change.
- (c) Anticipated Loss Ratios: The exhibit Major Medical Experience shows 2026 and 2027 premium, claims, and loss ratio results without the requested rate change. See Section 15, "Projected Loss Ratio" of the Actuarial Memorandum for a discussion of the Federal Medical Loss Ratio.
- (d) Projected Medical Loss Ratio: Appendix 15.1 demonstrates the development of the numerator and denominator used in the calculation of the projected medical loss ratio.

13. ACA Development

- (a) Changes in benefits at the product level
 - i. There is no change in covered benefits.
- (b) Index Rate
 - i. See Section 10, "Establishing the Index Rate" of the Actuarial Memorandum.
- (c) Market Adjusted Index Rate
 - i. See Section 11, "Development of the Market-wide Adjusted Index Rate" of the Actuarial Memorandum.
- (d) Plan Adjusted Index Rate
 - i. See Section 12, "Plan Adjusted Index Rate" of the Actuarial Memorandum.
- (e) Calibration
 - i. See Section 13, "Calibration" of the Actuarial Memorandum.
- (f) Consumer Adjusted Premium Rate Development
 - i. See Section 14, "Consumer Adjusted Premium Rate Development" of the Actuarial Memorandum.
- (g) AV Metal Values
 - i. See Section 16, "AV Metal Values" of the Actuarial Memorandum.
- (h) AV Pricing Values
 - i. See Section 12, "Plan Adjusted Index Rate" of the Actuarial Memorandum.
- (i) Membership Projections
 - i. See Section 17, "Membership Projections" of the Actuarial Memorandum.
- (j) Terminated Products
 - i. See Section 18, "Terminated Plans and Products" of the Actuarial Memorandum.
- (k) Demonstration of the Development of the Projected MLR
 - i. See Section 15, "Projected Loss Ratio" of the Actuarial Memorandum.

- 14. Company Financial Position See Appendix 20.1 for documents summarizing the risk-based capital ratio as of year-end 2024 and the last five years of surplus position of Celtic.
- 15. Actuarial Certification/Rate Attestation See Section 22, "Actuarial Certification" of the Actuarial Memorandum for statements of actuarial certification relating to applicable statutes, regulations and Actuarial Standards of Practice.
- 16. On/Off Exchange Attestation See Section 22, "Actuarial Certification" of the Actuarial Memorandum for statements attesting to this requirement.

21. Reliance

See Appendix 21.1 for a detailed listing of items received and relied upon for rate development.

22. Actuarial Certification

I, Andrew Atkinson, am a member of the American Academy of Actuaries in good standing and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

I certify the rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 42, Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining minimum value and Actuarial Value under the Affordable Care Act
- ASOP No. 56, Modeling

I certify that to the best of my knowledge and judgement:

1. The Index Rate for the Projection Period is:
 - (a) In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
 - (b) Developed in compliance with the applicable Actuarial Standards of Practice;
 - (c) Reasonable in relation to the benefits provided and the population anticipated to be covered;
 - (d) Neither excessive nor deficient based on my best estimate of the 2026 individual market
2. The Index Rate and only the 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 benefits in addition to Essential Health Benefits included in Worksheet 2, Section III were calculated in accordance with actuarial standards of practice
4. The geographic rating factors reflect only difference in the cost of delivery and do not include differences for population morbidity by geographic area.
5. The CMS Actuarial Value Calculator, with appropriate adjustments, was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.
6. The same premium rate is being charged without regard to whether the plan is offered through an Exchange, or whether the plan is offered directly from the issuer or through an agent. This rate filing was prepared in compliance with all applicable state and federal statutes and regulations.
7. I certify that this rate filing was prepared in compliance with Actuarial Standards of Practice (ASOP).

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 and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2026 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, such as CMS' Marketplace Integrity and Affordability Rule, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum and the alignment of these premium rates with incurred costs. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, or a decision by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director to adjust funding of CSR subsidies or advance premium tax credits. In the event that a material provision is enacted renewing eAPTCs at current or partially funded levels, a revision to the rates will be needed.

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.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.



Signed: _____

Name: Andrew Atkinson ASA, MAAA

Date: 5/9/2025

Appendix 1.1
Celtic Insurance Company
Description of Benefits

Plan Design	Plan ID	Plan Type	Medical Deductible	Plan Coinsurance	Rx Deductible	OOP Max	PCP Visit	Specialty Visit	Rx Plan Coverage				Includes adult vision coverage?	Includes adult dental coverage?
									Generic	Preferred Brand	Non-Preferred Brand	Specialty		
Ambetter Health Solutions Bronze 5000	76179IN0140021	EPO	\$5,000 INT	70%	INT	\$9,700	\$60 NSD	\$120 NSD	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Bronze HSA 6400	76179IN0140023	EPO	\$6,400 INT	80%	INT	\$8,050	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Gold 1500	76179IN0140024	EPO	\$1,500 INT	80%	INT	\$6,500	\$20 NSD	\$60 NSD	\$15 NSD	\$45 NSD	\$75 NSD	\$0 SD	N	N
Ambetter Health Solutions Gold 2500	76179IN0140025	EPO	\$2,500 INT	80%	INT	\$6,000	\$20 NSD	\$45 NSD	\$10 NSD	\$50 NSD	\$100 NSD	\$0 SD	N	N
Ambetter Health Solutions Gold 3000	76179IN0140026	EPO	\$3,000 INT	80%	INT	\$5,000	\$25 NSD	\$50 NSD	\$25 NSD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Gold 3500	76179IN0140027	EPO	\$3,500 INT	80%	INT	\$7,250	\$5 NSD	\$40 NSD	\$3 NSD	\$35 NSD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Silver 1350	76179IN0140028	EPO	\$1,350 INT	50%	INT	\$9,500	\$30 NSD	\$60 SD	\$30 NSD	\$80 NSD	\$100 NSD	\$0 SD	N	N
Ambetter Health Solutions Silver 3000	76179IN0140029	EPO	\$3,000 INT	65%	INT	\$9,600	\$35 NSD	\$60 NSD	\$15 NSD	\$70 SD	\$250 SD	\$0 SD	N	N
Ambetter Health Solutions Silver 4500	76179IN0140030	EPO	\$4,500 INT	70%	INT	\$9,200	\$35 NSD	\$80 NSD	\$3 NSD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Silver 5000	76179IN0140031	EPO	\$5,000 INT	75%	INT	\$8,700	\$40 NSD	\$80 NSD	\$3 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Silver Copay HSA 4000	76179IN0140032	EPO	\$4,000 INT	70%	INT	\$7,000	\$25 SD	\$50 SD	\$3 SD	\$60 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Silver HSA 4000	76179IN0140033	EPO	\$4,000 INT	80%	INT	\$7,000	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Platinum 0	76179IN0140034	EPO	\$0 INT	90%	INT	\$5,000	\$10 NSD	\$20 NSD	\$15 NSD	\$25 NSD	\$0 NSD	\$0 NSD	N	N
Ambetter Health Solutions Platinum 300	76179IN0140035	EPO	\$300 INT	90%	INT	\$4,000	\$10 NSD	\$20 NSD	\$15 NSD	\$25 NSD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Gold 0	76179IN0140036	EPO	\$0 INT	70%	INT	\$8,500	\$25 NSD	\$50 NSD	\$20 NSD	\$60 NSD	\$150 NSD	\$0 SD	N	N
Ambetter Health Solutions Bronze HSA PPO 6400	76179IN0180001	PPO	\$6,400 INT	80%	INT	\$8,050	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Bronze PPO 5000	76179IN0180003	PPO	\$5,000 INT	70%	INT	\$9,700	\$60 NSD	\$120 NSD	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Gold PPO 1500	76179IN0180005	PPO	\$1,500 INT	80%	INT	\$6,500	\$20 NSD	\$60 NSD	\$15 NSD	\$45 NSD	\$75 NSD	\$0 SD	N	N
Ambetter Health Solutions Gold PPO 2500	76179IN0180006	PPO	\$2,500 INT	80%	INT	\$6,000	\$20 NSD	\$45 NSD	\$10 NSD	\$50 NSD	\$100 NSD	\$0 SD	N	N
Ambetter Health Solutions Gold PPO 3000	76179IN0180007	PPO	\$3,000 INT	80%	INT	\$5,000	\$25 NSD	\$50 NSD	\$25 NSD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Gold PPO 3500	76179IN0180008	PPO	\$3,500 INT	80%	INT	\$7,250	\$5 NSD	\$40 NSD	\$3 NSD	\$35 NSD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Silver Copay HSA PPO 4000	76179IN0180009	PPO	\$4,000 INT	70%	INT	\$7,000	\$25 SD	\$50 SD	\$3 SD	\$60 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Silver HSA PPO 4000	76179IN0180010	PPO	\$4,000 INT	80%	INT	\$7,000	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Silver PPO 1350	76179IN0180011	PPO	\$1,350 INT	50%	INT	\$9,200	\$35 NSD	\$60 SD	\$30 NSD	\$80 NSD	\$100 NSD	\$0 SD	N	N
Ambetter Health Solutions Silver PPO 3000	76179IN0180012	PPO	\$3,000 INT	65%	INT	\$9,600	\$35 NSD	\$60 NSD	\$15 NSD	\$70 SD	\$250 SD	\$0 SD	N	N
Ambetter Health Solutions Silver PPO 4500	76179IN0180013	PPO	\$4,500 INT	70%	INT	\$9,200	\$35 NSD	\$80 NSD	\$3 NSD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Silver PPO 5000	76179IN0180014	PPO	\$5,000 INT	75%	INT	\$8,700	\$40 NSD	\$80 NSD	\$3 SD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Platinum PPO 0	76179IN0180015	PPO	\$0 INT	90%	INT	\$5,000	\$10 NSD	\$20 NSD	\$15 NSD	\$25 NSD	\$0 NSD	\$0 NSD	N	N
Ambetter Health Solutions Platinum PPO 300	76179IN0180016	PPO	\$300 INT	90%	INT	\$4,000	\$10 NSD	\$20 NSD	\$15 NSD	\$25 NSD	\$0 SD	\$0 SD	N	N
Ambetter Health Solutions Gold PPO 0	76179IN0180017	PPO	\$0 INT	70%	INT	\$8,500	\$25 NSD	\$50 NSD	\$20 NSD	\$60 NSD	\$150 NSD	\$0 SD	N	N
Ambetter Health Solutions Bronze HSA PPO 6400 + Vision + Adult Dental	76179IN0190001	PPO	\$6,400 INT	80%	INT	\$8,050	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Bronze PPO 5000 + Vision + Adult Dental	76179IN0190003	PPO	\$5,000 INT	70%	INT	\$9,700	\$60 NSD	\$120 NSD	\$0 SD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Gold PPO 1500 + Vision + Adult Dental	76179IN0190005	PPO	\$1,500 INT	80%	INT	\$6,500	\$20 NSD	\$60 NSD	\$15 NSD	\$45 NSD	\$75 NSD	\$0 SD	Y	Y
Ambetter Health Solutions Gold PPO 2500 + Vision + Adult Dental	76179IN0190006	PPO	\$2,500 INT	80%	INT	\$6,000	\$20 NSD	\$45 NSD	\$10 NSD	\$50 NSD	\$100 NSD	\$0 SD	Y	Y
Ambetter Health Solutions Gold PPO 3000 + Vision + Adult Dental	76179IN0190007	PPO	\$3,000 INT	80%	INT	\$5,000	\$25 NSD	\$50 NSD	\$25 NSD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Gold PPO 3500 + Vision + Adult Dental	76179IN0190008	PPO	\$3,500 INT	80%	INT	\$7,250	\$5 NSD	\$40 NSD	\$3 NSD	\$35 NSD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver Copay HSA PPO 4000 + Vision + Adult Dental	76179IN0190009	PPO	\$4,000 INT	70%	INT	\$7,000	\$25 SD	\$50 SD	\$3 SD	\$60 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver HSA PPO 4000 + Vision + Adult Dental	76179IN0190010	PPO	\$4,000 INT	80%	INT	\$7,000	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver PPO 1350 + Vision + Adult Dental	76179IN0190011	PPO	\$1,350 INT	50%	INT	\$9,200	\$35 NSD	\$60 SD	\$30 NSD	\$80 NSD	\$100 NSD	\$0 SD	Y	Y
Ambetter Health Solutions Silver PPO 3000 + Vision + Adult Dental	76179IN0190012	PPO	\$3,000 INT	65%	INT	\$9,600	\$35 NSD	\$60 NSD	\$15 NSD	\$70 SD	\$250 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver PPO 4500 + Vision + Adult Dental	76179IN0190013	PPO	\$4,500 INT	70%	INT	\$9,200	\$35 NSD	\$80 NSD	\$3 NSD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver PPO 5000 + Vision + Adult Dental	76179IN0190014	PPO	\$5,000 INT	75%	INT	\$8,700	\$40 NSD	\$80 NSD	\$3 SD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Platinum PPO 0 + Vision + Adult Dental	76179IN0190015	PPO	\$0 INT	90%	INT	\$5,000	\$10 NSD	\$20 NSD	\$15 NSD	\$25 NSD	\$0 NSD	\$0 NSD	Y	Y
Ambetter Health Solutions Platinum PPO 300 + Vision + Adult Dental	76179IN0190016	PPO	\$300 INT	90%	INT	\$4,000	\$10 NSD	\$20 NSD	\$15 NSD	\$25 NSD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Gold PPO 0 + Vision + Adult Dental	76179IN0190017	PPO	\$0 INT	70%	INT	\$8,500	\$25 NSD	\$50 NSD	\$20 NSD	\$60 NSD	\$150 NSD	\$0 SD	Y	Y
Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental	76179IN0210002	EPO	\$5,000 INT	70%	INT	\$9,700	\$60 NSD	\$120 NSD	\$0 SD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental	76179IN0210004	EPO	\$6,400 INT	80%	INT	\$8,050	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Gold 1500 + Vision + Adult Dental	76179IN0210005	EPO	\$1,500 INT	80%	INT	\$6,500	\$20 NSD	\$60 NSD	\$15 NSD	\$45 NSD	\$75 NSD	\$0 SD	Y	Y
Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	76179IN0210006	EPO	\$2,500 INT	80%	INT	\$6,000	\$20 NSD	\$45 NSD	\$10 NSD	\$50 NSD	\$100 NSD	\$0 SD	Y	Y
Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	76179IN0210007	EPO	\$3,000 INT	80%	INT	\$5,000	\$25 NSD	\$50 NSD	\$25 NSD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Gold 3500 + Vision + Adult Dental	76179IN0210008	EPO	\$3,500 INT	80%	INT	\$7,250	\$5 NSD	\$40 NSD	\$3 NSD	\$35 NSD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver 1350 + Vision + Adult Dental	76179IN0210009	EPO	\$1,350 INT	50%	INT	\$9,500	\$30 NSD	\$60 SD	\$30 NSD	\$80 NSD	\$100 NSD	\$0 SD	Y	Y
Ambetter Health Solutions Silver 3000 + Vision + Adult Dental	76179IN0210010	EPO	\$3,000 INT	65%	INT	\$9,600	\$35 NSD	\$60 NSD	\$15 NSD	\$70 SD	\$250 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	76179IN0210011	EPO	\$4,500 INT	70%	INT	\$9,200	\$35 NSD	\$80 NSD	\$3 NSD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver 5000 + Vision + Adult Dental	76179IN0210012	EPO	\$5,000 INT	75%	INT	\$8,700	\$40 NSD	\$80 NSD	\$3 SD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental	76179IN0210013	EPO	\$4,000 INT	70%	INT	\$7,000	\$25 SD	\$50 SD	\$3 SD	\$60 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental	76179IN0210014	EPO	\$4,000 INT	80%	INT	\$7,000	D&C	D&C	\$0 SD	\$0 SD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Platinum 0 + Vision + Adult Dental	76179IN0210015	EPO	\$0 INT	90%	INT	\$5,000	\$10 NSD	\$20 NSD	\$15 NSD	\$25 NSD	\$0 NSD	\$0 NSD	Y	Y
Ambetter Health Solutions Platinum 300 + Vision + Adult Dental	76179IN0210016	EPO	\$300 INT	90%	INT	\$4,000	\$10 NSD	\$20 NSD	\$15 NSD	\$25 NSD	\$0 SD	\$0 SD	Y	Y
Ambetter Health Solutions Gold 0 + Vision + Adult Dental	76179IN0210017	EPO	\$0 INT	70%	INT	\$8,500	\$25 NSD	\$50 NSD	\$20 NSD	\$60 NSD	\$150 NSD	\$0 SD	Y	Y

Explanation of abbreviations:

D&C – Deductible and Coinsurance
 INT – Integrated Medical and Rx Deductible
 NSD – Not subject to deductible
 SD – Subject to deductible

Appendix 1.2
Celtic Insurance Company
Age and Rating Area Distributions

Age Band	Percent Distribution
0-14	14.40%
15	0.96%
16	0.96%
17	0.96%
18	0.96%
19	1.46%
20	1.46%
21	1.46%
22	1.46%
23	1.46%
24	1.46%
25	1.38%
26	1.38%
27	1.38%
28	1.38%
29	1.38%
30	1.26%
31	1.26%
32	1.26%
33	1.26%
34	1.26%
35	1.72%
36	1.72%
37	1.72%
38	1.72%
39	1.72%
40	1.76%
41	1.76%
42	1.76%
43	1.76%
44	1.76%
45	2.21%
46	2.21%
47	2.21%
48	2.21%
49	2.21%
50	1.92%
51	1.92%
52	1.92%
53	1.92%
54	1.92%
55	2.15%
56	2.15%
57	2.15%
58	2.15%
59	2.15%
60	2.15%
61	2.15%
62	2.15%
63	2.15%
64	2.15%
65 & Over	0.20%

Rating Area	Percent Distribution
Rating Area 1	2.9%
Rating Area 2	9.6%
Rating Area 3	2.1%
Rating Area 4	4.3%
Rating Area 5	0.1%
Rating Area 6	1.5%
Rating Area 7	2.9%
Rating Area 8	4.9%
Rating Area 9	1.6%
Rating Area 10	30.6%
Rating Area 11	19.4%
Rating Area 12	3.1%
Rating Area 13	4.4%
Rating Area 14	3.2%
Rating Area 15	3.2%
Rating Area 16	4.9%
Rating Area 17	1.2%

Appendix 1.3
Celtic Insurance Company
Rate Table

Base Rate: \$332.85

Product Adjustment	
Product	PMPM
	Adj
76179IN014, 76179IN018 (Applies to All Plans)	\$0.00
No Vision Plans	Not Applicable
76179IN019, 76179IN021 (Applies to plans marked by **)	\$10.05

Plan ID	Plan Name	Rate Factor
76179IN0140021	Ambetter Health Solutions Bronze 5000	0.9652
76179IN0140023	Ambetter Health Solutions Bronze HSA 6400	0.9918
76179IN0140024	Ambetter Health Solutions Gold 1500	1.3039
76179IN0140025	Ambetter Health Solutions Gold 2500	1.2733
76179IN0140026	Ambetter Health Solutions Gold 3000	1.2239
76179IN0140027	Ambetter Health Solutions Gold 3500	1.2497
76179IN0140028	Ambetter Health Solutions Silver 1350	1.0691
76179IN0140029	Ambetter Health Solutions Silver 3000	1.0346
76179IN0140030	Ambetter Health Solutions Silver 4500	1.0000
76179IN0140031	Ambetter Health Solutions Silver 5000	0.9718
76179IN0140032	Ambetter Health Solutions Silver Copay HSA 4000	1.0257
76179IN0140033	Ambetter Health Solutions Silver HSA 4000	1.0329
76179IN0140034	Ambetter Health Solutions Platinum 0	1.4541
76179IN0140035	Ambetter Health Solutions Platinum 300	1.4363
76179IN0140036	Ambetter Health Solutions Gold 0	1.2959
76179IN0180001	Ambetter Health Solutions Bronze HSA PPO 6400	1.0726
76179IN0180003	Ambetter Health Solutions Bronze PPO 5000	1.0439
76179IN0180005	Ambetter Health Solutions Gold PPO 1500	1.4103
76179IN0180006	Ambetter Health Solutions Gold PPO 2500	1.3771
76179IN0180007	Ambetter Health Solutions Gold PPO 3000	1.3237
76179IN0180008	Ambetter Health Solutions Gold PPO 3500	1.3517
76179IN0180009	Ambetter Health Solutions Silver Copay HSA PPO 4000	1.1093
76179IN0180010	Ambetter Health Solutions Silver HSA PPO 4000	1.1171
76179IN0180011	Ambetter Health Solutions Silver PPO 1350	1.1604
76179IN0180012	Ambetter Health Solutions Silver PPO 3000	1.1190
76179IN0180013	Ambetter Health Solutions Silver PPO 4500	1.0815
76179IN0180014	Ambetter Health Solutions Silver PPO 5000	1.0511
76179IN0180015	Ambetter Health Solutions Platinum PPO 0	1.5726
76179IN0180016	Ambetter Health Solutions Platinum PPO 300	1.5534
76179IN0180017	Ambetter Health Solutions Gold PPO 0	1.4015
76179IN0190001	Ambetter Health Solutions Bronze HSA PPO 6400 + Vision + Adult Dental**	1.0726
76179IN0190003	Ambetter Health Solutions Bronze PPO 5000 + Vision + Adult Dental**	1.0439
76179IN0190005	Ambetter Health Solutions Gold PPO 1500 + Vision + Adult Dental**	1.4103
76179IN0190006	Ambetter Health Solutions Gold PPO 2500 + Vision + Adult Dental**	1.3771
76179IN0190007	Ambetter Health Solutions Gold PPO 3000 + Vision + Adult Dental**	1.3237
76179IN0190008	Ambetter Health Solutions Gold PPO 3500 + Vision + Adult Dental**	1.3517
76179IN0190009	Ambetter Health Solutions Silver Copay HSA PPO 4000 + Vision + Adult Dental**	1.1093
76179IN0190010	Ambetter Health Solutions Silver HSA PPO 4000 + Vision + Adult Dental**	1.1171
76179IN0190011	Ambetter Health Solutions Silver PPO 1350 + Vision + Adult Dental**	1.1604
76179IN0190012	Ambetter Health Solutions Silver PPO 3000 + Vision + Adult Dental**	1.1190
76179IN0190013	Ambetter Health Solutions Silver PPO 4500 + Vision + Adult Dental**	1.0815
76179IN0190014	Ambetter Health Solutions Silver PPO 5000 + Vision + Adult Dental**	1.0511
76179IN0190015	Ambetter Health Solutions Platinum PPO 0 + Vision + Adult Dental**	1.5726
76179IN0190016	Ambetter Health Solutions Platinum PPO 300 + Vision + Adult Dental**	1.5534
76179IN0190017	Ambetter Health Solutions Gold PPO 0 + Vision + Adult Dental**	1.4015
76179IN0210002	Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental**	0.9652
76179IN0210004	Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental**	0.9918
76179IN0210005	Ambetter Health Solutions Gold 1500 + Vision + Adult Dental**	1.3039
76179IN0210006	Ambetter Health Solutions Gold 2500 + Vision + Adult Dental**	1.2733
76179IN0210007	Ambetter Health Solutions Gold 3000 + Vision + Adult Dental**	1.2239
76179IN0210008	Ambetter Health Solutions Gold 3500 + Vision + Adult Dental**	1.2497
76179IN0210009	Ambetter Health Solutions Silver 1350 + Vision + Adult Dental**	1.0691
76179IN0210010	Ambetter Health Solutions Silver 3000 + Vision + Adult Dental**	1.0346
76179IN0210011	Ambetter Health Solutions Silver 4500 + Vision + Adult Dental**	1.0000
76179IN0210012	Ambetter Health Solutions Silver 5000 + Vision + Adult Dental**	0.9718
76179IN0210013	Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental**	1.0257
76179IN0210014	Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental**	1.0329
76179IN0210015	Ambetter Health Solutions Platinum 0 + Vision + Adult Dental**	1.4541
76179IN0210016	Ambetter Health Solutions Platinum 300 + Vision + Adult Dental**	1.4363
76179IN0210017	Ambetter Health Solutions Gold 0 + Vision + Adult Dental**	1.2959

Age Band	Age Factor	Tobacco Factors	
		Smoker	Non-Smoker
0-14	0.765	1.000	1.000
15	0.833	1.000	1.000
16	0.859	1.000	1.000
17	0.885	1.000	1.000
18	0.913	1.000	1.000
19	0.941	1.000	1.000
20	0.970	1.000	1.000
21	1.000	1.150	1.000
22	1.000	1.150	1.000
23	1.000	1.150	1.000
24	1.000	1.150	1.000
25	1.004	1.150	1.000
26	1.024	1.150	1.000
27	1.048	1.150	1.000
28	1.087	1.150	1.000
29	1.119	1.150	1.000
30	1.135	1.150	1.000
31	1.159	1.150	1.000
32	1.183	1.150	1.000
33	1.198	1.150	1.000
34	1.214	1.150	1.000
35	1.222	1.150	1.000
36	1.230	1.150	1.000
37	1.238	1.150	1.000
38	1.246	1.150	1.000
39	1.262	1.150	1.000
40	1.278	1.150	1.000
41	1.302	1.150	1.000
42	1.325	1.150	1.000
43	1.357	1.150	1.000
44	1.397	1.150	1.000
45	1.444	1.150	1.000
46	1.500	1.150	1.000
47	1.563	1.150	1.000
48	1.635	1.150	1.000
49	1.706	1.150	1.000
50	1.786	1.150	1.000
51	1.865	1.150	1.000
52	1.952	1.150	1.000
53	2.040	1.150	1.000
54	2.135	1.150	1.000
55	2.230	1.150	1.000
56	2.333	1.150	1.000
57	2.437	1.150	1.000
58	2.548	1.150	1.000
59	2.603	1.150	1.000
60	2.714	1.150	1.000
61	2.810	1.150	1.000
62	2.873	1.150	1.000
63	2.952	1.150	1.000
64	3.000	1.150	1.000
65 and Over	3.000	1.150	1.000

Geographic Factors	
Area	Rate Factor
Rating Area 1	1.2002
Rating Area 2	1.0390
Rating Area 3	1.0323
Rating Area 4	1.0390
Rating Area 5	1.2819
Rating Area 6	1.1247
Rating Area 7	1.2328
Rating Area 8	0.9383
Rating Area 9	1.0116
Rating Area 10	0.9475
Rating Area 11	0.9047
Rating Area 12	1.0276
Rating Area 13	1.1251
Rating Area 14	0.9375
Rating Area 15	0.9875
Rating Area 16	0.9441
Rating Area 17	1.1534

Appendix 1.3b
Celtic Insurance Company
List of Counties in Each Service Area

Service Area 1	
County	Rating Area
Adams	3
Allen	4
Bartholomew	12
Benton	5
Blackford	8
Boone	10
Brown	13
Carroll	7
Cass	6
Clark	16
Clay	9
Clinton	7
Crawford	16
Daviess	15
De Kalb	3
Dearborn	14
Decatur	12
Delaware	8
Dubois	15
Elkhart	2
Fayette	11
Floyd	16
Fountain	7
Franklin	14
Fulton	6
Gibson	17
Grant	8
Greene	15
Hamilton	10
Hancock	11
Harrison	16
Hendricks	10
Henry	11
Howard	6
Huntington	3
Jackson	12
Jasper	5
Jay	8
Jefferson	16
Jennings	12
Johnson	13
Knox	15
Kosciusko	2
La Porte	1
Lagrange	3
Lake	1
Lawrence	13
Madison	11
Marion	10
Marshall	2
Martin	15
Miami	6
Monroe	13
Montgomery	7
Morgan	10
Newton	5
Noble	3
Ohio	14
Orange	15
Owen	13
Parke	9
Perry	15
Pike	15
Porter	1
Posey	17
Pulaski	6
Putnam	7
Randolph	8
Ripley	14
Rush	12
Scott	16
Shelby	10
Spencer	15
St. Joseph	2
Starke	2
Steuben	3
Sullivan	9
Switzerland	14
Tippecanoe	7
Tipton	7

Service Area 1, continued	
County	Rating Area
Union	11
Vanderburgh	17
Vermillion	9
Vigo	9
Wabash	3
Warren	5
Warrick	17
Washington	16
Wayne	11
Wells	3
White	5
Whitley	3

Service Area 2	
County	Rating Area
Adams	3
Allen	4
Bartholomew	12
Benton	5
Blackford	8
Boone	10
Brown	13
Carroll	7
Cass	6
Clark	16
Clay	9
Clinton	7
Crawford	16
Daviess	15
De Kalb	3
Dearborn	14
Decatur	12
Delaware	8
Dubois	15
Elkhart	2
Fayette	11
Floyd	16
Fountain	7
Franklin	14
Fulton	6
Gibson	17
Grant	8
Greene	15
Hamilton	10
Hancock	11
Harrison	16
Hendricks	10
Henry	11
Howard	6
Huntington	3
Jackson	12
Jasper	5
Jay	8
Jefferson	16
Jennings	12
Johnson	13
Knox	15
Kosciusko	2
La Porte	1
Lagrange	3
Lake	1
Lawrence	13
Madison	11
Marion	10
Marshall	2
Martin	15
Miami	6
Monroe	13
Montgomery	7
Morgan	10
Newton	5
Noble	3
Ohio	14
Orange	15
Owen	13
Parke	9
Perry	15
Pike	15
Porter	1
Posey	17
Pulaski	6
Putnam	7
Randolph	8
Ripley	14
Rush	12
Scott	16
Shelby	10
Spencer	15
St. Joseph	2
Starke	2
Steuben	3
Sullivan	9
Switzerland	14
Tippecanoe	7
Tipton	7

Service Area 2, continued	
County	Rating Area
Union	11
Vanderburgh	17
Vermillion	9
Vigo	9
Wabash	3
Warren	5
Warrick	17
Washington	16
Wayne	11
Wells	3
White	5
Whitley	3

Appendix 1.3c
Celtic Insurance Company
List of Plans in Each Service Area

Service Area 1		Service Area 2	
HIOS ID	Plan Name	HIOS ID	Plan Name
76179IN0180001	Ambetter Health Solutions Bronze HSA PPO 6400 - Standard Bronze Off Exchange Plan	76179IN0140021	Ambetter Health Solutions Bronze 5000 - Standard Bronze Off Exchange Plan
76179IN0180003	Ambetter Health Solutions Bronze PPO 5000 - Standard Bronze Off Exchange Plan	76179IN0140023	Ambetter Health Solutions Bronze HSA 6400 - Standard Bronze Off Exchange Plan
76179IN0180005	Ambetter Health Solutions Gold PPO 1500 - Standard Gold Off Exchange Plan	76179IN0140024	Ambetter Health Solutions Gold 1500 - Standard Gold Off Exchange Plan
76179IN0180006	Ambetter Health Solutions Gold PPO 2500 - Standard Gold Off Exchange Plan	76179IN0140025	Ambetter Health Solutions Gold 2500 - Standard Gold Off Exchange Plan
76179IN0180007	Ambetter Health Solutions Gold PPO 3000 - Standard Gold Off Exchange Plan	76179IN0140026	Ambetter Health Solutions Gold 3000 - Standard Gold Off Exchange Plan
76179IN0180008	Ambetter Health Solutions Gold PPO 3500 - Standard Gold Off Exchange Plan	76179IN0140027	Ambetter Health Solutions Gold 3500 - Standard Gold Off Exchange Plan
76179IN0180009	Ambetter Health Solutions Silver Copay HSA PPO 4000 - Standard Silver Off Exchange Plan	76179IN0140028	Ambetter Health Solutions Silver 1350 - Standard Silver Off Exchange Plan
76179IN0180010	Ambetter Health Solutions Silver HSA PPO 4000 - Standard Silver Off Exchange Plan	76179IN0140029	Ambetter Health Solutions Silver 3000 - Standard Silver Off Exchange Plan
76179IN0180011	Ambetter Health Solutions Silver PPO 1350 - Standard Silver Off Exchange Plan	76179IN0140030	Ambetter Health Solutions Silver 4500 - Standard Silver Off Exchange Plan
76179IN0180012	Ambetter Health Solutions Silver PPO 3000 - Standard Silver Off Exchange Plan	76179IN0140031	Ambetter Health Solutions Silver 5000 - Standard Silver Off Exchange Plan
76179IN0180013	Ambetter Health Solutions Silver PPO 4500 - Standard Silver Off Exchange Plan	76179IN0140032	Ambetter Health Solutions Silver Copay HSA 4000 - Standard Silver Off Exchange Plan
76179IN0180014	Ambetter Health Solutions Silver PPO 5000 - Standard Silver Off Exchange Plan	76179IN0140033	Ambetter Health Solutions Silver HSA 4000 - Standard Silver Off Exchange Plan
76179IN0180015	Ambetter Health Solutions Platinum PPO 0 - Standard Platinum Off Exchange Plan	76179IN0140034	Ambetter Health Solutions Platinum 0 - Standard Platinum Off Exchange Plan
76179IN0180016	Ambetter Health Solutions Platinum PPO 300 - Standard Platinum Off Exchange Plan	76179IN0140035	Ambetter Health Solutions Platinum 300 - Standard Platinum Off Exchange Plan
76179IN0180017	Ambetter Health Solutions Gold PPO 0 - Standard Gold Off Exchange Plan	76179IN0140036	Ambetter Health Solutions Gold 0 - Standard Gold Off Exchange Plan
76179IN0190001	Ambetter Health Solutions Bronze HSA PPO 6400 + Vision + Adult Dental - Standard Bronze Off Exchange Plan	76179IN0210002	Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental - Standard Bronze Off Exchange Plan
76179IN0190003	Ambetter Health Solutions Bronze PPO 5000 + Vision + Adult Dental - Standard Bronze Off Exchange Plan	76179IN0210004	Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental - Standard Bronze Off Exchange Plan
76179IN0190005	Ambetter Health Solutions Gold PPO 1500 + Vision + Adult Dental - Standard Gold Off Exchange Plan	76179IN0210005	Ambetter Health Solutions Gold 1500 + Vision + Adult Dental - Standard Gold Off Exchange Plan
76179IN0190006	Ambetter Health Solutions Gold PPO 2500 + Vision + Adult Dental - Standard Gold Off Exchange Plan	76179IN0210006	Ambetter Health Solutions Gold 2500 + Vision + Adult Dental - Standard Gold Off Exchange Plan
76179IN0190007	Ambetter Health Solutions Gold PPO 3000 + Vision + Adult Dental - Standard Gold Off Exchange Plan	76179IN0210007	Ambetter Health Solutions Gold 3000 + Vision + Adult Dental - Standard Gold Off Exchange Plan
76179IN0190008	Ambetter Health Solutions Gold PPO 3500 + Vision + Adult Dental - Standard Gold Off Exchange Plan	76179IN0210008	Ambetter Health Solutions Gold 3500 + Vision + Adult Dental - Standard Gold Off Exchange Plan
76179IN0190009	Ambetter Health Solutions Silver Copay HSA PPO 4000 + Vision + Adult Dental - Standard Silver Off Exchange Plan	76179IN0210009	Ambetter Health Solutions Silver 1350 + Vision + Adult Dental - Standard Silver Off Exchange Plan
76179IN0190010	Ambetter Health Solutions Silver HSA PPO 4000 + Vision + Adult Dental - Standard Silver Off Exchange Plan	76179IN0210010	Ambetter Health Solutions Silver 3000 + Vision + Adult Dental - Standard Silver Off Exchange Plan
76179IN0190011	Ambetter Health Solutions Silver PPO 1350 + Vision + Adult Dental - Standard Silver Off Exchange Plan	76179IN0210011	Ambetter Health Solutions Silver 4500 + Vision + Adult Dental - Standard Silver Off Exchange Plan
76179IN0190012	Ambetter Health Solutions Silver PPO 3000 + Vision + Adult Dental - Standard Silver Off Exchange Plan	76179IN0210012	Ambetter Health Solutions Silver 5000 + Vision + Adult Dental - Standard Silver Off Exchange Plan
76179IN0190013	Ambetter Health Solutions Silver PPO 4500 + Vision + Adult Dental - Standard Silver Off Exchange Plan	76179IN0210013	Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental - Standard Silver Off Exchange Plan
76179IN0190014	Ambetter Health Solutions Silver PPO 5000 + Vision + Adult Dental - Standard Silver Off Exchange Plan	76179IN0210014	Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental - Standard Silver Off Exchange Plan
76179IN0190015	Ambetter Health Solutions Platinum PPO 0 + Vision + Adult Dental - Standard Platinum Off Exchange Plan	76179IN0210015	Ambetter Health Solutions Platinum 0 + Vision + Adult Dental - Standard Platinum Off Exchange Plan
76179IN0190016	Ambetter Health Solutions Platinum PPO 300 + Vision + Adult Dental - Standard Platinum Off Exchange Plan	76179IN0210016	Ambetter Health Solutions Platinum 300 + Vision + Adult Dental - Standard Platinum Off Exchange Plan
76179IN0190017	Ambetter Health Solutions Gold PPO 0 + Vision + Adult Dental - Standard Gold Off Exchange Plan	76179IN0210017	Ambetter Health Solutions Gold 0 + Vision + Adult Dental - Standard Gold Off Exchange Plan

Appendix 1.4
Celtic Insurance Company
Rating Example

Family Rating Example

Plan Design:	Ambetter Health Solutions Bronze HSA PPO 6400 - Standard Bronze Off Exchange Plan
Product:	76179IN018
HIOS ID:	76179IN0180001

				(a)	(b)	(c)	(d) = ((a) + (b)) x (c)	(e)	(f)	(g)	(h) = (d) x (e) x (f) x (g)
Member	Age	Smoking Status	Rating Area	Base	Prod. Adj.	Plan Rate Factor	(Base + Prod. Adj.) * Plan Factor	Age Factor	Tobacco	Area	Final Premium
Subscriber	40	Non-Smoker	Rating Area 1	\$332.85	\$0.00	1.0726	\$357.03	1.278	1.000	1.2002	\$547.63
Spouse	38	Non-Smoker	Rating Area 1	\$332.85	\$0.00	1.0726	\$357.03	1.246	1.000	1.2002	\$533.92
Child 1	18	Non-Smoker	Rating Area 1	\$332.85	\$0.00	1.0726	\$357.03	0.913	1.000	1.2002	\$391.23
Child 2	16	Non-Smoker	Rating Area 1	\$332.85	\$0.00	1.0726	\$357.03	0.859	1.000	1.2002	\$368.09
Child 3	14	Non-Smoker	Rating Area 1	\$332.85	\$0.00	1.0726	\$357.03	0.765	1.000	1.2002	\$327.81
Child 4	11	Non-Smoker	Rating Area 1	\$332.85	\$0.00	1.0726	\$357.03	0.000	1.000	1.2002	\$0.00
Total											\$2,168.68

Steps to Calculate Final Premium:

- (1) Look up the plan's Base Rate factor (a) and Product Adjustment factor (b). Add together.
- (2) Look up the Plan Rate factor based on the plan design (c).
- (3) Multiply the sum of (a) and (b) by the Plan Rate factor as shown in column (d).
- (4) Look up the age factors for each member based on age (e).

Note that premiums can only be charged for the oldest 3 children under age 21, so the age factor for all subsequent children will be 0.

- (5) Look up the tobacco factor for each member according to smoking status and age (f).
- (6) Look up the area factor based on the rating area (g).
- (7) Multiply column (d) by the age, tobacco and area factors for each member individually.
- (8) Sum the results from (7) for the final premium for the family.

<p align="center">Appendix 4.1 Celtic Insurance Company Experience Period Claims</p>

	Allowed	Incurred (Paid) Claims
Claim System	\$659,305,565	\$549,389,885
Outside⁽¹⁾	\$6,482,656	\$5,401,904
IBNP	\$11,043,425	\$0
Less Reinsurance		
Total⁽²⁾	\$676,831,646	\$536,994,117
Estimated CSR Subsidies⁽³⁾		\$84,499,571

(1) The claims processed outside of the issuer's claims system are for capitated services.

(2) Total claims are calculated using unrounded numbers.

(3) CSR subsidies were unfunded for entirety of base period. This is an internal estimate of the subsidy payments had they been funded.

Appendix 5.1
Celtic Insurance Company
Benefit Category Mapping

MCRM Benefit Category	URRT Benefit Category
Inpatient Facility - Non-Maternity	-
Medical	Inpatient Hospital
Medical - Other Newborn	Inpatient Hospital
Surgical	Inpatient Hospital
Psychiatric - Hospital	Inpatient Hospital
Psychiatric - Residential	Inpatient Hospital
Alcohol & Drug Abuse - Hospital	Inpatient Hospital
Alcohol & Drug Abuse - Residential	Inpatient Hospital
Inpatient Facility - Maternity	
Normal Deliveries	Inpatient Hospital
Cesarean Deliveries	Inpatient Hospital
Non-Deliveries	Inpatient Hospital
Skilled Nursing Facility	Inpatient Hospital
Outpatient Facility	
Observation	Outpatient Hospital
Emergency Room	Outpatient Hospital
Surgery	Outpatient Hospital
Radiology	
Radiology - Therapeutic	Outpatient Hospital
Radiology - Diagnostic	Outpatient Hospital
Radiology - CT / MRI / PET	Outpatient Hospital
Pathology/Lab	Outpatient Hospital
Pharmacy	Outpatient Hospital
Cardiovascular	Outpatient Hospital
PT/OT/ST	Outpatient Hospital
Psychiatric	Outpatient Hospital
Alcohol & Drug Abuse	Outpatient Hospital
Preventive	Outpatient Hospital
Other Outpatient Facility	Outpatient Hospital
Professional	
Inpatient Surgery - Non-Maternity	
Surgeon	Professional
Anesthesia	Professional
Maternity	
Professional	Professional
Anesthesia	Professional
Outpatient Surgery	
Outpatient Facility	Professional
Office	Professional
Anesthesia	Professional
Inpatient Visits	
Medical	Professional
Psychiatric	Professional
Alcohol & Drug Abuse	Professional
Office Visits & Miscellaneous Services	
Office/Home Visits - PCP	Professional
Office/Home Visits - Specialist	Professional
Urgent Care Visits	Professional
Office Administered Drugs	Professional
Allergy Testing	Professional
Allergy Immunotherapy	Professional
Miscellaneous Medical	Professional

Appendix 5.1
Celtic Insurance Company
Benefit Category Mapping

MCRM Benefit Category	URRT Benefit Category
Preventive Services	
Immunizations	Professional
Well Baby Exams	Professional
Physical Exams	Professional
Other Preventive	Professional
Other Professional Services	
ER Visits and Observation Care	Professional
Vision Exams	Professional
Hearing and Speech Exams	Professional
Physical Therapy	Professional
Cardiovascular	Professional
Radiology	
Inpatient	Professional
Outpatient	
Outpatient - Therapeutic	Professional
Outpatient - Diagnostic	Professional
Outpatient - CT / MRI / PET	Professional
Office	
Office - Therapeutic	Professional
Office - Diagnostic	Professional
Office - CT / MRI / PET	Professional
Pathology/Lab	
Inpatient & Outpatient	Professional
Office	Professional
Chiropractor	Professional
Outpatient Psychiatric	Professional
Outpatient Alcohol & Drug Abuse	Professional
Other	
Prescription Drugs	Prescription Drug
Private Duty Nursing/Home Health	Other Medical
Ambulance	Other Medical
DME and Supplies	Other Medical
Prosthetics	Other Medical
Autism - ABA	Other Medical
IUD Contraceptive	Other Medical
Implantable Rod Contraceptive	Other Medical
Envolve Vision - Child - Exam / Hardware	Capitation
Envolve Vision - Child - Med / Surg	Capitation
Envolve PeopleCare - Health Coaching	Capitation
Envolve PeopleCare - Nurseline	Capitation
Start Smart	Capitation
Teledoc - Telehealth	Capitation
Adult Vision / Adult Dental	
Envolve Vision - Adult - Exam / Hardware	Capitation
Envolve Dental - Adult	Capitation

Appendix 8.1
Celtic Insurance Company
Development of Manual Adjustments

		Claims PMPM	
		Total	Impact
Base Data		\$502.30	
Unit Cost and Utilization Trends	Unit Cost Trend	623.56	1.241 (a)
	Utilization Trend	653.37	1.048 (b)
Expected Morbidity Adjustments	Remove Direct COVID Costs	653.37	1.000 (c)
	Unwind Pandemic-Related Suppression of 2024 Utilization	653.37	1.000 (d)
	2024 to 2026 Statewide Morbidity Trend	689.35	1.055 (e)
	2024 to 2026 Relative Morbidity Trend	654.75	0.950 (f)
Demographic Shift Adjustment	Demographic Change (Age/Gender)	602.49	0.920 (g)
	Enrollment Distribution Change	662.64	1.100 (h)
Plan Design Changes Adjustment	Induced Utilization	635.55	0.959 (i)
	Covered Benefit Changes	635.55	1.000 (j)
	Other Adjustment	623.73	0.981 (k)
Manual EHB Allowed Claims PMPM (a)*...*(k)		\$623.73	1.242

Notes:

COVID related adjustments are now set to 1.0, as we are not applying any unique adjustments to COVID claims in our experience period data.

Appendix 10.1
Celtic Insurance Company
Index Rate to Projected Index Rate

		(1)	(2)	(3)	(4)	(5) = (2) * (4) + (3) * [1 - (4)]
Plan ID	Plan Name	Projected Member Months	Experience-Based	Credibility	Credibility Factor	Projected Index Rate
			Manual Index Rate (Projected)	Manual Index Rate (Projected)		
76179IN0140021	Ambetter Health Solutions Bronze 5000	91	N/A	\$623.73	0%	\$623.73
76179IN0140023	Ambetter Health Solutions Bronze HSA 6400	711	N/A	\$623.73	0%	\$623.73
76179IN0140024	Ambetter Health Solutions Gold 1500	1,310	N/A	\$623.73	0%	\$623.73
76179IN0140025	Ambetter Health Solutions Gold 2500	451	N/A	\$623.73	0%	\$623.73
76179IN0140026	Ambetter Health Solutions Gold 3000	600	N/A	\$623.73	0%	\$623.73
76179IN0140027	Ambetter Health Solutions Gold 3500	138	N/A	\$623.73	0%	\$623.73
76179IN0140028	Ambetter Health Solutions Silver 1350	263	N/A	\$623.73	0%	\$623.73
76179IN0140029	Ambetter Health Solutions Silver 3000	603	N/A	\$623.73	0%	\$623.73
76179IN0140030	Ambetter Health Solutions Silver 4500	884	N/A	\$623.73	0%	\$623.73
76179IN0140031	Ambetter Health Solutions Silver 5000	568	N/A	\$623.73	0%	\$623.73
76179IN0140032	Ambetter Health Solutions Silver Copay HSA 4000	691	N/A	\$623.73	0%	\$623.73
76179IN0140033	Ambetter Health Solutions Silver HSA 4000	1,859	N/A	\$623.73	0%	\$623.73
76179IN0140034	Ambetter Health Solutions Platinum 0	442	N/A	\$623.73	0%	\$623.73
76179IN0140035	Ambetter Health Solutions Platinum 300	442	N/A	\$623.73	0%	\$623.73
76179IN0140036	Ambetter Health Solutions Gold 0	626	N/A	\$623.73	0%	\$623.73
76179IN0180001	Ambetter Health Solutions Bronze HSA PPO 6400	3,665	N/A	\$623.73	0%	\$623.73
76179IN0180003	Ambetter Health Solutions Bronze PPO 5000	637	N/A	\$623.73	0%	\$623.73
76179IN0180005	Ambetter Health Solutions Gold PPO 1500	9,151	N/A	\$623.73	0%	\$623.73
76179IN0180006	Ambetter Health Solutions Gold PPO 2500	2,870	N/A	\$623.73	0%	\$623.73
76179IN0180007	Ambetter Health Solutions Gold PPO 3000	5,614	N/A	\$623.73	0%	\$623.73
76179IN0180008	Ambetter Health Solutions Gold PPO 3500	2,603	N/A	\$623.73	0%	\$623.73
76179IN0180009	Ambetter Health Solutions Silver Copay HSA PPO 4000	7,919	N/A	\$623.73	0%	\$623.73
76179IN0180010	Ambetter Health Solutions Silver HSA PPO 4000	11,226	N/A	\$623.73	0%	\$623.73
76179IN0180011	Ambetter Health Solutions Silver PPO 1350	3,152	N/A	\$623.73	0%	\$623.73
76179IN0180012	Ambetter Health Solutions Silver PPO 3000	5,382	N/A	\$623.73	0%	\$623.73
76179IN0180013	Ambetter Health Solutions Silver PPO 4500	3,460	N/A	\$623.73	0%	\$623.73
76179IN0180014	Ambetter Health Solutions Silver PPO 5000	4,152	N/A	\$623.73	0%	\$623.73
76179IN0180015	Ambetter Health Solutions Platinum PPO 0	1,692	N/A	\$623.73	0%	\$623.73
76179IN0180016	Ambetter Health Solutions Platinum PPO 300	1,692	N/A	\$623.73	0%	\$623.73
76179IN0180017	Ambetter Health Solutions Gold PPO 0	5,059	N/A	\$623.73	0%	\$623.73
76179IN0190001	Ambetter Health Solutions Bronze HSA PPO 6400 + Vision	349	N/A	\$623.73	0%	\$623.73
76179IN0190003	Ambetter Health Solutions Bronze PPO 5000 + Vision	61	N/A	\$623.73	0%	\$623.73
76179IN0190005	Ambetter Health Solutions Gold PPO 1500 + Vision	1,016	N/A	\$623.73	0%	\$623.73
76179IN0190006	Ambetter Health Solutions Gold PPO 2500 + Vision	319	N/A	\$623.73	0%	\$623.73
76179IN0190007	Ambetter Health Solutions Gold PPO 3000 + Vision	623	N/A	\$623.73	0%	\$623.73
76179IN0190008	Ambetter Health Solutions Gold PPO 3500 + Vision	289	N/A	\$623.73	0%	\$623.73
76179IN0190009	Ambetter Health Solutions Silver Copay HSA PPO 4000	819	N/A	\$623.73	0%	\$623.73
76179IN0190010	Ambetter Health Solutions Silver HSA PPO 4000 + Vision	1,160	N/A	\$623.73	0%	\$623.73
76179IN0190011	Ambetter Health Solutions Silver PPO 1350 + Vision	326	N/A	\$623.73	0%	\$623.73
76179IN0190012	Ambetter Health Solutions Silver PPO 3000 + Vision	556	N/A	\$623.73	0%	\$623.73
76179IN0190013	Ambetter Health Solutions Silver PPO 4500 + Vision	358	N/A	\$623.73	0%	\$623.73
76179IN0190014	Ambetter Health Solutions Silver PPO 5000 + Vision	429	N/A	\$623.73	0%	\$623.73
76179IN0190015	Ambetter Health Solutions Platinum PPO 0 + Vision	180	N/A	\$623.73	0%	\$623.73
76179IN0190016	Ambetter Health Solutions Platinum PPO 300 + Vision	180	N/A	\$623.73	0%	\$623.73
76179IN0190017	Ambetter Health Solutions Gold PPO 0 + Vision + Adult Dental	562	N/A	\$623.73	0%	\$623.73
76179IN0210002	Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental	9	N/A	\$623.73	0%	\$623.73
76179IN0210004	Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental	74	N/A	\$623.73	0%	\$623.73
76179IN0210005	Ambetter Health Solutions Gold 1500 + Vision + Adult Dental	139	N/A	\$623.73	0%	\$623.73
76179IN0210006	Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	48	N/A	\$623.73	0%	\$623.73
76179IN0210007	Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	64	N/A	\$623.73	0%	\$623.73
76179IN0210008	Ambetter Health Solutions Gold 3500 + Vision + Adult Dental	15	N/A	\$623.73	0%	\$623.73
76179IN0210009	Ambetter Health Solutions Silver 1350 + Vision + Adult Dental	28	N/A	\$623.73	0%	\$623.73
76179IN0210010	Ambetter Health Solutions Silver 3000 + Vision + Adult Dental	64	N/A	\$623.73	0%	\$623.73
76179IN0210011	Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	94	N/A	\$623.73	0%	\$623.73
76179IN0210012	Ambetter Health Solutions Silver 5000 + Vision + Adult Dental	61	N/A	\$623.73	0%	\$623.73
76179IN0210013	Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental	73	N/A	\$623.73	0%	\$623.73
76179IN0210014	Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental	198	N/A	\$623.73	0%	\$623.73
76179IN0210015	Ambetter Health Solutions Platinum 0 + Vision + Adult Dental	44	N/A	\$623.73	0%	\$623.73
76179IN0210016	Ambetter Health Solutions Platinum 300 + Vision + Adult Dental	44	N/A	\$623.73	0%	\$623.73
76179IN0210017	Ambetter Health Solutions Gold 0 + Vision + Adult Dental	66	N/A	\$623.73	0%	\$623.73
Total		86,201	N/A	\$623.73	0%	\$623.73

Appendix 11.1
Celtic Insurance Company
Projected Index Rate to Market Adjusted Index Rate

Plan ID	Plan Name	(5)	(6)	(7)	(8)	(9) = (5) * (6) * (7) * (8)
		Projected Index Rate	Reinsurance Factor	Net Risk Adjustment Transfer Factor	Exchange User Fee Factor	Market Adjusted Index Rate
76179IN0140021	Ambetter Health Solutions Bronze 5000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140023	Ambetter Health Solutions Bronze HSA 6400	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140024	Ambetter Health Solutions Gold 1500	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140025	Ambetter Health Solutions Gold 2500	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140026	Ambetter Health Solutions Gold 3000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140027	Ambetter Health Solutions Gold 3500	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140028	Ambetter Health Solutions Silver 1350	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140029	Ambetter Health Solutions Silver 3000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140030	Ambetter Health Solutions Silver 4500	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140031	Ambetter Health Solutions Silver 5000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140032	Ambetter Health Solutions Silver Copay HSA 4000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140033	Ambetter Health Solutions Silver HSA 4000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140034	Ambetter Health Solutions Platinum 0	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140035	Ambetter Health Solutions Platinum 300	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0140036	Ambetter Health Solutions Gold 0	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180001	Ambetter Health Solutions Bronze HSA PPO 6400	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180003	Ambetter Health Solutions Bronze PPO 5000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180005	Ambetter Health Solutions Gold PPO 1500	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180006	Ambetter Health Solutions Gold PPO 2500	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180007	Ambetter Health Solutions Gold PPO 3000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180008	Ambetter Health Solutions Gold PPO 3500	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180009	Ambetter Health Solutions Silver Copay HSA PPO 4000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180010	Ambetter Health Solutions Silver HSA PPO 4000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180011	Ambetter Health Solutions Silver PPO 1350	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180012	Ambetter Health Solutions Silver PPO 3000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180013	Ambetter Health Solutions Silver PPO 4500	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180014	Ambetter Health Solutions Silver PPO 5000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180015	Ambetter Health Solutions Platinum PPO 0	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180016	Ambetter Health Solutions Platinum PPO 300	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0180017	Ambetter Health Solutions Gold PPO 0	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190001	Ambetter Health Solutions Bronze HSA PPO 6400 + Visi	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190003	Ambetter Health Solutions Bronze PPO 5000 + Vision +	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190005	Ambetter Health Solutions Gold PPO 1500 + Vision + Ac	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190006	Ambetter Health Solutions Gold PPO 2500 + Vision + Ac	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190007	Ambetter Health Solutions Gold PPO 3000 + Vision + Ac	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190008	Ambetter Health Solutions Gold PPO 3500 + Vision + Ac	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190009	Ambetter Health Solutions Silver Copay HSA PPO 4000	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190010	Ambetter Health Solutions Silver HSA PPO 4000 + Visio	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190011	Ambetter Health Solutions Silver PPO 1350 + Vision + A	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190012	Ambetter Health Solutions Silver PPO 3000 + Vision + A	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190013	Ambetter Health Solutions Silver PPO 4500 + Vision + A	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190014	Ambetter Health Solutions Silver PPO 5000 + Vision + A	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190015	Ambetter Health Solutions Platinum PPO 0 + Vision + Ac	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190016	Ambetter Health Solutions Platinum PPO 300 + Vision +	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0190017	Ambetter Health Solutions Gold PPO 0 + Vision + Adult I	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210002	Ambetter Health Solutions Bronze 5000 + Vision + Adult	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210004	Ambetter Health Solutions Bronze HSA 6400 + Vision +	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210005	Ambetter Health Solutions Gold 1500 + Vision + Adult D	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210006	Ambetter Health Solutions Gold 2500 + Vision + Adult D	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210007	Ambetter Health Solutions Gold 3000 + Vision + Adult D	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210008	Ambetter Health Solutions Gold 3500 + Vision + Adult D	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210009	Ambetter Health Solutions Silver 1350 + Vision + Adult C	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210010	Ambetter Health Solutions Silver 3000 + Vision + Adult C	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210011	Ambetter Health Solutions Silver 4500 + Vision + Adult C	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210012	Ambetter Health Solutions Silver 5000 + Vision + Adult C	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210013	Ambetter Health Solutions Silver Copay HSA 4000 + Vis	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210014	Ambetter Health Solutions Silver HSA 4000 + Vision + A	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210015	Ambetter Health Solutions Platinum 0 + Vision + Adult D	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210016	Ambetter Health Solutions Platinum 300 + Vision + Adult	\$623.73	1.000	1.022	1.000	\$637.39
76179IN0210017	Ambetter Health Solutions Gold 0 + Vision + Adult Denta	\$623.73	1.000	1.022	1.000	\$637.39
Total		\$623.73				\$637.39

Appendix 11.2
Celtic Insurance Company
Projected Risk Adjustment Transfers for 2026

Indiana Individual Single Risk Pool		
Transfer Formula Component		Value
PLRS: Plan Liability Risk Score	=	1.226
IDF: HHS Induced Demand Factor	x	1.021
GCF: Geographic Cost Factor	x	1.000
(a) Plan Liability Component (PLRS x IDF x GCF)	=	1.252
AV: Metal Level AV		0.668
ARF: Allowable Age Rating Factor	x	1.662
IDF: HHS Induced Demand Factor	x	1.021
GCF: Geographic Cost Factor	x	1.000
(b) Allowable Rating Component (AV*ARF*IDF*GCF)	=	1.133

Celtic Insurance Company (Indiana)		
Transfer Formula Component		Value
PLRS: Plan Liability Risk Score	=	1.229
IDF: HHS Induced Demand Factor	x	1.053
GCF: Geographic Cost Factor	x	0.981
(c) Plan Liability Component (PLRS x IDF x GCF)	=	1.269
AV: Metal Level AV		0.741
ARF: Allowable Age Rating Factor	x	1.539
IDF: HHS Induced Demand Factor	x	1.053
GCF: Geographic Cost Factor	x	0.981
(d) Allowable Rating Component (AV*ARF*IDF*GCF)	=	1.177

Net Risk Transfer Payment/(Receivable)		
Transfer Formula Component		Value
Statewide Average Premium ⁽²⁾		\$482.17
% of Statewide Average Premium = $-(c/a - d/b)$	x	2.60%
Net High Risk Pool (Reinsurance) Payment/(Receivable)	+	(\$1.65)
Risk Transfer Payment/(Receivable)⁽¹⁾	=	\$10.88
Paid to Allowed Ratio	/	0.796
Risk Transfer Payment/(Receivable) - Allowed Basis	=	\$13.67
Portion of Risk Adjustment for Non-EHB Benefits	-	\$0.01
Risk Transfer Payment/Charge on URRT WS1	=	\$13.66

Notes

(1) Risk transfer projection is consistent with membership, plan selection, and morbidity assumptions used for pricing.

(2) Statewide average premium is trended forward from 2024, adjusted for anticipated average plan and demographic mix, and net of the 14% administrative cost carve out.

Appendix 12.1
Celtic Insurance Company
Market Adjusted Index Rate to Plan Adjusted Index Rate

Plan ID	Plan Name	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16) = (10) * ... * (15)	(17) = (9) * (16)
		Market Adjusted Index Rate	Actuarial Value and Cost-Sharing Design of the Plan	Provider Network, Delivery System and Utilization Management	Benefits in Addition to the EHBs	Administrative Costs Excluding Exchange User Fees	Premium Taxes and Fees	Impact of Specific Eligibility Categories for Catastrophic Plans	AV Pricing Value	Plan Adjusted Index Rate
76179IN0140021	Ambetter Health Solutions Bronze 5000	\$637.39	0.676	0.933	1.001	1.189	1.025	1.000	0.769	\$490.31
76179IN0140023	Ambetter Health Solutions Bronze HSA 6400	\$637.39	0.694	0.933	1.001	1.189	1.025	1.000	0.790	\$503.82
76179IN0140024	Ambetter Health Solutions Gold 1500	\$637.39	0.913	0.933	1.001	1.189	1.025	1.000	1.039	\$662.39
76179IN0140025	Ambetter Health Solutions Gold 2500	\$637.39	0.891	0.933	1.001	1.189	1.025	1.000	1.015	\$646.83
76179IN0140026	Ambetter Health Solutions Gold 3000	\$637.39	0.857	0.933	1.001	1.189	1.025	1.000	0.975	\$621.73
76179IN0140027	Ambetter Health Solutions Gold 3500	\$637.39	0.875	0.933	1.001	1.189	1.025	1.000	0.996	\$634.87
76179IN0140028	Ambetter Health Solutions Silver 1350	\$637.39	0.748	0.933	1.001	1.189	1.025	1.000	0.852	\$543.10
76179IN0140029	Ambetter Health Solutions Silver 3000	\$637.39	0.724	0.933	1.001	1.189	1.025	1.000	0.825	\$525.59
76179IN0140030	Ambetter Health Solutions Silver 4500	\$637.39	0.700	0.933	1.001	1.189	1.025	1.000	0.797	\$508.00
76179IN0140031	Ambetter Health Solutions Silver 5000	\$637.39	0.680	0.933	1.001	1.189	1.025	1.000	0.775	\$493.69
76179IN0140032	Ambetter Health Solutions Silver Copay HSA 4000	\$637.39	0.718	0.933	1.001	1.189	1.025	1.000	0.817	\$521.03
76179IN0140033	Ambetter Health Solutions Silver HSA 4000	\$637.39	0.723	0.933	1.001	1.189	1.025	1.000	0.823	\$524.69
76179IN0140034	Ambetter Health Solutions Platinum 0	\$637.39	1.018	0.933	1.001	1.189	1.025	1.000	1.159	\$738.65
76179IN0140035	Ambetter Health Solutions Platinum 300	\$637.39	1.006	0.933	1.001	1.189	1.025	1.000	1.145	\$729.63
76179IN0140036	Ambetter Health Solutions Gold 0	\$637.39	0.907	0.933	1.001	1.189	1.025	1.000	1.033	\$658.30
76179IN0180001	Ambetter Health Solutions Bronze HSA PPO 6400	\$637.39	0.694	1.009	1.001	1.189	1.025	1.000	0.855	\$544.90
76179IN0180003	Ambetter Health Solutions Bronze PPO 5000	\$637.39	0.676	1.009	1.001	1.189	1.025	1.000	0.832	\$530.29
76179IN0180005	Ambetter Health Solutions Gold PPO 1500	\$637.39	0.913	1.009	1.001	1.189	1.025	1.000	1.124	\$716.40
76179IN0180006	Ambetter Health Solutions Gold PPO 2500	\$637.39	0.891	1.009	1.001	1.189	1.025	1.000	1.098	\$699.58
76179IN0180007	Ambetter Health Solutions Gold PPO 3000	\$637.39	0.857	1.009	1.001	1.189	1.025	1.000	1.055	\$672.43
76179IN0180008	Ambetter Health Solutions Gold PPO 3500	\$637.39	0.875	1.009	1.001	1.189	1.025	1.000	1.077	\$686.64
76179IN0180009	Ambetter Health Solutions Silver Copay HSA PPO 4000	\$637.39	0.718	1.009	1.001	1.189	1.025	1.000	0.884	\$563.51
76179IN0180010	Ambetter Health Solutions Silver HSA PPO 4000	\$637.39	0.723	1.009	1.001	1.189	1.025	1.000	0.890	\$567.48
76179IN0180011	Ambetter Health Solutions Silver PPO 1350	\$637.39	0.751	1.009	1.001	1.189	1.025	1.000	0.925	\$589.50
76179IN0180012	Ambetter Health Solutions Silver PPO 3000	\$637.39	0.724	1.009	1.001	1.189	1.025	1.000	0.892	\$568.45
76179IN0180013	Ambetter Health Solutions Silver PPO 4500	\$637.39	0.700	1.009	1.001	1.189	1.025	1.000	0.862	\$549.42
76179IN0180014	Ambetter Health Solutions Silver PPO 5000	\$637.39	0.680	1.009	1.001	1.189	1.025	1.000	0.838	\$533.95
76179IN0180015	Ambetter Health Solutions Platinum PPO 0	\$637.39	1.018	1.009	1.001	1.189	1.025	1.000	1.253	\$798.89
76179IN0180016	Ambetter Health Solutions Platinum PPO 300	\$637.39	1.006	1.009	1.001	1.189	1.025	1.000	1.238	\$789.13
76179IN0180017	Ambetter Health Solutions Gold PPO 0	\$637.39	0.907	1.009	1.001	1.189	1.025	1.000	1.117	\$711.98
76179IN0190001	Ambetter Health Solutions Bronze HSA PPO 6400 + Vision + Adult Dental	\$637.39	0.694	1.009	1.031	1.189	1.025	1.000	0.881	\$561.36
76179IN0190003	Ambetter Health Solutions Bronze PPO 5000 + Vision + Adult Dental	\$637.39	0.676	1.009	1.031	1.189	1.025	1.000	0.857	\$546.31
76179IN0190005	Ambetter Health Solutions Gold PPO 1500 + Vision + Adult Dental	\$637.39	0.913	1.009	1.031	1.189	1.025	1.000	1.158	\$738.04
76179IN0190006	Ambetter Health Solutions Gold PPO 2500 + Vision + Adult Dental	\$637.39	0.891	1.009	1.031	1.189	1.025	1.000	1.131	\$720.71
76179IN0190007	Ambetter Health Solutions Gold PPO 3000 + Vision + Adult Dental	\$637.39	0.857	1.009	1.031	1.189	1.025	1.000	1.087	\$692.74
76179IN0190008	Ambetter Health Solutions Gold PPO 3500 + Vision + Adult Dental	\$637.39	0.875	1.009	1.031	1.189	1.025	1.000	1.110	\$707.38
76179IN0190009	Ambetter Health Solutions Silver Copay HSA PPO 4000 + Vision + Adult Den	\$637.39	0.718	1.009	1.031	1.189	1.025	1.000	0.911	\$580.54
76179IN0190010	Ambetter Health Solutions Silver HSA PPO 4000 + Vision + Adult Dental	\$637.39	0.723	1.009	1.031	1.189	1.025	1.000	0.917	\$584.62
76179IN0190011	Ambetter Health Solutions Silver PPO 1350 + Vision + Adult Dental	\$637.39	0.751	1.009	1.031	1.189	1.025	1.000	0.953	\$607.30
76179IN0190012	Ambetter Health Solutions Silver PPO 3000 + Vision + Adult Dental	\$637.39	0.724	1.009	1.031	1.189	1.025	1.000	0.919	\$585.62
76179IN0190013	Ambetter Health Solutions Silver PPO 4500 + Vision + Adult Dental	\$637.39	0.700	1.009	1.031	1.189	1.025	1.000	0.888	\$566.02
76179IN0190014	Ambetter Health Solutions Silver PPO 5000 + Vision + Adult Dental	\$637.39	0.680	1.009	1.031	1.189	1.025	1.000	0.863	\$550.08
76179IN0190015	Ambetter Health Solutions Platinum PPO 0 + Vision + Adult Dental	\$637.39	1.018	1.009	1.031	1.189	1.025	1.000	1.291	\$823.02
76179IN0190016	Ambetter Health Solutions Platinum PPO 300 + Vision + Adult Dental	\$637.39	1.006	1.009	1.031	1.189	1.025	1.000	1.275	\$812.96
76179IN0190017	Ambetter Health Solutions Gold PPO 0 + Vision + Adult Dental	\$637.39	0.907	1.009	1.031	1.189	1.025	1.000	1.151	\$733.49
76179IN0210002	Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental	\$637.39	0.676	0.933	1.031	1.189	1.025	1.000	0.792	\$505.12
76179IN0210004	Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental	\$637.39	0.694	0.933	1.031	1.189	1.025	1.000	0.814	\$519.03
76179IN0210005	Ambetter Health Solutions Gold 1500 + Vision + Adult Dental	\$637.39	0.913	0.933	1.031	1.189	1.025	1.000	1.071	\$682.39
76179IN0210006	Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	\$637.39	0.891	0.933	1.031	1.189	1.025	1.000	1.045	\$666.37
76179IN0210007	Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	\$637.39	0.857	0.933	1.031	1.189	1.025	1.000	1.005	\$640.51
76179IN0210008	Ambetter Health Solutions Gold 3500 + Vision + Adult Dental	\$637.39	0.875	0.933	1.031	1.189	1.025	1.000	1.026	\$654.04
76179IN0210009	Ambetter Health Solutions Silver 1350 + Vision + Adult Dental	\$637.39	0.748	0.933	1.031	1.189	1.025	1.000	0.878	\$559.51
76179IN0210010	Ambetter Health Solutions Silver 3000 + Vision + Adult Dental	\$637.39	0.724	0.933	1.031	1.189	1.025	1.000	0.850	\$541.46
76179IN0210011	Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	\$637.39	0.700	0.933	1.031	1.189	1.025	1.000	0.821	\$523.34
76179IN0210012	Ambetter Health Solutions Silver 5000 + Vision + Adult Dental	\$637.39	0.680	0.933	1.031	1.189	1.025	1.000	0.798	\$508.60
76179IN0210013	Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental	\$637.39	0.718	0.933	1.031	1.189	1.025	1.000	0.842	\$536.76
76179IN0210014	Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental	\$637.39	0.723	0.933	1.031	1.189	1.025	1.000	0.848	\$540.54
76179IN0210015	Ambetter Health Solutions Platinum 0 + Vision + Adult Dental	\$637.39	1.018	0.933	1.031	1.189	1.025	1.000	1.194	\$760.97
76179IN0210016	Ambetter Health Solutions Platinum 300 + Vision + Adult Dental	\$637.39	1.006	0.933	1.031	1.189	1.025	1.000	1.179	\$751.67
76179IN0210017	Ambetter Health Solutions Gold 0 + Vision + Adult Dental	\$637.39	0.907	0.933	1.031	1.189	1.025	1.000	1.064	\$678.18
Total			0.796	1.000	1.003	1.189	1.025	1.000	0.974	\$620.68

Appendix 12.2
Celtic Insurance Company
Summary of Non-Benefit Expenses

Expense Component	PMPM	% of Net Revenue	% of Aggregate Premium
Aggregate Premium	\$620.68		100.00%
Net Revenue	\$609.80	100.00%	
<u>Administrative Expense Load</u>			
General Administrative Expenses - % of net revenue	\$0.00	0.00%	
General Administrative Expenses - PMPM	\$78.61		12.67%
Quality Improvement Expenses	\$3.50		0.56%
Provider Incentive Payments	\$2.00		0.32%
Total	\$84.11		13.55%
Post-Tax Profit and Contribution to Surplus	\$14.71		2.37%
<u>Taxes and Fees - Fixed PMPM</u>			
Misc. Taxes and Fees	\$0.35		0.06%
PMPM Assessments	\$0.00		0.00%
Total	\$0.35		0.06%
<u>Taxes and Fees - % of Premium</u>			
State Income Tax	\$0.00		0.00%
Federal Income Tax	\$3.91		0.63%
Federal Transitional Reinsurance Program Fee	\$0.00		0.00%
Patient Centered Outcomes Research Fee	\$0.32		0.05%
Misc. Taxes and Fees	\$0.00		0.00%
Indiana Exchange Fee	\$0.00		0.00%
Total	\$4.23		0.68%
<u>Taxes and Fees - % of Net Revenue</u>			
ACA Annual Fee	\$0.00	0.00%	
Health Insurance Provider Fee	\$0.00	0.00%	
Indiana Premium Tax Assessments	\$7.93	1.30%	
Other Assessments	\$0.00	0.00%	
Total	\$7.93	1.30%	
<u>Non-Benefit Expenses, Risk and Profit</u>	\$111.33	18.26%	17.94%
Risk Adjustment User Fee	\$0.20		
<u>Total Non-Benefit Expenses, Risk and Profit</u>	\$111.53	18.29%	17.97%

Appendix 13.1
Celtic Insurance Company
Plan Adjusted Index Rate to Calibrated Plan-Adjusted Index Rate

Plan ID	Plan Name	(17)	(18)	(19)	(20)	(21) = (18) * (19) * (20)	(22) = (17) / (21)	(23)	(24) = (22) / (23)
		Plan Adjusted Index Rate	Rating Area Calibration Factor	Age Calibration Factor	Tobacco Use Calibration Factor	Calibration	Calibrated Plan-Adjusted Index Rate	Plan Rate Factor	Base Rate
76179IN0140021	Ambetter Health Solutions Bronze 5000	\$490.31	0.986	1.539	1.005	1.526	\$321.26	0.965	\$332.85
76179IN0140023	Ambetter Health Solutions Bronze HSA 6400	\$503.82	0.986	1.539	1.005	1.526	\$330.11	0.992	\$332.85
76179IN0140024	Ambetter Health Solutions Gold 1500	\$662.39	0.986	1.539	1.005	1.526	\$434.01	1.304	\$332.85
76179IN0140025	Ambetter Health Solutions Gold 2500	\$646.83	0.986	1.539	1.005	1.526	\$423.82	1.273	\$332.85
76179IN0140026	Ambetter Health Solutions Gold 3000	\$621.73	0.986	1.539	1.005	1.526	\$407.38	1.224	\$332.85
76179IN0140027	Ambetter Health Solutions Gold 3500	\$634.87	0.986	1.539	1.005	1.526	\$415.98	1.250	\$332.85
76179IN0140028	Ambetter Health Solutions Silver 1350	\$543.10	0.986	1.539	1.005	1.526	\$355.86	1.069	\$332.85
76179IN0140029	Ambetter Health Solutions Silver 3000	\$525.59	0.986	1.539	1.005	1.526	\$344.38	1.035	\$332.85
76179IN0140030	Ambetter Health Solutions Silver 4500	\$508.00	0.986	1.539	1.005	1.526	\$332.85	1.000	\$332.85
76179IN0140031	Ambetter Health Solutions Silver 5000	\$493.69	0.986	1.539	1.005	1.526	\$323.48	0.972	\$332.85
76179IN0140032	Ambetter Health Solutions Silver Copay HSA 4000	\$521.03	0.986	1.539	1.005	1.526	\$341.39	1.026	\$332.85
76179IN0140033	Ambetter Health Solutions Silver HSA 4000	\$524.69	0.986	1.539	1.005	1.526	\$343.79	1.033	\$332.85
76179IN0140034	Ambetter Health Solutions Platinum 0	\$738.65	0.986	1.539	1.005	1.526	\$483.99	1.454	\$332.85
76179IN0140035	Ambetter Health Solutions Platinum 300	\$729.63	0.986	1.539	1.005	1.526	\$478.07	1.436	\$332.85
76179IN0140036	Ambetter Health Solutions Gold 0	\$658.30	0.986	1.539	1.005	1.526	\$431.34	1.296	\$332.85
76179IN0180001	Ambetter Health Solutions Bronze HSA PPO 6400	\$544.90	0.986	1.539	1.005	1.526	\$357.03	1.073	\$332.85
76179IN0180003	Ambetter Health Solutions Bronze PPO 5000	\$530.29	0.986	1.539	1.005	1.526	\$347.46	1.044	\$332.85
76179IN0180005	Ambetter Health Solutions Gold PPO 1500	\$716.40	0.986	1.539	1.005	1.526	\$469.41	1.410	\$332.85
76179IN0180006	Ambetter Health Solutions Gold PPO 2500	\$699.58	0.986	1.539	1.005	1.526	\$458.38	1.377	\$332.85
76179IN0180007	Ambetter Health Solutions Gold PPO 3000	\$672.43	0.986	1.539	1.005	1.526	\$440.60	1.324	\$332.85
76179IN0180008	Ambetter Health Solutions Gold PPO 3500	\$686.64	0.986	1.539	1.005	1.526	\$449.90	1.352	\$332.85
76179IN0180009	Ambetter Health Solutions Silver Copay HSA PPO 4000	\$563.51	0.986	1.539	1.005	1.526	\$369.23	1.109	\$332.85
76179IN0180010	Ambetter Health Solutions Silver HSA PPO 4000	\$567.48	0.986	1.539	1.005	1.526	\$371.83	1.117	\$332.85
76179IN0180011	Ambetter Health Solutions Silver PPO 1350	\$589.50	0.986	1.539	1.005	1.526	\$386.26	1.160	\$332.85
76179IN0180012	Ambetter Health Solutions Silver PPO 3000	\$568.45	0.986	1.539	1.005	1.526	\$372.46	1.119	\$332.85
76179IN0180013	Ambetter Health Solutions Silver PPO 4500	\$549.42	0.986	1.539	1.005	1.526	\$360.00	1.082	\$332.85
76179IN0180014	Ambetter Health Solutions Silver PPO 5000	\$533.95	0.986	1.539	1.005	1.526	\$349.86	1.051	\$332.85
76179IN0180015	Ambetter Health Solutions Platinum PPO 0	\$798.89	0.986	1.539	1.005	1.526	\$523.46	1.573	\$332.85
76179IN0180016	Ambetter Health Solutions Platinum PPO 300	\$789.13	0.986	1.539	1.005	1.526	\$517.06	1.553	\$332.85
76179IN0180017	Ambetter Health Solutions Gold PPO 0	\$711.98	0.986	1.539	1.005	1.526	\$466.51	1.402	\$332.85
76179IN0190001	Ambetter Health Solutions Bronze HSA PPO 6400 + Vision + Adult Dental	\$561.36	0.986	1.539	1.005	1.526	\$367.82	1.105	\$332.85
76179IN0190003	Ambetter Health Solutions Bronze PPO 5000 + Vision + Adult Dental	\$546.31	0.986	1.539	1.005	1.526	\$357.96	1.075	\$332.85
76179IN0190005	Ambetter Health Solutions Gold PPO 1500 + Vision + Adult Dental	\$738.04	0.986	1.539	1.005	1.526	\$483.59	1.453	\$332.85
76179IN0190006	Ambetter Health Solutions Gold PPO 2500 + Vision + Adult Dental	\$720.71	0.986	1.539	1.005	1.526	\$472.23	1.419	\$332.85
76179IN0190007	Ambetter Health Solutions Gold PPO 3000 + Vision + Adult Dental	\$692.74	0.986	1.539	1.005	1.526	\$453.91	1.364	\$332.85
76179IN0190008	Ambetter Health Solutions Gold PPO 3500 + Vision + Adult Dental	\$707.38	0.986	1.539	1.005	1.526	\$463.50	1.392	\$332.85
76179IN0190009	Ambetter Health Solutions Silver Copay HSA PPO 4000 + Vision + Adult Dental	\$580.54	0.986	1.539	1.005	1.526	\$380.38	1.143	\$332.85
76179IN0190010	Ambetter Health Solutions Silver HSA PPO 4000 + Vision + Adult Dental	\$584.62	0.986	1.539	1.005	1.526	\$383.06	1.151	\$332.85
76179IN0190011	Ambetter Health Solutions Silver PPO 1350 + Vision + Adult Dental	\$607.30	0.986	1.539	1.005	1.526	\$397.92	1.195	\$332.85
76179IN0190012	Ambetter Health Solutions Silver PPO 3000 + Vision + Adult Dental	\$585.62	0.986	1.539	1.005	1.526	\$383.71	1.153	\$332.85
76179IN0190013	Ambetter Health Solutions Silver PPO 4500 + Vision + Adult Dental	\$566.02	0.986	1.539	1.005	1.526	\$370.87	1.114	\$332.85
76179IN0190014	Ambetter Health Solutions Silver PPO 5000 + Vision + Adult Dental	\$550.08	0.986	1.539	1.005	1.526	\$360.43	1.083	\$332.85
76179IN0190015	Ambetter Health Solutions Platinum PPO 0 + Vision + Adult Dental	\$823.02	0.986	1.539	1.005	1.526	\$539.27	1.620	\$332.85
76179IN0190016	Ambetter Health Solutions Platinum PPO 300 + Vision + Adult Dental	\$812.96	0.986	1.539	1.005	1.526	\$532.68	1.600	\$332.85
76179IN0190017	Ambetter Health Solutions Gold PPO 0 + Vision + Adult Dental	\$733.49	0.986	1.539	1.005	1.526	\$480.60	1.444	\$332.85
76179IN0210002	Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental	\$505.12	0.986	1.539	1.005	1.526	\$330.97	0.994	\$332.85
76179IN0210004	Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental	\$519.03	0.986	1.539	1.005	1.526	\$340.09	1.022	\$332.85
76179IN0210005	Ambetter Health Solutions Gold 1500 + Vision + Adult Dental	\$682.39	0.986	1.539	1.005	1.526	\$447.12	1.343	\$332.85
76179IN0210006	Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	\$666.37	0.986	1.539	1.005	1.526	\$436.62	1.312	\$332.85
76179IN0210007	Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	\$640.51	0.986	1.539	1.005	1.526	\$419.68	1.261	\$332.85
76179IN0210008	Ambetter Health Solutions Gold 3500 + Vision + Adult Dental	\$654.04	0.986	1.539	1.005	1.526	\$428.55	1.287	\$332.85
76179IN0210009	Ambetter Health Solutions Silver 1350 + Vision + Adult Dental	\$559.51	0.986	1.539	1.005	1.526	\$366.60	1.101	\$332.85
76179IN0210010	Ambetter Health Solutions Silver 3000 + Vision + Adult Dental	\$541.46	0.986	1.539	1.005	1.526	\$354.78	1.066	\$332.85
76179IN0210011	Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	\$523.34	0.986	1.539	1.005	1.526	\$342.91	1.030	\$332.85
76179IN0210012	Ambetter Health Solutions Silver 5000 + Vision + Adult Dental	\$508.60	0.986	1.539	1.005	1.526	\$333.25	1.001	\$332.85
76179IN0210013	Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental	\$536.76	0.986	1.539	1.005	1.526	\$351.70	1.057	\$332.85
76179IN0210014	Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental	\$540.54	0.986	1.539	1.005	1.526	\$354.18	1.064	\$332.85
76179IN0210015	Ambetter Health Solutions Platinum 0 + Vision + Adult Dental	\$760.97	0.986	1.539	1.005	1.526	\$498.61	1.498	\$332.85
76179IN0210016	Ambetter Health Solutions Platinum 300 + Vision + Adult Dental	\$751.67	0.986	1.539	1.005	1.526	\$492.51	1.480	\$332.85
76179IN0210017	Ambetter Health Solutions Gold 0 + Vision + Adult Dental	\$678.18	0.986	1.539	1.005	1.526	\$444.36	1.335	\$332.85
Total		\$620.68	0.986	1.539	1.005	1.526	\$406.69	1.222	\$332.85

Appendix 13.2 Celtic Insurance Company Age Factor Development
--

Age Band	Projected Member Months	Composite CMS Proposed Relativity
Under 19	15,718	0.788
19-24	7,574	0.985
25-29	5,940	1.056
30-34	5,434	1.178
35-39	7,400	1.240
40-44	7,604	1.332
45-49	9,505	1.570
50-54	8,285	1.956
55-59	9,282	2.430
60-64	9,286	2.870
Over 65	171	3.000
Total	86,201	1.539

<p>Appendix 13.3 Celtic Insurance Company Composite Area Factor Development</p>
--

Area	Area Factor	Projected Member Months
1	1.2002	2,480
2	1.0390	8,292
3	1.0323	1,846
4	1.0390	3,719
5	1.2819	75
6	1.1247	1,307
7	1.2328	2,516
8	0.9383	4,211
9	1.0116	1,414
10	0.9475	26,419
11	0.9047	16,696
12	1.0276	2,659
13	1.1251	3,820
14	0.9375	2,762
15	0.9875	2,719
16	0.9441	4,260
17	1.1534	1,007

Total Member Months	86,201
Composite Area Factor	0.986

Appendix 13.4
Celtic Insurance Company
Composite Tobacco Factor Development

Age	Tobacco Users Member Months	Non-Tobacco Users Member Months	Tobacco Rating Factor	Non-Tobacco Rating Factor
Under 15	0	12,409	1.000	1.000
15	0	827	1.000	1.000
16	0	827	1.000	1.000
17	0	827	1.000	1.000
18	0	827	1.000	1.000
19	0	1,262	1.000	1.000
20	0	1,262	1.000	1.000
21	71	1,191	1.150	1.000
22	71	1,191	1.150	1.000
23	71	1,191	1.150	1.000
24	71	1,191	1.150	1.000
25	53	1,135	1.150	1.000
26	53	1,135	1.150	1.000
27	53	1,135	1.150	1.000
28	53	1,135	1.150	1.000
29	53	1,135	1.150	1.000
30	49	1,038	1.150	1.000
31	49	1,038	1.150	1.000
32	49	1,038	1.150	1.000
33	49	1,038	1.150	1.000
34	49	1,038	1.150	1.000
35	67	1,413	1.150	1.000
36	67	1,413	1.150	1.000
37	67	1,413	1.150	1.000
38	67	1,413	1.150	1.000
39	67	1,413	1.150	1.000
40	68	1,452	1.150	1.000
41	68	1,452	1.150	1.000
42	68	1,452	1.150	1.000
43	68	1,452	1.150	1.000
44	68	1,452	1.150	1.000
45	86	1,815	1.150	1.000
46	86	1,815	1.150	1.000
47	86	1,815	1.150	1.000
48	86	1,815	1.150	1.000
49	86	1,815	1.150	1.000
50	75	1,582	1.150	1.000
51	75	1,582	1.150	1.000
52	75	1,582	1.150	1.000
53	75	1,582	1.150	1.000
54	75	1,582	1.150	1.000
55	84	1,773	1.150	1.000
56	84	1,773	1.150	1.000
57	84	1,773	1.150	1.000
58	84	1,773	1.150	1.000
59	84	1,773	1.150	1.000
60	84	1,774	1.150	1.000
61	84	1,774	1.150	1.000
62	84	1,774	1.150	1.000
63	84	1,774	1.150	1.000
64	84	1,774	1.150	1.000
Over 65	8	163	1.150	1.000

Total Member Months	86,201
Composite Tobacco Factor	1.005

<p align="center">Appendix 15.1 Celtic Insurance Company Projected MLR Table</p>

a)	Incurred Claims	\$498.27
b)	Quality Improvement Expense & Provider Incentive Payments	\$5.50
c)	Risk Adjustment Transfer	\$10.88
d)	Projected Claims for MLR (a+b+c)	\$514.65
e)	Administrative Expenses	\$78.61
f)	Post-Tax Profit and Contribution to Surplus	\$14.71
g)	Taxes and Fees	\$8.80
h)	Federal Income Tax	\$3.91
i)	State Income Tax	\$0.00
j)	Premium (d+e+f+g+h+i)	\$620.68
k)	Medical Loss Ratio (d/(j-g-h-i))	84.7%
l)	URRT Worksheet 2 Loss Ratio Calculation	81.7%

This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2026 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated.

Appendix 16.1
Celtic Insurance Company
AV Calculator Results

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
Deductible (\$)			\$6,400.00
Coinsurance (%; Insurer's Cost Share)			80.00%
MOOP (\$)			\$8,050.00
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?	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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>	75%		<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"/>	70%		<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: Ambetter Health Solutions Bronze HSA PPO 6400
Plan HIOS ID: 76179IN0180001-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

63.92%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.3203 seconds

Revised Final 2026 AV Calculator

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
Deductible (\$)			\$5,000.00
Coinsurance (% , Insurer's Cost Share)			70.00%
MOOP (\$)			\$9,700.00
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?	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"/>			<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"/>			<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<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"/>		\$60.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>	80%		<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"/>	80%		<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"/>	65%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Bronze PPO 5000
Plan HIOS ID: 76179IN0180003-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

64.32%

Metal Tier:

Bronze

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

Additional Notes:

Calculation Time:

0.457 seconds

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		
	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$6,500.00
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?	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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Gold PPO 1500
Plan HIOS ID: 76179IN0180005-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

81.22%

Gold

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

0.543 seconds

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		
	Medical	Drug	Combined
Deductible (\$)			\$2,500.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$6,000.00
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?	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"/>			<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"/>			<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"/>		\$45.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$9.16	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Gold PPO 2500
Plan HIOS ID: 76179IN0180006-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

80.75%

Gold

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

0.4297 seconds

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		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$5,000.00
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?	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"/>			<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"/>			<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"/>		\$25.00	<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"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$22.36	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<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"/>	85%		<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"/>			<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: Ambetter Health Solutions Gold PPO 3000
Plan HIOS ID: 76179IN0180007-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

79.40%

Gold

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

0.3945 seconds

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		
Medical	Drug	Combined
		\$3,500.00
		80.00%
		\$7,250.00

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 checked="" type="checkbox"/>			<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"/>			<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"/>		\$5.00	<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"/>		\$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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>		\$40.00	<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"/>			<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"/>			<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"/>			<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"/>		\$35.00	<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Gold PPO 3500
Plan HIOS ID: 76179IN0180008-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 80.76%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.3945 seconds

Revised Final 2026 AV Calculator

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
		\$4,000.00
		70.00%
		\$7,000.00

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?	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"/>			<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"/>			<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 type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$25.00	<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$35.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$75.00	<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"/>			<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"/>			<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"/>			<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 type="checkbox"/>		\$3.00	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Silver Copay HSA PPO 4000
Plan HIOS ID: 76179IN0180009-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.05%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.3789 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$4,000.00			
Coinsurance (%; Insurer's Cost Share)			80.00%			
MOOP (\$)			\$7,000.00			
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?	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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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: Ambetter Health Solutions Silver HSA PPO 4000
Plan HIOS ID: 76179IN0180010-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.71%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.4102 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$1,350.00
Coinsurance (%; Insurer's Cost Share)			50.00%
MOOP (\$)			\$9,200.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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"/>			<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"/>			<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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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 checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$26.76	<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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>	70%		<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: Ambetter Health Solutions Silver PPO 1350
Plan HIOS ID: 76179IN0180011-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

72.00%

Silver

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

Additional Notes:

Calculation Time:

0.5508 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$3,000.00				
Coinsurance (% , Insurer's Cost Share)			65.00%				
MOOP (\$)			\$9,600.00				
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?	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"/>			<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"/>			<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"/>		\$35.00	<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"/>		\$35.00	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$60.00	<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		\$250.00	<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 checked="" type="checkbox"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Silver PPO 3000
Plan HIOS ID: 76179IN0180012-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.96%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.3984 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$4,500.00				
Coinsurance (% , Insurer's Cost Share)			70.00%				
MOOP (\$)			\$9,200.00				
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"/>			<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"/>			<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"/>		\$35.00	<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"/>		\$35.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$100.00	<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"/>			<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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Silver PPO 4500
Plan HIOS ID: 76179IN0180013-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.02%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.5078 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$5,000.00				
Coinsurance (% , Insurer's Cost Share)			75.00%				
MOOP (\$)			\$8,700.00				
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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>			<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"/>			<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"/>			<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"/>			<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 type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>	65%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Silver PPO 5000

Plan HIOS ID: 76179IN0180014-00

Issuer HIOS ID: 76179

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value: 69.25%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.5234 seconds

Revised Final 2026 AV Calculator

Calculation Successful.

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

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
Deductible (\$)		\$0.00
Coinsurance (%; Insurer's Cost Share)		90.00%
MOOP (\$)		\$5,000.00
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?	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"/>		\$150.00	<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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"/>	100%	\$0.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input 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: Ambetter Health Solutions Platinum PPO 0

Plan HIOS ID: 76179IN0180015-00

Issuer HIOS ID: 76179

AVC Version: 2026_1d

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

90.10%

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:

0.6523 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$300.00				
Coinsurance (% , Insurer's Cost Share)			90.00%				
MOOP (\$)			\$4,000.00				
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?	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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>	100%	\$0.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input 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"/>	55%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Platinum PPO 300
Plan HIOS ID: 76179IN0180016-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.52%

Metal Tier:

Platinum

Additional Notes:

Calculation Time:

0.5039 seconds

Revised Final 2026 AV Calculator

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			
	Medical	Drug	Combined
Deductible (\$)			\$0.00
Coinsurance (%; Insurer's Cost Share)			70.00%
MOOP (\$)			\$8,500.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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"/>		\$1,250.00	<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 checked="" type="checkbox"/>			<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"/>		\$25.00	<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"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>		\$17.96	<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 type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input 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: Ambetter Health Solutions Gold PPO 0
Plan HIOS ID: 76179IN0180017-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.99%

Gold

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:

0.5273 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$6,400.00				
Coinsurance (% , Insurer's Cost Share)			80.00%				
MOOP (\$)			\$8,050.00				
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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>	75%		<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"/>	70%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Bronze HSA PPO 6400 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190001-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

63.92%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.5039 seconds

Revised Final 2026 AV Calculator

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 (\$)		\$5,000.00			
Coinsurance (% , Insurer's Cost Share)		70.00%			
MOOP (\$)		\$9,700.00			
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"/>			<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"/>			<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<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"/>		\$60.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>	80%		<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"/>	80%		<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"/>	65%		<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: Ambetter Health Solutions Bronze PPO 5000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190003-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

64.32%

Bronze

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

0.4766 seconds

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			
	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$6,500.00
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?	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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>			<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: Ambetter Health Solutions Gold PPO 1500 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190005-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.22%

Gold

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

Additional Notes:

Calculation Time:

0.5039 seconds

Revised Final 2026 AV Calculator

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		
	Medical	Drug	Combined
Deductible (\$)			\$2,500.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$6,000.00
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?	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"/>			<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"/>			<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"/>		\$45.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$9.16	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Gold PPO 2500 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190006-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

80.75%

Gold

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

0.5391 seconds

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)			80.00%				
MOOP (\$)			\$5,000.00				
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?	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"/>			<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"/>			<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"/>		\$25.00	<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"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$22.36	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<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"/>	85%		<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"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Gold PPO 3000 + Vision + Adult Dental

Plan HIOS ID: 76179IN0190007-00

Issuer HIOS ID: 76179

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value: 79.40%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.5273 seconds

Revised Final 2026 AV Calculator

Calculation Successful.

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

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		
Medical	Drug	Combined
		\$3,500.00
		80.00%
		\$7,250.00

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 checked="" type="checkbox"/>			<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"/>			<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"/>		\$5.00	<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"/>		\$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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>		\$40.00	<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"/>			<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"/>			<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"/>			<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"/>		\$35.00	<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: Ambetter Health Solutions Gold PPO 3500 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190008-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 80.76%
Metal Tier: Gold

Additional Notes:

Calculation Time: 0.5859 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$4,000.00				
Coinsurance (% , Insurer's Cost Share)			70.00%				
MOOP (\$)			\$7,000.00				
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?	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"/>			<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"/>			<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 type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$25.00	<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$35.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$75.00	<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"/>			<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"/>			<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"/>			<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 type="checkbox"/>		\$3.00	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Silver Copay HSA PPO 4000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190009-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.05%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.3438 seconds

Revised Final 2026 AV Calculator

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 (\$)		\$4,000.00	
Coinsurance (% , Insurer's Cost Share)		80.00%	
MOOP (\$)		\$7,000.00	
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?	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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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: Ambetter Health Solutions Silver HSA PPO 4000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190010-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.71%

Silver

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

0.3906 seconds

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 (\$)			\$1,350.00
Coinsurance (% , Insurer's Cost Share)			50.00%
MOOP (\$)			\$9,200.00
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?	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"/>			<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"/>			<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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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 checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$26.76	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>	70%		<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: Ambetter Health Solutions Silver PPO 1350 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190011-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

72.00%

Silver

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

0.3984 seconds

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 (\$)			\$3,000.00
Coinsurance (% , Insurer's Cost Share)			65.00%
MOOP (\$)			\$9,600.00
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?	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"/>			<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"/>			<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"/>		\$35.00	<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"/>		\$35.00	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$60.00	<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		\$250.00	<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 checked="" type="checkbox"/>			<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: Ambetter Health Solutions Silver PPO 3000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190012-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.96%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.5977 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$4,500.00				
Coinsurance (% , Insurer's Cost Share)			70.00%				
MOOP (\$)			\$9,200.00				
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"/>			<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"/>			<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"/>		\$35.00	<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"/>		\$35.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$100.00	<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"/>			<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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Silver PPO 4500 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190013-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.02%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.3672 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$5,000.00
Coinsurance (%; Insurer's Cost Share)			75.00%
MOOP (\$)			\$8,700.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>			<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"/>			<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"/>			<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"/>			<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 type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>	65%		<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: Ambetter Health Solutions Silver PPO 5000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190014-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.25%

Silver

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

Additional Notes:

Calculation Time:

0.3984 seconds

Revised Final 2026 AV Calculator

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
Deductible (\$)		\$0.00
Coinsurance (% , Insurer's Cost Share)		90.00%
MOOP (\$)		\$5,000.00
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?	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"/>		\$150.00	<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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"/>	100%	\$0.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input 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: Ambetter Health Solutions Platinum PPO 0 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190015-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

90.10%

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:

0.3789 seconds

Revised Final 2026 AV Calculator

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
Deductible (\$)		\$300.00
Coinsurance (% , Insurer's Cost Share)		90.00%
MOOP (\$)		\$4,000.00
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?	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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>	100%	\$0.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input 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"/>	55%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Platinum PPO 300 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190016-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.52%
Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.4141 seconds
Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (%; Insurer's Cost Share)		70.00%
MOOP (\$)		\$8,500.00
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?	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"/>		\$1,250.00	<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 checked="" type="checkbox"/>			<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"/>		\$25.00	<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"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>		\$17.96	<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 type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input 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: Ambetter Health Solutions Gold PPO 0 + Vision + Adult Dental
Plan HIOS ID: 76179IN0190017-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.99%

Gold

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:

0.3789 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$5,000.00			
Coinsurance (% , Insurer's Cost Share)			70.00%			
MOOP (\$)			\$9,700.00			
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"/>			<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"/>			<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<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"/>		\$60.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>	80%		<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"/>	80%		<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"/>	65%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Bronze 5000

Plan HIOS ID: 76179IN0140021-00

Issuer HIOS ID: 76179

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value: 64.32%

Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.375 seconds

Revised Final 2026 AV Calculator

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

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

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
Deductible (\$)			\$6,400.00
Coinsurance (%; Insurer's Cost Share)			80.00%
MOOP (\$)			\$8,050.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>	75%		<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"/>	70%		<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: Ambetter Health Solutions Bronze HSA 6400
Plan HIOS ID: 76179IN0140023-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

63.92%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.3945 seconds

Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
		\$1,500.00
		80.00%
		\$6,500.00

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 checked="" type="checkbox"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>			<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: Ambetter Health Solutions Gold 1500
Plan HIOS ID: 76179IN0140024-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

81.22%

Gold

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

0.4766 seconds

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 (\$)			\$2,500.00				
Coinsurance (% , Insurer's Cost Share)			80.00%				
MOOP (\$)			\$6,000.00				
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?	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"/>			<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"/>			<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"/>		\$45.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$9.16	<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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Gold 2500

Plan HIOS ID: 76179IN0140025-00

Issuer HIOS ID: 76179

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value: 80.75%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.5586 seconds

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

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)			80.00%			
MOOP (\$)			\$5,000.00			
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?	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"/>			<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"/>			<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"/>		\$25.00	<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"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$22.36	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<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"/>	85%		<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"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Gold 3000

Plan HIOS ID: 76179IN0140026-00

Issuer HIOS ID: 76179

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value: 79.40%

Metal Tier: Gold

Additional Notes:

Calculation Time: 0.4609 seconds

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

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			
	Medical	Drug	Combined
Deductible (\$)			\$3,500.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$7,250.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
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"/>			<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"/>			<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"/>		\$5.00	<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"/>		\$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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>		\$40.00	<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"/>			<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"/>			<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"/>			<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"/>		\$35.00	<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: Ambetter Health Solutions Gold 3500
Plan HIOS ID: 76179IN0140027-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.76%

Gold

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

0.5234 seconds

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 (\$)			\$1,350.00
Coinsurance (%; Insurer's Cost Share)			50.00%
MOOP (\$)			\$9,500.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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 checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$26.76	<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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>	70%		<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: Ambetter Health Solutions Silver 1350
Plan HIOS ID: 76179IN0140028-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.95%

Silver

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

Additional Notes:

Calculation Time:

0.5117 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$3,000.00
Coinsurance (%; Insurer's Cost Share)			65.00%
MOOP (\$)			\$9,600.00
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?	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"/>			<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"/>			<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"/>		\$35.00	<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"/>		\$35.00	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$60.00	<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		\$250.00	<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 checked="" type="checkbox"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Silver 3000
Plan HIOS ID: 76179IN0140029-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value: 71.96%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.5352 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$4,500.00				
Coinsurance (% , Insurer's Cost Share)			70.00%				
MOOP (\$)			\$9,200.00				
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"/>			<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"/>			<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"/>		\$35.00	<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"/>		\$35.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$100.00	<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"/>			<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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Silver 4500
Plan HIOS ID: 76179IN0140030-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.02%
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.4648 seconds
Revised Final 2026 AV Calculator

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 (\$)			\$5,000.00				
Coinsurance (%; Insurer's Cost Share)			75.00%				
MOOP (\$)			\$8,700.00				
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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>			<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"/>			<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"/>			<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"/>			<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 type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>	65%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Silver 5000
Plan HIOS ID: 76179IN0140031-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

69.25%

Silver

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

0.5 seconds

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 (\$)			\$4,000.00				
Coinsurance (% , Insurer's Cost Share)			70.00%				
MOOP (\$)			\$7,000.00				
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?	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"/>			<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"/>			<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 type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$25.00	<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$35.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$75.00	<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"/>			<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"/>			<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"/>			<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 type="checkbox"/>		\$3.00	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Silver Copay HSA 4000
Plan HIOS ID: 76179IN0140032-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.05%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.4727 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$4,000.00
Coinsurance (%; Insurer's Cost Share)			80.00%
MOOP (\$)			\$7,000.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
MOOP (\$)			
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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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: Ambetter Health Solutions Silver HSA 4000
Plan HIOS ID: 76179IN0140033-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.71%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.5117 seconds

Revised Final 2026 AV Calculator

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
Deductible (\$)		\$0.00
Coinsurance (%; Insurer's Cost Share)		90.00%
MOOP (\$)		\$5,000.00
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?	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"/>		\$150.00	<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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"/>	100%	\$0.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input 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: Ambetter Health Solutions Platinum 0
Plan HIOS ID: 76179IN0140034-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

90.10%

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:

0.3945 seconds

Revised Final 2026 AV Calculator

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
Deductible (\$)		\$300.00
Coinsurance (% , Insurer's Cost Share)		90.00%
MOOP (\$)		\$4,000.00
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?	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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>	100%	\$0.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input 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"/>	55%		<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: Ambetter Health Solutions Platinum 300
Plan HIOS ID: 76179IN0140035-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.52%

Metal Tier:

Platinum

Additional Notes:

Calculation Time:

0.543 seconds

Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (%; Insurer's Cost Share)		70.00%
MOOP (\$)		\$8,500.00
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?	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"/>		\$1,250.00	<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 checked="" type="checkbox"/>			<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"/>		\$25.00	<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"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>		\$17.96	<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 type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input 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: Ambetter Health Solutions Gold 0
Plan HIOS ID: 76179IN0140036-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.99%

Gold

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:

0.6211 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$5,000.00				
Coinsurance (% , Insurer's Cost Share)			70.00%				
MOOP (\$)			\$9,700.00				
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"/>			<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"/>			<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<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"/>		\$60.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>	80%		<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"/>	80%		<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"/>	65%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental

Plan HIOS ID: 76179IN0210002-00

Issuer HIOS ID: 76179

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

64.32%

Metal Tier:

Bronze

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

Additional Notes:

Calculation Time:

0.3789 seconds

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
Deductible (\$)			\$6,400.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$8,050.00
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?	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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>	75%		<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"/>	70%		<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: Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210004-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

63.92%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.3633 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$6,500.00				
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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Gold 1500 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210005-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 81.22%

Metal Tier: Gold

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

Additional Notes:

Calculation Time: 0.3789 seconds

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		
	Medical	Drug	Combined
Deductible (\$)			\$2,500.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$6,000.00
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?	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"/>			<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"/>			<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"/>		\$45.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$9.16	<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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Gold 2500 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210006-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 80.75%

Metal Tier: Gold

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

Additional Notes:

Calculation Time: 0.3828 seconds

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			
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$5,000.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
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"/>			<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"/>			<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"/>		\$25.00	<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"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$22.36	<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"/>	85%		<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"/>	85%		<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"/>			<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: Ambetter Health Solutions Gold 3000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210007-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.40%

Gold

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

Additional Notes:

Calculation Time:

0.4141 seconds

Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
		\$3,500.00
		80.00%
		\$7,250.00

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 checked="" type="checkbox"/>			<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"/>			<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"/>		\$5.00	<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"/>		\$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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>		\$40.00	<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"/>			<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"/>			<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"/>			<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"/>		\$35.00	<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Gold 3500 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210008-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

80.76%

Metal Tier:

Gold

Additional Notes:

Calculation Time:

0.3984 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$1,350.00
Coinsurance (% , Insurer's Cost Share)			50.00%
MOOP (\$)			\$9,500.00
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?	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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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 checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>		\$26.76	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>	70%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Silver 1350 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210009-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.95%

Metal Tier: Silver

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

Additional Notes:

Calculation Time: 0.3789 seconds

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 (\$)		\$3,000.00
Coinsurance (% , Insurer's Cost Share)		65.00%
MOOP (\$)		\$9,600.00
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?	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"/>			<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"/>			<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"/>		\$35.00	<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"/>		\$35.00	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$60.00	<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<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"/>		\$250.00	<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 checked="" type="checkbox"/>			<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: Ambetter Health Solutions Silver 3000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210010-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:
Metal Tier:

Calculation Successful.
71.96%
Silver

Additional Notes:

Calculation Time:

0.3789 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$4,500.00				
Coinsurance (% , Insurer's Cost Share)			70.00%				
MOOP (\$)			\$9,200.00				
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"/>			<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"/>			<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"/>		\$35.00	<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"/>		\$35.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$100.00	<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"/>			<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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: Ambetter Health Solutions Silver 4500 + Vision + Adult Dental

Plan HIOS ID: 76179IN0210011-00

Issuer HIOS ID: 76179

AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.02%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.3984 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$5,000.00
Coinsurance (%; Insurer's Cost Share)			75.00%
MOOP (\$)			\$8,700.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
	Medical	Drug
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>			<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"/>			<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"/>			<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"/>			<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 type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>	65%		<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: Ambetter Health Solutions Silver 5000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210012-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.25%

Silver

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

Additional Notes:

Calculation Time:

0.3672 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$4,000.00				
Coinsurance (% , Insurer's Cost Share)			70.00%				
MOOP (\$)			\$7,000.00				
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?	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"/>			<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"/>			<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 type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$25.00	<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>		\$35.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$75.00	<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"/>			<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"/>			<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"/>			<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 type="checkbox"/>		\$3.00	<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"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210013-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.05%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.5508 seconds

Revised Final 2026 AV Calculator

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 (\$)			\$4,000.00			
Coinsurance (% , Insurer's Cost Share)			80.00%			
MOOP (\$)			\$7,000.00			
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?	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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:
Name: Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210014-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value: 70.71%

Metal Tier: Silver

Additional Notes:

Calculation Time: 0.5078 seconds

Revised Final 2026 AV Calculator

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)		90.00%			
MOOP (\$)		\$5,000.00			
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?	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"/>		\$150.00	<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 checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>			<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"/>	100%	\$0.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input 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: Ambetter Health Solutions Platinum 0 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210015-00
Issuer HIOS ID: 76179
AVC Version: 2026_ld

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

90.10%

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:

0.4609 seconds

Revised Final 2026 AV Calculator

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
		\$300.00
		90.00%
		\$4,000.00

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?	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"/>			<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"/>			<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>	100%	\$0.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>			<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"/>			<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"/>			<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"/>		\$13.56	<input type="checkbox"/>	<input 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"/>	55%		<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: Ambetter Health Solutions Platinum 300 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210016-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.52%
Metal Tier: Platinum

Additional Notes:

Calculation Time: 0.4922 seconds
Revised Final 2026 AV Calculator

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		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (%; Insurer's Cost Share)		70.00%
MOOP (\$)		\$8,500.00
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?	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"/>		\$1,250.00	<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 checked="" type="checkbox"/>			<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"/>		\$25.00	<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"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<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"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<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"/>			<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"/>		\$17.96	<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 type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input 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: Ambetter Health Solutions Gold 0 + Vision + Adult Dental
Plan HIOS ID: 76179IN0210017-00
Issuer HIOS ID: 76179
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.99%

Gold

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:

0.4102 seconds

Revised Final 2026 AV Calculator

Appendix 17.1
Celtic Insurance Company
Membership Projections

Projected Member Months											
Product	Plan Name	Plan ID	Platinum	Gold	Silver Plan					Bronze	Total
					70%	73%	87%	94%	100%		
		Aggregate	4,716	31,563	44,325	-	-	-	-	5,597	86,201
Ambetter	Ambetter Health Solutions Bronze 5000 [Off Exchange]	76179IN0140021	-	-	-	-	-	-	-	91	91
Ambetter	Ambetter Health Solutions Bronze HSA 6400 [Off Exchange]	76179IN0140023	-	-	-	-	-	-	-	711	711
Ambetter	Ambetter Health Solutions Gold 1500 [Off Exchange]	76179IN0140024	-	1,310	-	-	-	-	-	-	1,310
Ambetter	Ambetter Health Solutions Gold 2500 [Off Exchange]	76179IN0140025	-	451	-	-	-	-	-	-	451
Ambetter	Ambetter Health Solutions Gold 3000 [Off Exchange]	76179IN0140026	-	600	-	-	-	-	-	-	600
Ambetter	Ambetter Health Solutions Gold 3500 [Off Exchange]	76179IN0140027	-	138	-	-	-	-	-	-	138
Ambetter	Ambetter Health Solutions Silver 1350 [Off Exchange]	76179IN0140028	-	-	263	-	-	-	-	-	263
Ambetter	Ambetter Health Solutions Silver 3000 [Off Exchange]	76179IN0140029	-	-	603	-	-	-	-	-	603
Ambetter	Ambetter Health Solutions Silver 4500 [Off Exchange]	76179IN0140030	-	-	884	-	-	-	-	-	884
Ambetter	Ambetter Health Solutions Silver 5000 [Off Exchange]	76179IN0140031	-	-	568	-	-	-	-	-	568
Ambetter	Ambetter Health Solutions Silver Copay HSA 4000 [Off Exchange]	76179IN0140032	-	-	691	-	-	-	-	-	691
Ambetter	Ambetter Health Solutions Silver HSA 4000 [Off Exchange]	76179IN0140033	-	-	1,859	-	-	-	-	-	1,859
Ambetter	Ambetter Health Solutions Platinum 0 [Off Exchange]	76179IN0140034	442	-	-	-	-	-	-	-	442
Ambetter	Ambetter Health Solutions Platinum 300 [Off Exchange]	76179IN0140035	442	-	-	-	-	-	-	-	442
Ambetter	Ambetter Health Solutions Gold 0 [Off Exchange]	76179IN0140036	-	626	-	-	-	-	-	-	626
Ambetter	Ambetter Health Solutions Bronze HSA PPO 6400 [Off Exchange]	76179IN0180001	-	-	-	-	-	-	-	3,665	3,665
Ambetter	Ambetter Health Solutions Bronze PPO 5000 [Off Exchange]	76179IN0180003	-	-	-	-	-	-	-	637	637
Ambetter	Ambetter Health Solutions Gold PPO 1500 [Off Exchange]	76179IN0180005	-	9,151	-	-	-	-	-	-	9,151
Ambetter	Ambetter Health Solutions Gold PPO 2500 [Off Exchange]	76179IN0180006	-	2,870	-	-	-	-	-	-	2,870
Ambetter	Ambetter Health Solutions Gold PPO 3000 [Off Exchange]	76179IN0180007	-	5,614	-	-	-	-	-	-	5,614
Ambetter	Ambetter Health Solutions Gold PPO 3500 [Off Exchange]	76179IN0180008	-	2,603	-	-	-	-	-	-	2,603
Ambetter	Ambetter Health Solutions Silver Copay HSA PPO 4000 [Off Exchange]	76179IN0180009	-	-	7,919	-	-	-	-	-	7,919
Ambetter	Ambetter Health Solutions Silver HSA PPO 4000 [Off Exchange]	76179IN0180010	-	-	11,226	-	-	-	-	-	11,226
Ambetter	Ambetter Health Solutions Silver PPO 1350 [Off Exchange]	76179IN0180011	-	-	3,152	-	-	-	-	-	3,152
Ambetter	Ambetter Health Solutions Silver PPO 3000 [Off Exchange]	76179IN0180012	-	-	5,382	-	-	-	-	-	5,382
Ambetter	Ambetter Health Solutions Silver PPO 4500 [Off Exchange]	76179IN0180013	-	-	3,460	-	-	-	-	-	3,460
Ambetter	Ambetter Health Solutions Silver PPO 5000 [Off Exchange]	76179IN0180014	-	-	4,152	-	-	-	-	-	4,152
Ambetter	Ambetter Health Solutions Platinum PPO 0 [Off Exchange]	76179IN0180015	1,692	-	-	-	-	-	-	-	1,692
Ambetter	Ambetter Health Solutions Platinum PPO 300 [Off Exchange]	76179IN0180016	1,692	-	-	-	-	-	-	-	1,692
Ambetter	Ambetter Health Solutions Gold PPO 0 [Off Exchange]	76179IN0180017	-	5,059	-	-	-	-	-	-	5,059
Ambetter + Vision + Dental	Ambetter Health Solutions Bronze HSA PPO 6400 + Vision + Adult Dental [Off Exchange]	76179IN0190001	-	-	-	-	-	-	-	349	349
Ambetter + Vision + Dental	Ambetter Health Solutions Bronze PPO 5000 + Vision + Adult Dental [Off Exchange]	76179IN0190003	-	-	-	-	-	-	-	61	61
Ambetter + Vision + Dental	Ambetter Health Solutions Gold PPO 1500 + Vision + Adult Dental [Off Exchange]	76179IN0190005	-	1,016	-	-	-	-	-	-	1,016
Ambetter + Vision + Dental	Ambetter Health Solutions Gold PPO 2500 + Vision + Adult Dental [Off Exchange]	76179IN0190006	-	319	-	-	-	-	-	-	319
Ambetter + Vision + Dental	Ambetter Health Solutions Gold PPO 3000 + Vision + Adult Dental [Off Exchange]	76179IN0190007	-	623	-	-	-	-	-	-	623
Ambetter + Vision + Dental	Ambetter Health Solutions Gold PPO 3500 + Vision + Adult Dental [Off Exchange]	76179IN0190008	-	289	-	-	-	-	-	-	289
Ambetter + Vision + Dental	Ambetter Health Solutions Silver Copay HSA PPO 4000 + Vision + Adult Dental [Off Exchange]	76179IN0190009	-	-	819	-	-	-	-	-	819
Ambetter + Vision + Dental	Ambetter Health Solutions Silver HSA PPO 4000 + Vision + Adult Dental [Off Exchange]	76179IN0190010	-	-	1,160	-	-	-	-	-	1,160
Ambetter + Vision + Dental	Ambetter Health Solutions Silver PPO 1350 + Vision + Adult Dental [Off Exchange]	76179IN0190011	-	-	326	-	-	-	-	-	326
Ambetter + Vision + Dental	Ambetter Health Solutions Silver PPO 3000 + Vision + Adult Dental [Off Exchange]	76179IN0190012	-	-	556	-	-	-	-	-	556
Ambetter + Vision + Dental	Ambetter Health Solutions Silver PPO 4500 + Vision + Adult Dental [Off Exchange]	76179IN0190013	-	-	358	-	-	-	-	-	358
Ambetter + Vision + Dental	Ambetter Health Solutions Silver PPO 5000 + Vision + Adult Dental [Off Exchange]	76179IN0190014	-	-	429	-	-	-	-	-	429
Ambetter + Vision + Dental	Ambetter Health Solutions Platinum PPO 0 + Vision + Adult Dental [Off Exchange]	76179IN0190015	180	-	-	-	-	-	-	-	180
Ambetter + Vision + Dental	Ambetter Health Solutions Platinum PPO 300 + Vision + Adult Dental [Off Exchange]	76179IN0190016	180	-	-	-	-	-	-	-	180
Ambetter + Vision + Dental	Ambetter Health Solutions Gold PPO 0 + Vision + Adult Dental [Off Exchange]	76179IN0190017	-	562	-	-	-	-	-	-	562
Ambetter + Vision + Dental	Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental [Off Exchange]	76179IN0210002	-	-	-	-	-	-	-	9	9
Ambetter + Vision + Dental	Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental [Off Exchange]	76179IN0210004	-	-	-	-	-	-	-	74	74
Ambetter + Vision + Dental	Ambetter Health Solutions Gold 1500 + Vision + Adult Dental [Off Exchange]	76179IN0210005	-	139	-	-	-	-	-	-	139
Ambetter + Vision + Dental	Ambetter Health Solutions Gold 2500 + Vision + Adult Dental [Off Exchange]	76179IN0210006	-	48	-	-	-	-	-	-	48
Ambetter + Vision + Dental	Ambetter Health Solutions Gold 3000 + Vision + Adult Dental [Off Exchange]	76179IN0210007	-	64	-	-	-	-	-	-	64
Ambetter + Vision + Dental	Ambetter Health Solutions Gold 3500 + Vision + Adult Dental [Off Exchange]	76179IN0210008	-	15	-	-	-	-	-	-	15
Ambetter + Vision + Dental	Ambetter Health Solutions Silver 1350 + Vision + Adult Dental [Off Exchange]	76179IN0210009	-	-	28	-	-	-	-	-	28
Ambetter + Vision + Dental	Ambetter Health Solutions Silver 3000 + Vision + Adult Dental [Off Exchange]	76179IN0210010	-	-	64	-	-	-	-	-	64
Ambetter + Vision + Dental	Ambetter Health Solutions Silver 4500 + Vision + Adult Dental [Off Exchange]	76179IN0210011	-	-	94	-	-	-	-	-	94
Ambetter + Vision + Dental	Ambetter Health Solutions Silver 5000 + Vision + Adult Dental [Off Exchange]	76179IN0210012	-	-	61	-	-	-	-	-	61
Ambetter + Vision + Dental	Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental [Off Exchange]	76179IN0210013	-	-	73	-	-	-	-	-	73
Ambetter + Vision + Dental	Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental [Off Exchange]	76179IN0210014	-	-	198	-	-	-	-	-	198
Ambetter + Vision + Dental	Ambetter Health Solutions Platinum 0 + Vision + Adult Dental [Off Exchange]	76179IN0210015	44	-	-	-	-	-	-	-	44
Ambetter + Vision + Dental	Ambetter Health Solutions Platinum 300 + Vision + Adult Dental [Off Exchange]	76179IN0210016	44	-	-	-	-	-	-	-	44
Ambetter + Vision + Dental	Ambetter Health Solutions Gold 0 + Vision + Adult Dental [Off Exchange]	76179IN0210017	-	66	-	-	-	-	-	-	66

Appendix 18.1
Celtic Insurance Company
Terminated Plans

Terminated 2025 Plan ID	Terminated 2025 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
Plans Offered in Portfolio 1			
76179IN0180002	Ambetter Health Solutions Bronze PPO 1800 (2025)	76179IN0180003	Ambetter Health Solutions Bronze PPO 5000
76179IN0190002	Ambetter Health Solutions Bronze PPO 1800 (2025) + Vision + Adult Dental	76179IN0190003	Ambetter Health Solutions Bronze PPO 5000 + Vision + Adult Dental
76179IN0180004	Ambetter Health Solutions Bronze PPO 7000 (2025)	76179IN0180003	Ambetter Health Solutions Bronze PPO 5000
76179IN0190004	Ambetter Health Solutions Bronze PPO 7000 (2025) + Vision + Adult Dental	76179IN0190003	Ambetter Health Solutions Bronze PPO 5000 + Vision + Adult Dental
Plans Offered in Portfolio 2			
76179IN0140009	Ambetter Health Solutions Bronze 1800 (2025)	76179IN0140021	Ambetter Health Solutions Bronze 5000
76179IN0210001	Ambetter Health Solutions Bronze 1800 (2025) + Vision + Adult Dental	76179IN0210002	Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental
76179IN0140022	Ambetter Health Solutions Bronze 7000 (2025)	76179IN0140021	Ambetter Health Solutions Bronze 5000
76179IN0210003	Ambetter Health Solutions Bronze 7000 (2025) + Vision + Adult Dental	76179IN0210002	Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental
Terminated 2024 Plan ID	Terminated 2024 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
Plans Offered in Portfolio 1			
76179IN0110052	Choice Bronze HSA (2024)		Mapped to outside of this license
76179IN0130052	Choice Bronze HSA (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110073	Clear Silver (2024)		Mapped to outside of this license
76179IN0130073	Clear Silver (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110013	Complete Gold (2024)		Mapped to outside of this license
76179IN0130013	Complete Gold (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110011	Complete Silver (2024)		Mapped to outside of this license
76179IN0130011	Complete Silver (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110022	Elite Bronze (2024)		Mapped to outside of this license
76179IN0130077	Elite Bronze (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110025	Elite Gold (2024)		Mapped to outside of this license
76179IN0130080	Elite Gold (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110069	Everyday Bronze (2024)		Mapped to outside of this license
76179IN0130069	Everyday Bronze (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110076	Everyday Gold (2024)		Mapped to outside of this license
76179IN0130076	Everyday Gold (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110075	Focused Silver (2024)		Mapped to outside of this license
76179IN0130075	Focused Silver (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110024	Premier Silver (2024)		Mapped to outside of this license
76179IN0130079	Premier Silver (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110078	Standard Expanded Bronze (2024)		Mapped to outside of this license
76179IN0130081	Standard Expanded Bronze (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110080	Standard Gold (2024)		Mapped to outside of this license
76179IN0130083	Standard Gold (2024) + Vision + Adult Dental		Mapped to outside of this license
76179IN0110079	Standard Silver (2024)		Mapped to outside of this license
76179IN0130082	Standard Silver (2024) + Vision + Adult Dental		Mapped to outside of this license
Plans Offered in Portfolio 2			
76179IN0140007	Gold 201 HSA (2024)	76179IN0140033	Ambetter Health Solutions Silver HSA 4000
76179IN0140008	Gold 202 (2024)	76179IN0140025	Ambetter Health Solutions Gold 2500
76179IN0140003	Silver 201 HSA (2024)	76179IN0140033	Ambetter Health Solutions Silver HSA 4000
76179IN0140004	Silver 203 (2024)	76179IN0140030	Ambetter Health Solutions Silver 4500

Appendix 20.1
Celtic Insurance Company
Capital, Surplus and RBC

ANNUAL STATEMENT
OF THE
CELTIC INSURANCE COMPANY

2024

of
Chicago
in the state of
Illinois
TO THE
Insurance Department
OF THE
STATE OF Illinois
FOR THE YEAR ENDED
DECEMBER 31, 2024

HEALTH

2024

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	869,914,274		869,914,274	610,221,308
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	879,196,051		879,196,051	456,490,594
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$0 encumbrances)			0	0
4.3 Properties held for sale (less \$0 encumbrances)			0	0
5. Cash (\$1,274,108,079 , Schedule E-Part 1), cash equivalents (\$776,016,192 , Schedule E-Part 2) and short-term investments (\$102,026,479 , Schedule DA).....	2,152,150,750		2,152,150,750	2,159,875,222
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA)	41,744,993	0	41,744,993	37,701,224
9. Receivables for securities	160,000		160,000	5,000
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,943,166,069	0	3,943,166,069	3,264,293,349
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	9,081,610		9,081,610	6,258,191
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,354,036	0	1,354,036	1,193,649
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$332,641,786)	332,641,786		332,641,786	250,668,337
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	5,136,046		5,136,046	6,122,430
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	24,309		24,309	22,371
17. Amounts receivable relating to uninsured plans	5,376,829		5,376,829	3,089,651
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....	14,887,237		14,887,237	10,507,268
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	263,976,543		263,976,543	650,364
24. Health care (\$197,860,124) and other amounts receivable.....	244,596,795	46,736,671	197,860,124	124,863,655
25. Aggregate write-ins for other-than-invested assets	129,299,871	289,950	129,009,922	1,049,972
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	4,949,541,131	47,026,621	4,902,514,510	3,668,719,238
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	4,949,541,131	47,026,621	4,902,514,510	3,668,719,238
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. ACA Cost-Sharing Reduction Receivable.....	108,341,231		108,341,231	0
2502. FFM User Fee.....	3,849,365		3,849,365	1,043,567
2503. Prepaid Expenses.....	17,103,958	289,950	16,814,009	6,406
2598. Summary of remaining write-ins for Line 25 from overflow page	5,317	0	5,317	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	129,299,871	289,950	129,009,922	1,049,972

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$939,771,329 reinsurance ceded)	.....952,659,378		.....952,659,378	.....681,795,667
2. Accrued medical incentive pool and bonus amounts .....	.....21,659,419		.....21,659,419	.....6,293,082
3. Unpaid claims adjustment expenses .....	.....8,140,613		.....8,140,613	.....5,842,313
4. Aggregate health policy reserves, including the liability of \$188,962,910 for medical loss ratio rebate per the Public Health Service Act.....	.....542,066,359		.....542,066,359	.....339,482,978
5. Aggregate life policy reserves .....	.....2,372,567		.....2,372,567	.....2,591,615
6. Property/casualty unearned premium reserves .....	.....0	.....0	.....0	.....0
7. Aggregate health claim reserves.....	.....0		.....0	.....0
8. Premiums received in advance .....	.....25,660,748		.....25,660,748	.....35,593,391
9. General expenses due or accrued .....	.....195,928,733		.....195,928,733	.....86,712,268
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....	.....17,122,577		.....17,122,577	.....66,550,126
10.2 Net deferred tax liability .....			.....0	.....0
11. Ceded reinsurance premiums payable .....	.....1,085,823,165		.....1,085,823,165	.....809,290,119
12. Amounts withheld or retained for the account of others .....			.....0	.....0
13. Remittances and items not allocated .....			.....0	.....0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) .....			.....0	.....0
15. Amounts due to parent, subsidiaries and affiliates .....	.....92,288,705		.....92,288,705	.....388,916,007
16. Derivatives.....		.....0	.....0	.....0
17. Payable for securities .....			.....0	.....0
18. Payable for securities lending .....			.....0	.....0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$1,635,406 unauthorized reinsurers and \$ certified reinsurers).....	.....1,635,406		.....1,635,406	.....2,000,742
20. Reinsurance in unauthorized and certified (\$) companies.....			.....0	.....0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			.....0	.....0
22. Liability for amounts held under uninsured plans .....	.....1,108,533		.....1,108,533	.....1,852,210
23. Aggregate write-ins for other liabilities (including \$16,017,793 current) .....	.....16,017,793	.....0	.....16,017,793	.....22,440,450
24. Total liabilities (Lines 1 to 23).....	.....2,962,483,995	.....0	.....2,962,483,995	.....2,449,360,968
25. Aggregate write-ins for special surplus funds	XXX	XXX	.....0	.....0
26. Common capital stock	XXX	XXX	.....2,500,000	.....2,500,000
27. Preferred capital stock	XXX	XXX		.....0
28. Gross paid in and contributed surplus	XXX	XXX	.....551,796,225	.....551,796,225
29. Surplus notes	XXX	XXX		.....0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	.....0	.....0
31. Unassigned funds (surplus)	XXX	XXX	.....1,385,734,289	.....665,062,045
32. Less treasury stock, at cost: 32.1 .....shares common (value included in Line 26 \$)	XXX	XXX		.....0
32.2 .....shares preferred (value included in Line 27 \$)	XXX	XXX		.....0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	.....1,940,030,514	.....1,219,358,270
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	.....4,902,514,509	.....3,668,719,238
DETAILS OF WRITE-INS				
2301. ACA cost sharing reduction payable.....	.....10,753,948		.....10,753,948	.....18,198,978
2302. Unclaimed property.....	.....40,217		.....40,217	.....33,115
2303. State income tax payable.....	.....5,223,628		.....5,223,628	.....4,208,357
2398. Summary of remaining write-ins for Line 23 from overflow page .....	.....0	.....0	.....0	.....0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	.....16,017,793	.....0	.....16,017,793	.....22,440,450
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	.....0	.....0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	.....0	.....0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	.....0	.....0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	.....0	.....0

FIVE - YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	4,902,514,510	3,668,719,238	1,624,532,400	1,653,278,576	1,994,892,687
2. Total liabilities (Page 3, Line 24)	2,962,483,995	2,449,360,968	829,646,236	1,003,969,621	1,610,060,485
3. Statutory minimum capital and surplus requirement	2,000,000	489,821,504	409,632,760	413,859,818	384,832,211
4. Total capital and surplus (Page 3, Line 33)	1,940,030,514	1,219,358,270	794,886,166	649,308,955	384,832,211
Income Statement (Page 4)					
5. Total revenues (Line 8)	7,633,492,900	5,110,192,338	3,350,279,308	3,505,195,133	3,639,820,728
6. Total medical and hospital expenses (Line 18)	5,704,287,471	3,901,394,349	2,663,148,883	3,078,448,368	2,961,670,792
7. Claims adjustment expenses (Line 20)	50,168,810	35,057,893	22,250,262	27,024,270	38,705,890
8. Total administrative expenses (Line 21)	1,089,972,151	754,242,584	558,869,361	583,104,147	637,808,323
9. Net underwriting gain (loss) (Line 24)	785,807,653	415,696,311	106,010,802	(183,381,652)	1,635,723
10. Net investment gain (loss) (Line 27)	116,612,500	85,200,590	21,042,009	23,413,262	27,585,781
11. Total other income (Lines 28 plus 29)	(7,736,379)	(5,749,821)	(6,342,566)	(9,956,431)	(14,785,462)
12. Net income or (loss) (Line 32)	705,290,568	398,283,073	98,548,946	(133,410,699)	(15,741,309)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	655,545,767	1,976,800,764	(169,372,266)	(769,387,603)	(359,608,095)
Risk-Based Capital Analysis					
14. Total adjusted capital.....	1,940,030,514	1,219,358,270	794,886,166	649,308,955	384,832,211
15. Authorized control level risk-based capital	324,465,488	244,910,752	204,816,380	206,929,797	172,265,334
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	2,169,780	1,626,431	943,367	1,094,248	1,164,321
17. Total members months (Column 6, Line 7)	26,316,288	17,272,116	11,029,572	12,317,761	14,611,590
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	74.7	76.3	79.5	87.8	81.4
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.6	0.6	0.6	0.7	1.0
22. Total underwriting deductions (Line 23)	89.7	91.9	96.8	105.2	100.0
23. Total underwriting gain (loss) (Line 24)	10.3	8.1	3.2	(5.2)	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	651,992,016	235,100,177	248,697,903	302,427,398	227,101,214
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	688,088,750	247,702,436	281,786,771	273,541,224	280,516,228
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	879,196,051	456,490,594	361,416,511	297,555,837	271,250,117
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31.....	879,196,051	456,490,594	361,416,511	297,555,837	271,250,117
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain

.....

Appendix 21.1
Celtic Insurance Company
Data and Assumption Reliance for 2026 Individual Marketplace Premium Development

Data / Assumption	Source
Wakely National Risk Adjustment Report	Wakely Consulting
Basic tables of utilization, cost, claims probability distributions, pricing adjustment factors, and primary care/specialty care utilization distribution	Milliman (Health Cost Guidelines)
Utilization trends	Milliman (Health Cost Guidelines)
Prescription Drug Assumptions: AWP Discount, Dispensing Fee, Rebates, Retail/Mail Utilization percentages, formularies, and Rx Management Assumptions	Envolve
Pre-ACA enrollment counts by health insurance market segment	<ul style="list-style-type: none"> • CCIO (MLR Reports) • US Census Bureau (American Community Survey) • National Conference of State Legislatures ("High Risk Pools for Health Coverage, State and Federal (State Implementation Report)")
Distribution of pre-ACA enrollment by age, gender, income bracket, and self-reported health status, within each insurance coverage category	<ul style="list-style-type: none"> • US Census Bureau (American Community Survey) • US Census Bureau (Current Population Survey)
2024 Individual QHP Claims and Membership Experience	Celtic Insurance Company
Other 2024 Individual QHP Marketplace Revenue and Expenditures	Celtic Insurance Company
2024 MLR Rebate	Celtic Insurance Company
2024 Plan Liability Risk Score associated with Individual QHP Claims and Membership Experience	Celtic Insurance Company
2024 Plan Liability Risk Score for the Individual Single Risk Pool	Celtic Insurance Company
2026 Population Morbidity, including the impact of individual mandate repeal	Celtic Insurance Company
2026 Statewide Average Premium	Celtic Insurance Company
2026 Individual QHP Membership Projections	Celtic Insurance Company
Relationship between enrollee duration and paid-to-allowed ratio by metal level	Celtic Insurance Company
2026 Individual QHP Benefit Designs	Celtic Insurance Company
Unit Cost trends	Celtic Insurance Company
Administrative Costs, Taxes, and Fees	Celtic Insurance Company
Premium Delinquency Estimates	Celtic Insurance Company
Subcapitated Contracts and Pricing	Celtic Insurance Company
Value Added Benefits	Celtic Insurance Company
Smoking Relativity Factors	Celtic Insurance Company
County Rating Areas	Celtic Insurance Company
Plan Rating Factors	Celtic Insurance Company
Coordinated Care Corporation Service Areas	Celtic Insurance Company
Expected Reimbursement by Rating Area and State	Celtic Insurance Company
OON Utilization and Reimbursement	Celtic Insurance Company
Utilization Management	Celtic Insurance Company
Funding Status of CSR Subsidies	Celtic Insurance Company
Unique Plan Design Certification for Non-Standard Plans	Celtic Insurance Company
COVID-19 and American Rescue Plan Act Rate Impacts	Celtic Insurance Company