

Freedom Life Insurance Company of America
Actuarial Memorandum for Policy Forms
EHB-2016-IP-KY-FLIC with EHB-2016-SCH-KY-FLIC,
EHBC-2016-IP-KY-FLIC with EHBC-2016-SCH-KY-FLIC

I. GENERAL INFORMATION

Insurance Company Name	Freedom Life Insurance Company of America
State	Kentucky
HIOS Issuer ID	84286
Market	Individual Major Medical
Effective Date	January 1, 2016
Primary Contact Name	Tom Kennedy
Primary Contact Phone #	[REDACTED]
Primary Contact E-mail Address	[REDACTED]

The rates included in this filing are for non-grandfathered individual major medical plans and child only non-grandfathered individual major medical plans which cover the Essential Health Benefits (EHB) as required under the Affordable Care Act (ACA). These plans are guaranteed issue and guaranteed renewable as defined under the ACA and HIPAA. These plans are marketed through licensed agents operating through a variety of distribution channels. In 2016, our insurance company will only sell plans outside of the public health exchanges in this state. Coverage beyond age 65 will be secondary to Medicare. Premiums are on an attained age basis and will increase with age. Premiums also vary by plan design, tobacco status and geographic area. In 2016, only the oldest three dependents under age 21 will be charged a premium rate for a given policy. This actuarial memorandum has been prepared for the purpose of demonstrating compliance with the applicable requirements in your state, assuring that premium rates are reasonable in relation to benefits provided. This rate filing is not intended to be used for other purposes.

II. PROPOSED RATE INCREASE

Not applicable. This rate filing is for new plans.

III. EXPERIENCE PERIOD PREMIUM AND CLAIMS

The Unified Rate Review Template was completed using state and legal entity specific non-grandfathered experience in order to comply with the Department of Health and Human Services (HHS) requirements. For the purpose of estimating the average risk of the 2016 market, experience of our non-grandfathered major medical plans for all of our affiliate companies Freedom Life Insurance Company of America, National Foundation Life Insurance Company, and Enterprise Life Insurance Company was reviewed together. This combined experience was used in order to develop an actuarially appropriate prediction of the market wide per member per month risk and standardized claim cost in 2016.

Experience Period: The experience period is from January 1, 2014 through December 31, 2014.

Paid Through Date: The paid through date for which payments have been made on claims incurred during the experience period is December 31, 2014

Premiums (Net of MLR Rebate) in Experience Period: In the Unified Rate Review Template, the Earned Premium net of Medical Loss Ratio (MLR) rebates for the Calendar Year 2014 experience period was [REDACTED] for your state. Earned Premium was not adjusted for any reductions prescribed when calculating the MLR, such as taxes and assessments. There were no estimated MLR rebates for the experience period in your State. Our accounting department estimates accrued premium refunds required under Federal Minimum Loss Ratio regulations for our Individual Medical insurance business by projecting Incurred Claims, Earned Premiums, and other elements and applying adjustments as outlined in Federal laws and regulations. These projections are performed on a state and market level basis and recent claims experience is adjusted for estimated claims reserves on a state level basis.

Allowed and Incurred Claims During the Experience Period: For the Unified Rate Review Template (URRT), the amount of Incurred Claims processed through our claim system for the experience period 2014 was [REDACTED] for your state. The best estimate of experience period claims incurred but not reported was [REDACTED] for your state. The amount of allowed claims processed through our claim system for the experience period 2014 was [REDACTED] for your state. The best estimate of experience period allowed claims incurred but not paid as of the paid through date shown above was [REDACTED] for your state. Allowed claims are developed by subtracting ineligible charges and discounts from the total provider billed amount. We have no capitation agreements. All state experience provided in the URRT is based on our entity specific non-grandfathered block of business. See the Credibility Manual Rate Development section below for details on how the Credibility Manual section of Worksheet 1 of the URRT was determined.

Our accounting department develops lag triangles for our nationwide individual medical experience. Historical averages are used in order to calculate our monthly completion factors. Specific large claims are also analyzed and additional reserves may be set up based on anticipated PPO savings and run-out for those claims.

IV. BENEFIT CATEGORIES

Inpatient services are those received during a patient's hospital stay and are included in the Inpatient Hospital Category. Outpatient services (e.g. lab tests, X-rays, and some surgical services) are those rendered by a facility within an outpatient setting. Professional services include primary care, specialist, therapy and other professional charges that are not included in facility fees. Other Medical services include charges for items that do not fall into the categories above, such as ambulance and durable medical

equipment. The Other category is measured based upon distinct services or items provided. Retail and mail order pharmacy claims are included in the Prescription Drug category.

V. PROJECTION FACTORS

Changes in the Morbidity of the Insured Population: The ACA will cause significant changes in average risk of the population insured in the Individual Market (IM). Some drivers of the population change will be guaranteed issue, the individual mandate, underwriting and rating changes and the availability of premium subsidies for lower income consumers. In addition, average morbidity will increase because issuers are no longer allowed to exclude coverage for pre-existing conditions. The insured population will also be changing due to uninsured individuals moving into the market because of subsidies, currently insured individuals in the group market whose employers are directing them to the individual exchange, individuals forgoing coverage until mandate becomes more punitive, and individuals moving over from high risk pools and conversion markets. We estimated the impact of these changes on the morbidity of the insured population in your state to be ██████%. We utilized the data within the "Cost of the Future Newly Insured under the Affordable Care Act (ACA)" study prepared by Optum Health and commissioned by the Society of Actuaries and internal risk studies in order to assess possible scenarios and develop our assumption. In addition, we compared our estimates against various industry studies in order to validate the reasonableness of our results. Data is still unavailable to analyze this assumption, this morbidity load reflects our best estimate at this time.

Changes in Benefits: The adjustment in the URRT of ██████% within our pricing and claim projection is used to include new and expanded benefits in accordance with the EHB requirements of the ACA. These are differences in benefits between the new EHB plan and our non-grandfathered major medical plans that were utilized for our allowed claims estimates. The table below lists the estimated additional cost associated with each new benefit. These estimates are based upon purchased data and experience of a standard population.

Benefit	Estimated Additional Cost	Percent
Maternity	██████	██████
Prescription Drug	██████	██████
Mental Health & Substance Abuse	██████	██████
Dental	██████	██████
Doctor’s Office Visits	██████	██████
Vision	██████	██████
All Other	██████	██████
Total	██████	██████

Changes in Demographics: Differences in expected average area of the population are also applied to the base period claims experience to project 2016 experience.

An average area factor was derived by applying historical annualized premium to the existing area factors. The experience period allowed claims were adjusted by the relativity of the state average area factor to the nationwide average area factor to reflect differences in overall average expected claim costs for your state.

Trend Factors (cost/utilization): Our trend assumption utilized in our projections and rate development is █% and was estimated based on current trend analysis studies. The estimated portion of this assumption due to increases in medical cost is █%, and the estimated portion due to increased utilization is █% (These portions are multiplicative).

VI. CREDIBILITY MANUAL RATE DEVELOPMENT

The Credibility Manual Rate reflects the nationwide experience of our non-grandfathered major medical plans for our affiliate companies. Allowed claims per member per month (PMPM) were calculated from this experience and adjusted to reflect the 2016 projected allowed claims. The Changes in Demographics factor described in Section V is applied to the Credibility Manual in order to reflect your states expected morbidity. All pricing components, including the base experience period data, are applied consistently across the single risk pool in the state and market for 2016.

VII. CREDIBILITY OF EXPERIENCE

Our standard for fully credible data is 2,000 life years, with less than 500 life years having no credibility. For life years between 500 and 2,000 life years, credibility is linearly interpolated from 0% at 500 life years to 100% at 2,000 life years. Credibility in your state is equal to █%.

VIII. PAID TO ALLOWED RATIO

Our paid to allowed ratio was estimated using our internal continuance tables for the plan benefits for each metal tier. The estimated paid to allowed ratio was █ for Bronze. We projected 2016 enrollment given only one plan option, and assumed a █% shock lapse on existing business for 2016 based upon the higher rates due to new essential health benefits and guaranteed issue requirements.

IX. RISK ADJUSTMENT AND REINSURANCE

Risk Adjustment: We have developed manual rates for a 1.0 average statewide risk and assumed that our company would enroll average risk individuals. Therefore, no risk adjustment PMPM payment is assumed in 2016. The Risk Adjustment Admin fee is \$1.75 per member per year and we assumed this amount to be negligible and therefore

did not account for it in our pricing but still included a [REDACTED] PMPM charge in the URRT.

Reinsurance Recoveries: In 2016, the ACA has a Reinsurance Program that will reimburse carriers 50% of claim costs between \$90,000 and \$250,000 per member. We have made a [REDACTED] adjustment to our expected claim costs within our pricing in order to account for expected reinsurance recoveries. This adjustment is consistently applied across all plans within the state. Our reinsurance recovery assumption was developed using analysis on our internal claims. The exposure and claim data was limited to members that had complete data and were on a non-capitated basis. In addition, the claim data for each member was trended to 2016. The reinsurance formula was applied by member, and the result was divided by total paid claims on the same adjusted basis. This process was done to estimate a reinsurance recovery factor for each plan metal level. The final composite factor was developed based upon our expected mix of metal level business.

Reinsurance Contributions: The Reinsurance Program is funded by a fee of \$2.25 per member per month. We have increased our expected claim costs within our pricing development by [REDACTED] in order to cover this fee. In order to maintain compliance with the required relativity of prices by age, we have applied the adjustment on a multiplicative basis. Our adjustment factor was developed by dividing \$2.25 by the expected total per member per month claim costs in the state. The reinsurance factor of [REDACTED] is multiplied by the [REDACTED] load for the \$2.25 reinsurance fee resulting in a net reinsurance factor of [REDACTED].

Tobacco Normalization Factor: In order to use a tobacco load for smokers we have adjusted the projected index by [REDACTED]. Based on current Non-Grandfathered Major Medical experience, we estimated only [REDACTED]% of projected members would be smokers. The calibration would be [REDACTED]. The normalization factor is equal to [REDACTED].

X. NON-BENEFIT EXPENSES AND PROFIT & RISK

Expenses are estimated based off of current costs, adjusted for any anticipated changes in 2016. The pricing load to cover these expenses is applied consistently across all plans.

Category	Percent of Premium
Customer Service, Claims Administration, & Information Systems	[REDACTED]
Marketing Expenses	[REDACTED]
General Overhead	[REDACTED]
Cost Containment	[REDACTED]
Commissions and Sales Bonus	[REDACTED]
Quality Improvement	[REDACTED]
Taxes, Fees, and State Assessments	[REDACTED]
Profit and Contingency Margin	[REDACTED]
Total	[REDACTED]

XI. PROJECTED LOSS RATIO

The projected loss ratio on a traditional Incurred Claims to Earned Premium basis is [REDACTED]. We project the loss ratio for these products based on the new MLR formula will meet or exceed 80%, after the allowed adjustments for quality improvement expenses, premium taxes & fees, credibility, and average deductible in your state.

XII. SINGLE RISK POOL

The Single Risk Pool for the individual major medical market in your state reflects experience for all covered lives for every non-grandfathered product/plan combination for all of our affiliate companies Freedom Life Insurance Company of America, National Foundation Life Insurance Company, and Enterprise Life Insurance Company.

XIII. INDEX RATE

The Index Rate of [REDACTED] is shown in cell V44 of worksheet 1 of the Unified Rate Review Template (URRT) and in the attachment “Index Rate Example KY”. This index rate reflects our expected allowed claims from our pricing assumptions.

XIV. MARKET ADJUSTED INDEX RATE

Our Market Adjusted Index Rate used in pricing is shown in the attachment “Index Rate Example KY”. Using the Risk Adjustment and Reinsurance Factor described in Section IX, the pricing Market Adjusted Index Rate as shown in “Index Rate Example KY” is calculated as follows:

[REDACTED]

XV. PLAN ADJUSTED INDEX RATE

The Plan Adjusted Index Rates are developed by adjusting the Market Adjusted Index Rate to account for the Actuarial Value and Cost Sharing adjustments for each plan and adjustments for distribution and administrative costs. Using the Actuarial Value and Cost Sharing Factors and the expenses described in Section X, the Plan Adjusted Index Rates are the following:

[REDACTED]

XVI. CALIBRATION

An age curve calibration factor of [REDACTED] is used to adjust the Plan Adjusted Index Rates in order to calculate the Consumer Adjusted Premium Rates. There is no calibration needed to adjust for geography.

XVII. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for each plan that is charged to an individual after applying the calibration factors and the rating adjustments of age, area, and tobacco status. Please see the attached document “Index Rate Example KY”.

XVIII. AV METAL VALUES

The HHS Actuarial Value Calculator (AVC) was used to generate the AV metal values for the plans in our portfolio. These plans represent the standardized plans promulgated by your state. We have attached the HHS AV calculator pages showing the calculated values for each metal plan.

XIX. AV PRICING VALUES

The AV pricing values were determined by studying our own internal continuance tables, in addition to an adjustment for utilization differences we expect due to plan cost sharing design. In the Actuarial Value Calculator Methodology document released by HHS, HHS states that spending is affected by plan design through induced demand, and they in turn have explicitly differentiated and estimated the impact of induced utilization by metal level. The HHS defined induced utilization factor for the Bronze metal level is 1.00. Since we don't have enough credible experience to determine separate induced utilization factors for each metal level, we are applying the prescribed HHS induced utilization factors used in the HHS risk score to our plans. These values are then divided by the projected loss ratio in order to account for the administrative expenses.

XX. MEMBERSHIP PROJECTIONS

We projected 2016 enrollment in the plans by analyzing current sales levels and projected anticipated sales of the new metal tier plans in 2016.

XXI. TERMINATED PRODUCTS

There are no Non-Compliant Non-Grandfathered forms inforce in Kentucky for this company. No Non-Compliant Non-Grandfathered products will be terminated in Kentucky for this company.

XXII. PLAN TYPE

All 2016 individual medical plans will be PPO plans.

XXIII. WARNING ALERTS

Warning alerts from the unified rate review template are explained below:

1. Worksheet 2, Sections II and III have errors and warnings because there is no 2014 experience.

XXIV. EFFECTIVE RATE REVIEW INFORMATION

See the attachments for additional rating information.

XXV. RELIANCE

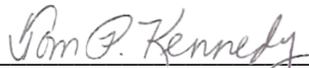
In developing this rate filing I relied upon information provided by others within my department, as well as on information provided by other departments within the organization, and public information available including but not limited to the "Cost of the Future Newly Insured under the Affordable Care Act (ACA)" study prepared by Optum Health, external trend studies, various HHS publications, and other sources. I have reviewed this information for reasonableness, and I consider it to be reliable.

XXVI. ACTUARIAL CERTIFICATION

I am a member of the American Academy of Actuaries. To the best of my knowledge and judgment,

1. This rate filing is in compliance with the applicable laws and regulations concerning premium rate development in this state and the benefits are reasonable in relation to premiums.
2. The projected index rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations.
 - b. Developed in compliance with Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
3. 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.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections 3 and 4 were calculated in accordance with actuarial standards of practice.
5. The HHS AV Calculator was used to determine the AV Metal Values for all plans shown in Worksheet 2 of the Part I Unified Rate Review Template.
6. The geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

This opinion is qualified, in that the Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Tom P. Kennedy, A.S.A., M.A.A.A.
Vice President and Actuary

May 1, 2015
Date

Freedom Life Insurance Company
Exhibit A
Development of Base Rate for State of KY

Item	Description	Factors	
A	Pooled 2014 Per Member Per Month Allowed Claims - State	[REDACTED]	
B	Pooled 2014 Per Member Per Month Allowed Claims - Manual		
C	Credibility of State (approximately 0 life years in experience year 2014)		
D	Credibility Adjusted Allowed Claims PMPM		$D = A \times C + (B \times (1-C))$
E	Annual Trend on Allowed Claims Basis		
F	24 Months of Trend from Midpoint of 2014 to Midpoint of 2016		$F = (1 + E)^2$
G	Tobacco Normalization Factor		
H	Adjust Experience to 2016 Market Risk		
I	Cost of Essential Benefits Not covered within Experience Data		
J	Adjust Experience to Utilization Level of Bronze Plan		
K	Adjusted to 2016 Bronze Plan PMPM Allowed Claims	Note: Historical experience is at approximately a Bronze level. $K = D \times F \times G \times H \times I \times J$	
L	Average Area Factor Adjustment	Adjusting Allowed Claims to Expected State Level	
M	Adjusted to State Level PMPM Allowed Claims	$M = K \times L$	
N	Average Age Rating Factor	Average Rating Factor for State x C + Average Rating Factor For Manual x (1-C)	
O	21 Year Old Non-Tobacco Allowed Claims PMPM	$O = M / N$	
P	Pricing Loss Ratio Adjustment at 76%		
Final Base	2016 Final 21 Year Old Non-Tobacco User State Base Rate	Final Base = O / P	

Freedom Life Insurance Company of America
Exhibit B.1
Rate Formula and Example

Rating Variables:
 Bronze
 Age 45
 Non-Tobacco User
 Rating Area 1
 1/1/2016 Effective Date
 Monthly Mode

<u>Formula</u>	<u>Value</u>
Monthly Base Rate	██████████
x Age Factor	██████████
x Tobacco Factor	██████████
x Actuarial Value Pricing Factor	██████████
x Area Factor	██████████
x Trend Factor	██████████
x Reinsurance Factor	██████████
x Modal Factor	██████████
Final Rate	██████████

A rate is calculated for each individual on the policy. However, only the oldest three child dependents under age 21 will be charged a premium rate.

Actual final rate may vary due to rounding.

Freedom Life Insurance Company of America
Exhibit B.2
Rate Formula and Example

Rating Variables:

Bronze
 Age 17
 Non-Tobacco User
 Rating Area 1
 1/1/2016 Effective Date
 Monthly Mode

<u>Formula</u>	<u>Value</u>
Monthly Base Rate	██████████
x Age Factor	██████████
x Tobacco Factor	██████████
x Actuarial Value Pricing Factor	██████████
x Area Factor	██████████
x Trend Factor	██████████
x Reinsurance Factor	██████████
x Modal Factor	██████████
Final Rate	██████████

A rate is calculated for each individual on the policy. However, only the oldest three child dependents under age 21 will be charged a premium rate.

Actual final rate may vary due to rounding.

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$6,850.00
Coinsurance (% , Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$6,850.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum 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 checked="" type="checkbox"/> All	<input checked="" 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. MHSA)	<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 Abuse 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"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative 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	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/> All	<input checked="" 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"/>			<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):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

59.02%

Bronze